

Checklist for Retail Purchasing of Local Produce

Name of Producer/Farm _____
 City _____ State _____ Zip _____
 Telephone _____ E-mail _____
 Total acres farmed _____ Availability of promotional materials YES NO
 Products to be purchased _____
 Is an insurance liability required YES (Dollar amount _____) NO
 Was the produce grown without addition of chemical pesticides and fertilizers? YES NO
 Are you USDA Certified Organic? YES NO
 Is the facility licensed and inspected to process products YES NO
 Are there acceptable substitutes available if an order cannot be filled YES NO

| Production Practices | Yes | No | N/A |
|--|------------|-----------|------------|
| Are wells protected from contamination? | | | |
| If irrigation is used, what is its source? <input type="checkbox"/> Well <input type="checkbox"/> Stream <input type="checkbox"/> Pond <input type="checkbox"/> Municipal <input type="checkbox"/> Other _____ | | | |
| What types of manures are used? <input type="checkbox"/> Raw manure <input type="checkbox"/> Composted <input type="checkbox"/> Aged <input type="checkbox"/> No manure is used | | | |
| Is raw manure incorporated at least 2 weeks prior to planting and/or 120 days prior to harvest? | | | |
| Is the manure application schedule documented with a copy submitted to the retail operation? | | | |
| Is land use history available to determine risk of product contamination (e.g., runoff from upstream, flooding, chemical spills, or excessive agricultural crop application)? | | | |
| Is the field exposed to runoff from animal confinement or grazing areas? | | | |
| Is land that is frequently flooded used to grow food crops? | | | |
| Are coliform tests conducted on soil in frequently flooded land? | | | |
| Are farm livestock and wild animals restricted from growing areas? | | | |
| Are portable toilets used in a way that prevents field contamination from waste water? | | | |

| Product Handling | Yes | No | N/A |
|--|------------|-----------|------------|
| Are storage and packaging facilities located away from growing areas? | | | |
| Is there risk of contamination with manure? | | | |
| Are harvesting baskets, totes, or other containers kept covered and cleaned (with potable water) and sanitized before use? | | | |
| Is harvesting equipment/machinery that comes into contact with the products kept as clean as possible? | | | |
| Are product and non-product containers available and clearly marked? | | | |
| Is dirt, mud, or other debris removed from product before packing? | | | |
| Are food grade packaging materials clean and stored in areas protected from pets, livestock, wild animals, and other contaminants? | | | |

| Transportation | Yes | No | N/A |
|---|------------|-----------|------------|
| Is product loaded and stored to minimize physical damage and risk of contamination? | | | |
| Is transport vehicle well maintained and clean? | | | |
| Are there designated areas in transport vehicle for food products and non-food items? | | | |
| Are products kept cool during transit? | | | |

| Facilities | Yes | No | N/A |
|--|------------|-----------|------------|
| Is potable water/well tested at least once per year and results kept on file? | | | |
| Is product protected as it travels from field to packing facility? | | | |
| Is a product packing area in use with space for culling and storage? | | | |
| Are packing areas kept enclosed? | | | |
| Are food contact surfaces regularly washed and rinsed with potable water and then sanitized? | | | |
| Are food grade packaging materials used? | | | |
| Do workers have access to toilets and hand washing stations with proper supplies? | | | |
| Are toilets and hand washing stations clean and regularly serviced? | | | |
| Is a pest control program in place? | | | |

| Worker Health and Hygiene | Yes | No | N/A |
|--|------------|-----------|------------|
| Is a worker food safety training program in place? | | | |
| Are workers trained about hygiene practices and sanitation with signs posted to reinforce messages? | | | |
| Are workers and visitors following good hygiene and sanitation practices? | | | |
| Are smoking and eating confined to designated areas separate from product handling? | | | |
| Are workers instructed not to work if they exhibit signs of infection (e.g., fever, diarrhea, etc.)? | | | |
| Do workers practice good hygiene by: | | | |
| wearing clean clothing and shoes | | | |
| changing aprons and gloves as needed? | | | |
| keeping hair covered or restrained? | | | |
| washing hands as required? | | | |
| limiting bare hand contact with fresh products? | | | |
| covering open wounds with clean bandages? | | | |

I confirm that the information provided above is accurate to the best of my knowledge.

Signature of Seller: _____

Date _____

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