

2. Monthly Pesticide Use Record

Name of Operation:_____

Each time you apply pesticide, please record it on the pesticide use report available online at:

<http://www.cdpr.ca.gov/docs/enforce/prenffrm/prenf183.pdf>

(a copy is included in the Food Safety Binder)

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)

