1. Fertilizer and Pesticide Input Use Record

| Name of Operation: | |
|--------------------------------------------------------------------------------|--|
| Each time you apply fertilizer, herbicide or pesticide, please record it here. | |

| Date of application | Type/Brand | Location/Fields (Where?) | Amount Used (How much?) |
|---------------------|------------|-----------------------------|-------------------------|
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2. Monthly Pesticide Use Record

| Name of Operation: | |
|------------------------------------------------------------------------------------------|-----------|
| Each time you apply pesticide, please record it on the pesticide use report available or | iline at: |
| http://www.cdpr.ca.gov/docs/enforce/prenffrm/prenf183.pdf | |
| (a copy is included in the Food Safety Binder) | |

3. Toilet & Handwashing Maintenance Record

| Date | Cleaned by | Hand Wash Water | Soap | Paper towels | Toilet paper | Toilet cleaned Mark with x |
|------|---------------|--------------------|------------------|------------------|------------------|-------------------------------|
| | | checked/refilled | checked/refilled | checked/refilled | checked/refilled | |
| | | checked/refilled | checked/refilled | checked/refilled | checked/refilled | |
| | | checked/refilled | checked/refilled | checked/refilled | checked/refilled | |
| | | checked/refilled | checked/refilled | checked/refilled | checked/refilled | |
| | | checked/refilled | checked/refilled | checked/refilled | checked/refilled | |
| | | checked/refilled | checked/refilled | checked/refilled | checked/refilled | |
| | | checked/refilled | checked/refilled | checked/refilled | checked/refilled | |
| | | checked/refilled | checked/refilled | checked/refilled | checked/refilled | |
| | | checked/refilled | checked/refilled | checked/refilled | checked/refilled | |
| | | checked/refilled | checked/refilled | checked/refilled | checked/refilled | |
| | | checked/refilled | checked/refilled | checked/refilled | checked/refilled | |
| | | checked/refilled | checked/refilled | checked/refilled | checked/refilled | |
| | | checked/refilled | checked/refilled | checked/refilled | checked/refilled | |
| | | checked/refilled | checked/refilled | checked/refilled | checked/refilled | |

4. Pre-harvest Assessment and Farm Cleaning Record (Mark with X)

| Date | Cleaned by | Pre-harvest Assessment | Harvest Container | Washing Bin | Storage/Packing Shed | Truck |
|------|------------|---------------------------|----------------------|----------------|----------------------|-------|
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5. Worker Training and Instruction Record

| Name of Farm | າ: | | |
|------------------|---------------------|---------------------------------------------------------------------------------------------------------------------------------|--------------------|
| Manager Resp | oonsible: | | |
| Training Materia | l (Please see | Food Safety Manual for content of Worker Train | ining). |
| Worker Name | Date of Training | Type of Training - Health and Hygiene - Accident and Illness Prevention - Pesticide Worker Safety - Pesticide Handler Training | Name of Trainer(s) |
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6. Traceback Record

| Name of Operation: | |
|-----------------------------------------------------------------|--|
| Please record any produce you sell beyond your farm stand here. | |

| Date Harvested | Date Shipped | Crop | Production Area/field | # Boxes | Picked up/delivered by | Sent to | Total Price |
|-------------------|--------------|------|--------------------------|---------|------------------------|---------|-------------|
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7. Pest/Rodent/Wildlife Control Record

| Name of Operation: | |
|--------------------------------------------------------------------|----------|
| See food safety manual for Pest/rodent/wildlife control procedures | . |

| Date | Type of Pest Sighted | Location | Action Taken (trap, poison, monitor, fencing,etc.) | Follow up date | Results? |
|------|----------------------|----------|----------------------------------------------------|----------------|----------|
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8. Injury/Illness Reporting Record

| Name of Operation: | |
|------------------------------------------------------------|--|
| See food safety plan for Injury/Illness record procedures. | |

| Date | Name of Worker | Injury | Action Taken | Initials |
|------|----------------|--------|--------------|----------|
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9. Contamination Response Record

| Name of Operation: | |
|-------------------------------------------------------------|--|
| See food safety plan for contamination response procedures. | |

| Date | Type of Contamination | Location | Action Taken | Initials |
|------|-----------------------|----------|--------------|----------|
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10. Mock Recall Record

| Name of Operation: |
|----------------------------------------------------------------------------------------------------------|
| See food safety plan for Mock Recall procedures. |
| Date(s) of recall: |
| Harvest date of recalled product: |
| Product recalled: |
| Total number of cases shipped: |
| Names of customers (wholesale/retailer) contacted that received shipment and total number of cases sent. |
| 1. |
| 2. |
| 3. |
| 4. |
| Summary of Customer Recall forms: (Total number of cartons still in retailers control and disposition of |

remaining product that cannot be recalled (total sold, reshipment (to whom) and total destroyed)

11. Visitor Log

Name of operation:

Please see the food safety plan for information on food safety procedures for visitors.

| Date | Enter/ Exit time | Visitor name/company | Employee initials | Reviewed Hygiene Policy (√) |
|------|------------------|----------------------|-------------------|-----------------------------|
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