

NZGAP ANNUAL RENEWAL



Complete and return this form with payment: Account Number for direct credit: 02-0500-0793676-00

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Post: Freepost 729, Horticulture NZ, PO Box 10232, The Terrace, Wellington 6143.

CONFIRM BUSINESS DETAILS

SELECT AUDITOR AsureQuality SGS

Date		Phone	
Manual Number		Fax	
Trading Name		Mobile	
Person Responsible		Email	
Postal Address		Business Address	
Certified crops, including area (ha or m ²)		Site Address	

FOOD SAFETY SELF ASSESSMENT

QUESTION	COMMENT	Yes/No/NA
1 Has a risk assessment been completed for all new crops, production sites, including newly purchased or leased sites?		
2 Has the traceability and recall system been reviewed and tested within the last 12 months?		
3 Has spray application equipment been calibrated within the past 12 months?		
4 Have all agrichemical applications been recorded in a spray diary & do spray diary records include all the required information?		
5 Has the food safety risk assessment been reviewed within the past 12 months?		
6 Have all sources of irrigation water been evaluated for changes in the risk of microbial and chemical contamination?		
7 Are all staff aware of the companies food safety procedures?		
8 Has food safety training been completed, including full training for new staff and refresher training for long term or returning staff, including contracted staff? Have training records been completed?		
9 Are staff (including contracted staff) monitored to ensure that food safety procedures are followed? <ul style="list-style-type: none"> • Hand washing & hygiene procedures • Work practices 		
10 Has testing and inspection equipment been calibrated?		

Mark non applicable questions "NA" and include a comment explaining why the point is non-applicable.