

Food Safety Plan



Name of Farm/Orchard

Farm mailing address

City

State

Zip Code

GPS coordinates (optional)

Longitude

Latitude

The information in this plan is an accurate representation of the food safety practices and conditions followed in this operation.

Owner/Manager:

Food Safety Manager:

Name

Name

Contact Information

Contact Information

Date of Latest Update: _____

Personnel

| Name | Contact information | | In charge of: (i.e. Food Safety) |
|------|---------------------|-------|-------------------------------------|
| | Phone | Email | |

Workers/Volunteers: USDA G-4 to G-14

| Training/Farm Policies | Received training (Yes/No) | Trained by: | Frequency or Date? |
|---------------------------------|-------------------------------|-------------|--------------------|
| Proper hygiene & hand washing | | | |
| Illness & injury policies | | | |
| Lunch & break locations | | | |
| Allowed drink containers | | | |
| Proper clothing/allowed jewelry | | | |
| Safe handling of produce/spills | | | |
| Cleaning tools & equipment | | | |
| Agricultural chemical handling | | | |
| Farm security | | | |
| First aid procedures | | | |

Traceability Program and Mock Recall Documentation: USDA G-1 and G-2

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|--|
| Traceability and Recall (fill in below or attach policies): |
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| Recall Team (List employees and contact information): |
| Recall Team Leader: |
| |
| |
| |
| Applicable documentation (Check all that apply): |
| <input type="checkbox"/> Corrective action procedure |
| <input type="checkbox"/> Training in traceback, recall, and corrective action procedures |
| <input type="checkbox"/> Sales records |
| <input type="checkbox"/> Labeling protocol and label template |
| <input type="checkbox"/> List of buyers and up to date contact information |
| Mock Recall (fill in below or attach policies): |
| <input type="checkbox"/> Mock recall form |
| <input type="checkbox"/> Fax or email buyer acknowledgement of successful mock recall |
| |

Mock Recall Log

Date conducted:

Buyer name:

Buyer contact information: Phone:

Fax:

Email:

| Harvest information | | Shipping information | | | Mock recall information | | |
|---------------------------------|-------------------------|-----------------------------|------------|-------------------|----------------------------------|--|---------------------------------|
| Product name / Shipping unit | Date /time harvested | Date /time shipped | Lot number | Amount shipped | Date /time buyer contacted | Amt of product remaining at buyer site | Amt of product sold by buyer |
| | | | | | | | |

Mock Recall results:

Corrective actions taken:

Attach buyer confirmation of successful mock recall to this form.

Reviewed by: _____ Title: _____ Date: _____

Potable Water Availability: USDA G-3

| Potable Water Use and Source (check all that apply): | | | |
|---|--------------------------|--------------------------|----------------------|
| Use/Source | Municipal/City | Private Well | Surface Water |
| Drinking | <input type="checkbox"/> | <input type="checkbox"/> | Not permitted |

Drinking water policy:

| Applicable documentation |
|--|
| <input type="checkbox"/> Water testing documentation |
| <input type="checkbox"/> Well water treatment record |

Worker Facilities: sinks (soap, water, disposable towels), signs, toilets, drinking water: USDA 2-2 to 2-5

| |
|---|
| <p>Facility Locations:</p> |
| <p>Policy and procedures related to hand washing:</p> <hr/> |
| <p>Applicable documentation</p> |
| <p><input type="checkbox"/> Hand washing signs posted in all facilities</p> |

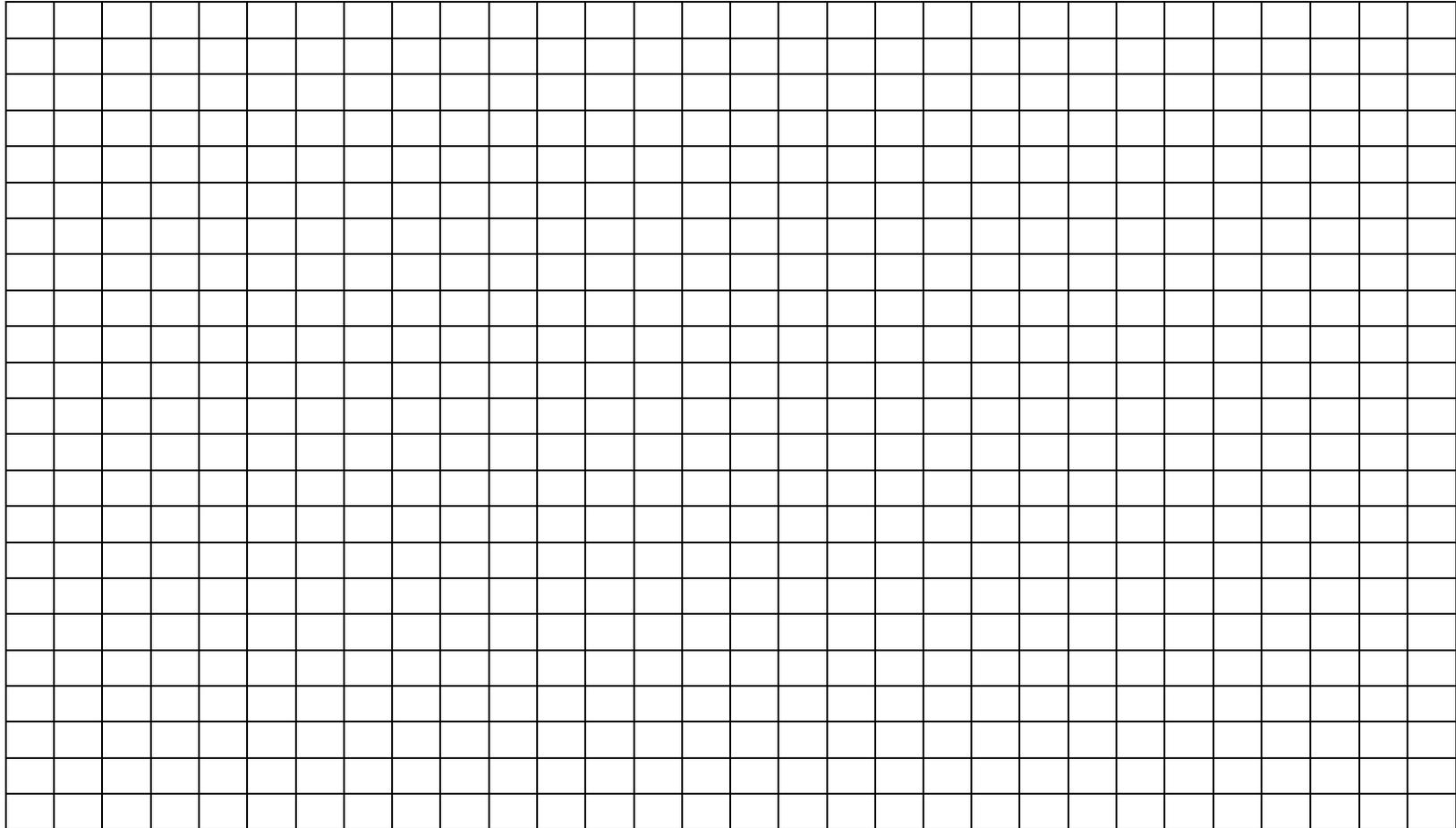
| | | |
|--|---|--|
| Worker Health, Hygiene, and Sanitary Practices Policy (fill in below or attach policy): | | |
| | | |
| | | |
| | | |
| | | |
| Applicable documentation (Check all that apply): | | |
| <input type="checkbox"/> Verification checklist (for compliance with hand washing and other appropriate hygiene practices) | | |
| <input type="checkbox"/> Training log (for proper procedure and frequency of hand washing) | | |
| Toilet Facilities (check all that apply) | | |
| <input type="checkbox"/> Indoor facilities | <input type="checkbox"/> Portable units | <input type="checkbox"/> None on site |
| Availability of Toilet Facilities: | | |
| Maximum number of employees on site at any one time _____ | Number of toilet facilities within ¼ mile walk _____ | Ratio of employees to toilet facilities _____ |
| Applicable documentation (Check all that apply): | | |
| <input type="checkbox"/> Additional information sheet | | |
| <input type="checkbox"/> Verification checklist (for condition, maintenance, use by workers) | | |
| <input type="checkbox"/> Map indicating location of field sanitation units and handwashing stations | | |
| <input type="checkbox"/> Field sanitation service and cleaning contract/service report | | |
| <input type="checkbox"/> Spill response plan | | |
| <input type="checkbox"/> Training log (for notification of reasonable access and proper use) | | |
| Policy for Visitors and Applicable documentation (Check all that apply): | | |
| <input type="checkbox"/> Visitors must sign in and receive a verbal or print copy of pertinent farm policies | | |
| <input type="checkbox"/> Visitor/CSA member policy | | |
| <input type="checkbox"/> Signs posted for important visitor information | | |

Farm and Field Map(s)

| Agricultural activities conducted at this site: | | |
|---|---|---|
| <input type="checkbox"/> Crop production only | <input type="checkbox"/> Both crop and animal production | <input type="checkbox"/> Animal production only |
| Crop(s)/Livestock grown on this property: (acres owned, leased, contracted, or consigned for each crop): | | |
| <input type="checkbox"/> Additional crops documented on separate sheet | | |
| Crop(s)/Livestock | Area under cultivation/livestock production (acres) | |
| 1) | | |
| 2) | | |
| 3) | | |
| 4) | | |
| 5) | | |
| 6) | | |
| 7) | | |
| 8) | | |
| 9) | | |
| 10) | | |

Field Map

Sketch or attach map that includes production, field packing, staging areas, field sanitation units, active wells, surface water sources, regular or recent flooding areas, manure storage sites, and septic systems on site and adjacent properties.



Water: USDA 1-3 to 1-5

| Water Use and Source (check all that apply): | | | |
|--|--------------------------|--------------------------|----------------------------|
| Use/Source | Municipal/City | Private Well | Surface Water |
| Drinking | <input type="checkbox"/> | <input type="checkbox"/> | Not permitted |
| Hand Washing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> * |
| Cleaning food contact surfaces | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Irrigation: <input type="checkbox"/> None <input type="checkbox"/> Overhead sprinkler | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Drip <input type="checkbox"/> Furrow <input type="checkbox"/> Flood | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fertilizer application | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pesticide/Fungicide application | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*Water used for hand washing in field sanitation units is not required to meet EPA potability standards if chlorine or other acceptable agents are added to reduce the possibility of microbial ail contamination.

| Water source: | Applicable documentation: (check all that apply) |
|--|---|
| <input type="checkbox"/> Municipal water City: _____ | <input type="checkbox"/> Annual water bill with analysis results |
| | <input type="checkbox"/> Laboratory analysis |
| <input type="checkbox"/> Private well water Number: _____ | <input type="checkbox"/> Laboratory analysis |
| | <input type="checkbox"/> Monitoring checklist |
| | <input type="checkbox"/> Well condition & maintenance documentation |
| <input type="checkbox"/> Surface water Source: _____ | <input type="checkbox"/> Laboratory analysis |
| | <input type="checkbox"/> Treatment procedure and schedule |

Sewage and Manure: USDA 1-6 to 1-7, 1-44 to 1-22

| | | |
|--|--|--|
| Sewage, Manure and Biosolids | | |
| Sewage Treatment (check all that apply): | | |
| <input type="checkbox"/> Municipal | <input type="checkbox"/> Septic System | <input type="checkbox"/> Portable containment system |
| Cleaning and Maintenance of Portable Toilets: | | |
| <input type="checkbox"/> Performed by grower | <input type="checkbox"/> Contracted service | <input type="checkbox"/> No Portable Toilets at this site |
| Manure and Municipal Biosolids | | |
| If no animal manures or biosolids are used as soil amendments, check the box below, no further action is needed in this section. | | |
| <input type="checkbox"/> Raw or composted animal manure IS NOT used or stored at this site. | | |
| Soil Amendments <u>used</u> at this location (check all that apply): | | |
| <input type="checkbox"/> No manure or municipal biosolids are applied to soil | <input type="checkbox"/> Raw manure is applied to soil | <input type="checkbox"/> Composted manure or municipal biosolids are applied to soil |
| Manure handling and <u>storage</u>: | | |
| <input type="checkbox"/> No manure or municipal biosolids are stored on the premises | <input type="checkbox"/> Raw manure is stored at this location | <input type="checkbox"/> Municipal biosolids are stored at this location |
| Practice(s) followed at this site (Check all that apply): | | |
| <input type="checkbox"/> Raw animal manure is used as a soil amendment at this site | | |
| <input type="checkbox"/> Animal manure is composted at this site using an <u>active</u> process | | |
| <input type="checkbox"/> Animal manure is composted at this site using an <u>passive</u> process | | |
| <input type="checkbox"/> Municipal biosolids are applied to soil at this site | | |

Soils/ Previous Land Use: USDA 1-23 to 1-25

| Previous Land Use (check all that apply for area under cultivation) | | | |
|---|---|--|--|
| Has the current crop(s) been grown at this location for LESS THAN 5 years? Yes <input type="checkbox"/> No <input type="checkbox"/> | Has there been any expansion into previously unused land within the last 5 years? Yes <input type="checkbox"/> No <input type="checkbox"/> | Has the current crop(s) been grown at this location for MORE THAN 5 years? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| If all or part of the crop has been grown at this location for LESS THAN 5 years, describe previous land use: | | | |
| Adjacent Properties (check all that apply): | | | |
| <input type="checkbox"/> Crop production | <input type="checkbox"/> Dairy or livestock operation | <input type="checkbox"/> Watershed (river, stream, pond, lake) | <input type="checkbox"/> Manure dumping or storage |
| <input type="checkbox"/> _____ <i>Other</i> | <input type="checkbox"/> Residential with operating septic system | <input type="checkbox"/> Commercial or industrial development | <input type="checkbox"/> Municipal or private dumping site |
| Adjacent and Previous Land Use Policy (fill in below or attach policy): | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Applicable documentation (check all that apply): | | | |
| <input type="checkbox"/> Additional information sheet (for previous and adjacent land use) | | | |
| <input type="checkbox"/> Map indicating adjacent properties presence of manure/biosolids storage areas, manure lagoons, livestock/dairy facilities, grazing areas, and flooding areas | | | |
| <input type="checkbox"/> Verification checklist (for evidence of flooding, presence of domestic or wild animals) | | | |
| <input type="checkbox"/> Soil chemical and/or microbiological test results (if previous land use indicates potential hazards) | | | |

Chemical Storage and Application: USDA G-15, 4-11

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|--|
| Agricultural Chemical Storage and Application (fill in below or attach policies): |
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| <input type="checkbox"/> Agricultural chemicals are not stored or used on this site. |
| Agricultural chemicals are stored: |
| <input type="checkbox"/> In an area dedicated only to agricultural chemicals |
| <input type="checkbox"/> In a clearly identified location (sign on door) |
| <input type="checkbox"/> In a locked or controlled-access location |
| <input type="checkbox"/> In a covered, clean, dry location that is temperature appropriate (above freezing) |
| <input type="checkbox"/> With labels/identification intact and legible (product name, active ingredient, manufacturer) |
| <input type="checkbox"/> In a manner that maintains the integrity of the container and prevents leakage (closed bag, container with lid) |
| <input type="checkbox"/> With material safety data sheets (MSDS) for appropriate products available for easy access |
| |
| Applicable documentation (Check all that apply): |
| <input type="checkbox"/> Additional information sheet (for policies related to application of pre-harvest treatments) |
| <input type="checkbox"/> Verification checklist (for evidence of safe pre-harvest practices) |
| <input type="checkbox"/> Training policy and log (sanitary harvesting and handling instructions) |
| <input type="checkbox"/> Chemical Application Training Documentation |

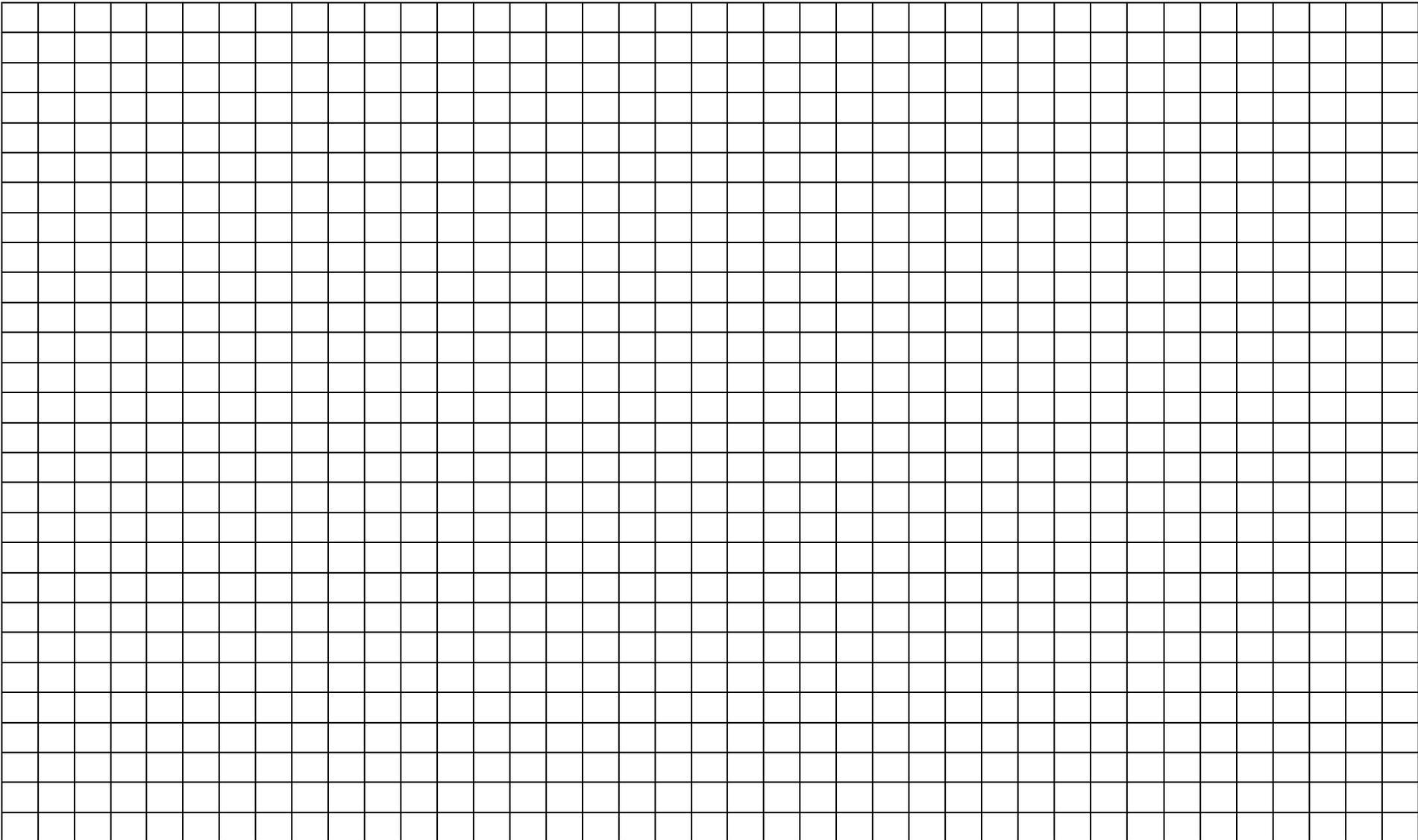
Chemical Application Training: USDA G-15

Employees or contracted personnel that apply pre or post-harvest chemicals must be licensed or trained on specific application and use.

| Farm Employees | | | |
|----------------|---------------------|-------|--------------------|
| Name | Contact information | | Training Type/Date |
| | Phone | Email | |

| Contracted Personnel | | | |
|----------------------|---------------------|-------|--------------------|
| Name | Contact information | | Training Type/Date |
| | Phone | Email | |

Packing Flow Diagram



Food Defense Plan: USDA 7-1 to 7-36

The food defense plan is created separately from your food safety plan. An employee is designated to oversee the plan, and all employees must be provided with training. The FDA provides several resources to help you build a food defense plan for your farm. For more information, visit:

<http://www.fsis.usda.gov/wps/portal/fsis/topics/food-defense-and-emergency-response>

| Areas of Consideration: |
|---|
| Visitor policy (check in, ID, access areas, parking, purposed for visit) |
| Employee access and ID (during workday, after termination) |
| Computer safety (restricted access, transaction traceability) |
| Security of fields (restricted public access, perimeter fence) |
| Security of facilities (locks on windows and doors, key accountability) |
| Security of vehicles |
| Deliveries (schedule, supervised, delivery rejection) |
| Emergency response |
| |
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| |
| Applicable documentation (Check all that apply): |
| <input type="checkbox"/> Registration with the FDA (registration number) |
| <input type="checkbox"/> Mock Recall |
| <input type="checkbox"/> Employee identification (and backgrounds checks if applicable) |
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Acknowledgements

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