



Florida Department of Agriculture and Consumer Services
 Division of Fruit and Vegetables

**FOOD SAFETY AUDIT – TOMATO GOOD AGRICULTURE PRACTICES
 CORRECTIVE ACTION NEEDED REPORT**

ADAM H. PUTNAM
 COMMISSIONER

Rule 5G-6.006, F. A. C.

Auditee Name:		Report: # _____ of _____	
Lead Auditor:		Date:	
Rating: Minor, Major, or IAR (Immediate Action Required):			
Description of Non-Conformity:			
Location in system:		Company staff notified at time of findings: YES or NO	
Non-conformity does not comply with T-GAP Specifications. Section Referenced in Audit Report:			
Auditee Representative Signature: (signature affirms facts concerning non-conformity are correct):			
Corrective Action Proposed and Time Frame for Implementation: (completed by company):			
Auditor Signature:			
Follow-up Action and Date: (to be completed at time of follow – up audit):			