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?)

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)

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

5. Worker Training and Instruction Record

Name of Farm:_____

Manager Responsible:_____

Training Material (Please see Food Safety Manual for content of Worker Training).

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)

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

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?

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

9. Contamination Response Record

Name of Operation:_____

See food safety plan for contamination response procedures.

Date	Type of Contamination	Location	Action Taken	Initials

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 ($$)