| 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 |

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| Water Use |
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| --- | --- | --- | --- | --- |
| Use | Water SourceM=Municipal, W=Well, S=Surface Water | Frequency of Water TestingA=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 |       |       |       |       |

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| 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:      |
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| RESERVED FOR QCS USE (Administrative Notes) |

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| 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 ServicesPO Box 12311, Gainesville FL 32604Ph: 352-377-0133 \*\* Fax: (352) 377-8363WEB: [www.qcsinfo.org](http://www.qcsinfo.org)RESERVED FOR QCS USEApplication checked for completeness by:       |