

FARM/BUSINESS ASSESSMENT

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection is 0503-0013. The time required to complete this information collection is estimated to average .30 minutes/hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

GENERAL INFORMATION

1. FARMER OR FARM NAME a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Co-op c. <input type="checkbox"/> Association			2. RESPONDENT'S NAME			3. FARM OR BUSINESS PHONE NUMBER (Include Area Code)			
4. FARM OR BUSINESS ADDRESS (Street, Route, or PO Box)			9. CONTACT PERSON'S NAME			10. CONTACT PERSON'S PHONE NUMBER (Include Area Code)			
5. CITY		6. STATE	7. ZIP CODE		11. ALTERNATE CONTACT PERSON'S NAME			12. ALTERNATE CONTACT PHONE NUMBER (Include Area Code)	
8. FARM OR BUSINESS COUNTY/PARISH		8a. FARM NUMBER		13. FARM/BUSINESS FAX NUMBER			14. CONTACT PERSON'S E-MAIL		

15. NUMBER OF YEARS IN FARMING	16. NUMBER OF FARM EMPLOYEES	17. TOTAL FARM ACRES		18. TOTAL FARM ACRES AVAILABLE FOR CROP PRODUCTION	19. TOTAL FARM ACRES DEDICATED TO THIS PROJECT	20. DO YOU HAVE A CONSERVATION PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO	21. DO YOU HAVE A WATER SOURCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>Type: (pond, irrigation)</i>	22. DO YOU HAVE A IRRIGATION SYSTEM? <input type="checkbox"/> YES <input type="checkbox"/> NO
		OWNED	LEASED					

23. LIST BY NAME THE FRUITS/VEGETABLES/HERBS WITH ACREAGE THAT YOU CURRENTLY GROW OR ARE INTERESTED IN GROWING FOR SALE.				24. LIST OTHER TYPES OF FARMING YOU ARE CURRENTLY INVOLVED IN OR PLANNING TO BECOME INVOLVED IN (i.e., poultry cattle, hogs, beef, dairy, pork, grain, tobacco, etc.)			
a. FRUIT/VEGETABLE/HERBS	b. CHECK HERE IF CURRENTLY GROWN	c. CHECK HERE IF INTERESTED IN GROWING	d. NUMBER OF ACRES	a. OTHER FARMING TYPE	b. CHECK HERE IF CURRENTLY FARMING	c. CHECK HERE IF PLANNING TO START	d. ENTER DATE YOU PLAN TO START

25. LIST BY VOLUME THE TOP 5 PRODUCE CUSTOMERS TO WHICH YOU SELL:

a. BUSINESS/CUSTOMER NAME (i.e., farmers' market co-op)	b. BUSINESS/CUSTOMER ADDRESS (Include Zip Code)	c. CONTACT PERSON'S NAME AND PHONE NUMBER (Include Area Code)	d. PRODUCE SOLD	e. VOLUME SOLD	f. DATE OF LAST SALE

26. SANITATION	YES	NO	DATE OR NOT APPLICABLE
a. Does your farm/business have written sanitation standards/operating procedures?			
b. Does your farm/business follow USDA equipment and facility cleaning guidelines?			
c. Does your farm/business use sanitizers?			
d. What was the date of the last inspection?			
e. Name of business/organization that did the inspection.			

28. QUALITY CONTROL	YES	NO	DATE OF LAST INSPECTION	NOT APPLICABLE
a. Does your farm/business have written quality control procedures?				
b. Does your farm operation receive the quality control service from the Cooperative Extension Service?				
c. If corrective action has been required for quality control, have you maintained a record of corrective action(s)?				
d. Who required the corrective action(s)?				

30. PRODUCT IDENTIFICATION	YES	NO	NOT APPLICABLE
a. Does your farm/business comply with USDA product labeling/identification and packaging requirements?			
b. What is your farm/business label(s)?			
c. Does your farm/business comply with USDA domestic traceability and coding requirements?			

27. EMPLOYEE HYGIENE	YES	NO	DATE OR NOT APPLICABLE
a. Are USDA standards for the use of protective clothing used by your farm/business employees when handling produce?			
b. Does your farm/business follow USDA standards for employees involved in produce production and distribution?			
c. Do your farm/business employee work facilities comply with USDA facility standards for the produce industry?			
d. Does your farm/business utilize Good Manufacturing Practices (GMP) and USDA Sanitation Standard Operation Procedures?			
e. Do you require/conduct training for your farm/business employees on GMP and USDA Sanitation Standard Operating Procedures?			
f. What was the date of the last inspection?			
g. Name of business/organization that conducted the inspection.			

29. PEST CONTROL	YES	NO	DATE OF LAST INSPECTION	NOT APPLICABLE
a. Does your farm/business have an in-house pest inspection program?				
b. Does your farm/business utilize a licensed pest control provider?				
c. Does your farm/business maintain a record of pest inspections?				
d. Does your farm/business maintain Material Safety Data Sheets (MSDS) for all chemicals used in your operation?				
e. Does your farm/business follow USDA approved standards for the use of insect, rodent, and pest traps?				

31. FOOD SECURITY (i.e., seeds, chemicals, etc.)	YES	NO	NOT APPLICABLE
a. Are incoming goods inspected for tampering and/or damage?			
b. Is there a policy regarding tamper-evident packaging?			
c. Is building access documented and limited to only relevant people?			
d. Are buildings, trailers, and storage areas securely maintained and monitored?			
e. Are there food security procedures in place that include emergency contacts, law enforcement phone numbers, etc?			
f. Is employee security addressed through reference checks, limited building access during work hours, training and supervision of new employees?			
g. Is distribution security addressed through driver identification and screening checks?			

33. RECALL PROCEDURES	YES	NO	NOT APPLICABLE
a. Does your farm/business have written product recall procedures?			
b. Does your farm/business conduct mock recall drills?			
c. Can you trace the produce you sell back to the purchase orders?			

35. INSURANCE INFORMATION (List insurance type; LIABILITY, WORKERS COMPENSATION, CROP, ETC.)	a. LIST WHAT IS COVERED (I.E., EMPLOYEE, BUSINESS, CROP, ETC.)	b. INSURER	c. COVERAGE LIMITS

32. SHIPPING AND RECEIVING	YES	NO	NOT APPLICABLE
a. Does your farm/business have a shipping and receiving area?			
b. Does your farm/business follow USDA standards for the use of trucks and trailers in the shipment of produce?			
c. Does your farm/business practice first-in first-out (FIFO) rotation of produce?			
d. Do you have access to refrigerated trucks, trailers, and/or storage?			

34. LICENSES AND DOCUMENTATION	YES	NO	DATE OR NOT APPLICABLE
a. Are regular health inspections conducted as a part of your farm/business operations?			
b. What was the date of your last inspection?			
c. Does your farm/business have a State and or local business license?			

36. USDA CERTIFICATION	YES	NO	NOT APPLICABLE
a. Do you have a Central Contractor Registration(CCR)?			
b. Do you have a Perishable Agricultural Commodities Act (PACA) license?			
c. Do you have a Good Agricultural Practices (GAP) and Good Handling Practices(GHP) inspection certificate?			

37. SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE	38. PREPARER	DATE
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