

***ABC***

**IndG.A.P Standard**

Inspection Classification	
Single Site	<input type="checkbox"/>
Multi-Site	<input type="checkbox"/>

## INSPECTION REPORT

S.No	A. Inspection Information	
1	Farmer Name	
2	Contact No	
3	Site Address	
4	Registered Crops	
5	Previous inspection date (If any Conducted)	
6	Date of Inspection and Timings	
7	Name of Internal Auditor of the Group who approved the Check list	
8	Duration of Inspection	
9	Evaluation result against each GAP Control point	
<b>CRITICAL</b>		
1. Found to be compliant <ul style="list-style-type: none"> <li>All Farm Base</li> <li>Crops Base</li> <li>Other applicable module to be named</li> </ul>		
2. Found to be non-compliant against which NCs were raised <ul style="list-style-type: none"> <li>All Farm Base</li> <li>Crops Base</li> <li>Other applicable module to be named</li> </ul>		
<b>MINOR</b>		
1. Found to be Compliant <ul style="list-style-type: none"> <li>All Farm Base</li> <li>Crops Base</li> <li>Other applicable module to be named</li> </ul>		
2. Found to be Non-Compliant against which NCs were raised <ul style="list-style-type: none"> <li>All Farm Base</li> <li>Crops Base</li> <li>Other applicable module to be named</li> </ul>		

B. Inspection results with Calculation of Compliance				
S. No	Description	Level of Compliance. Actual Compliance	No of NCs Raised	Comment
				Due date for submission of corrective actions
1	Major ( All applicable Modules			
2	Minor ( All applicable Modules			

C. Any Re visit is required to verify the corrective actions	
Reason for Revisit	
	Verification of corrective action for a major nonconformity
D. List Objective Evidence reviewed against the Non conformances raised	
E. Recommendation	
	Inspection objectives are met. Recommended for certification.
	Inspection objectives were not met. Not able to recommend for certification. Explain below :

Farmer Name and Signature		Date	
Inspector Name and Signature		Date	

Date:

Place:

Document Version: