

Good Agricultural Practices & Good Handling Practices  
 Mushroom Production Audit Scoresheet  
<http://www.ams.usda.gov/gapghp>



Facility Name (Print) as it should appear on Certificate:
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Street Address (Print):	City (Print):	State (Print):	Zip (Print):
e-mail Address (Print):	fax number:	Date Audit Requested:	
		Date of Previous Audit :	
Date Audit Began:	Date Audit Completed:	USDA Commodity Procurement Audit?	
Time Audit Began:	Time Audit Completed:	Check One	Yes <input type="checkbox"/> No <input type="checkbox"/>

Instructions for Use: The Commodity Specific Checklist for Mushroom Production is to be used for auditing the production facilities only. If a mushroom operation requests that a packing facility, storage and transportation, Traceback, or food defense audit be performed on the non-production areas, the general USDA audit checklist with the appropriate sections will be utilized in addition to the MGAP specific checklist.

**EVALUATION ELEMENTS**

Scopes Requested	Element	Possible Points	Less N/A Points	Adjusted Points	Passing Score*	Facility Score	Pass Fail	Date Passed	General Questions	Reviewing Official	Unannounced
X	MGAP Audit (for production areas only)	800									
	General Questions (Only for non production areas)	180									
	USDA Audit Part 3 - House Packing Facility (Only for non production areas)	290									
	USDA Audit Part 4 - Storage and Transportation (Only for non production areas)	255									
	USDA Audit Part 7 - Preventative Food Defense	180									

\*A Passing Score is 80% of the Possible Points, or the Adjusted Points if adjustments are necessary, with no "automatic unsatisfactory" conditions.

Does the audit meet the requirements for USDA logo use?	Check One	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Requested <input type="checkbox"/>	
Types of Mushrooms Produced:					
Send completed GAP&GHP Certificate to: (choose one)	Inspection office: (list office)		Directly to auditee above:		

Lead Auditor Name  
 (Print): \_\_\_\_\_ Signature & Date: \_\_\_\_\_

Duty Station: \_\_\_\_\_ All Scopes Completed: \_\_\_\_\_

For USDA HQ use:

Reviewing Official Name (Print): \_\_\_\_\_

Signature & Date: \_\_\_\_\_

To verify a company's continued good standing in the USDA GAP&GHP Program please visit <http://www.ams.usda.gov/gapghp>