| QCS Produce GAPs harmonized foOd safety APPLICATIOnpost-harveSt operations (Handling of fresh produce commodities) | | | |
| --- | --- | --- | --- |
| Applicant Information | | | |
| Organization Name: | | | |
| Legal registered address of the Organization: | | | |
| Legal Registration Number (e.g. Tax or EIN: | | | |
| Total number of product handling units (PHU) within the organization : | | | |
| PHU specific name(s): | | | |
| Primary Authorized Representative: | | | |
| Position in the Organization: | | | |
| QCS Client Num. (if any): | | Total number of employees: | |
| Mailing Address: | | | |
| Physical Address: | | | |
| Phone: | | Fax: | |
| E-Mail: | | Web: | |
| Produce Handle at each PHU: | | | |
| Directions to PHU from nearest town: | | | |
| Date application submitted: | | Authorized signature: | |
| type of audit required | | | |
| Pre-Audit: | Initial with QCS: | | Renewal with QCS: |
| Applicant suggested date for the audit: | | | |
| General Information: do not submiT the application for an audit until you can tick yes as your answers | | | |
| Have you developed a Food Safety Plan for your operation?:  Yes | | | |
| Have you conducted the Self-Audit (requirement ID# 1.9.1)?:  Yes | | | |
| Do you have at least 90 days of records complying with the standard available for an audit?:  Yes | | | |

|  |
| --- |
| Water Use |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Use | Water Source M=Municipal, W=Well, S=Surface Water | Frequency of Water Testing A=Annual, Q=Quarterly, M=Monthly | Date of Last Water Test | Generic E-Coli Count from Last Test | | Crop Contact |  |  |  |  | | Equipment Cleaning |  |  |  |  | | Container Cleaning |  |  |  |  | | Hand Washing/ Drinking Water |  |  |  |  | |
| Applicant request |
| Indicate the name and contact (if available) of buyer(s) (e.g. Publix) you would like QCS to provide a copy of your certificate: |
| |  | | --- | | RESERVED FOR QCS USE (Administrative Notes) | |
| application checklist |
| 1. **Be sure to include Payment made payable to QCS.** 2. **Be sure to Sign and Date the Application.**   For information or questions, please contact QCS.  Quality Certification Services  PO Box 12311, Gainesville FL 32604  Ph: 352-377-0133 \*\* Fax: (352) 377-8363  WEB: [www.qcsinfo.org](http://www.qcsinfo.org)  RESERVED FOR QCS USE  Application checked for completeness by: |