Food safety plan based on the

Good Agricultural Practices and the USDA’s Good Management Practices

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the farm or facility

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner name and business mailing address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and signature of the responsible person for this plan

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

The information contained in this food safety plan is a true representation of the operating conditions and food safety practices followed by the farm or facility.

Version 1.0

**General information about the farm or facility**

|  |  |  |  |
| --- | --- | --- | --- |
| **Responsible for the food safety program** | | | |
| Name |  | | |
| Position |  | | |
| Address |  | | |
| Phone number |  | | |
| Email |  | | |
|  |  |  |  |
| **Food Safety Program Substitute** | | | |
| Name |  | | |
| Position |  | | |
| Address |  | | |
| Phone number |  | | |
| Email |  | | |
|  |  |  |  |
| **Products grown on this property (if applicable)** | | | |
| Crop | | | Cultivation area |
|  | | |  |
|  | | |  |
|  | | |  |
|  | | |  |
|  | | |  |
|  | |  |  |
| Total cultivation area: \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  |  |  |  |
| **Description of the activities carried out in the farm or facility** | | | |
|  | | | |

|  |  |
| --- | --- |
| **ANIMAL-BASED SOIL AMENDMENTS AND MUNICIPAL BIOSOLIDS**  **(IF APPLICABLE)** | |
| Mark with an X the option that applies to the farm’s operation: | |
| ☐ | Non-treated animal-based soil amendments are used. |
| ☐ | Untreated animal-based soil amendments are used. |
| ☐ | A combination of treated and untreated animal-based soil amendments are used. |
| ☐ | Only treated or composted animal-based soil amendments are used. |
| ☐ | No animal-based soil amendments or municipal biosolids of any kind are used. |

|  |  |  |  |
| --- | --- | --- | --- |
| **WATER SOURCES AND USES** | | | |
| **Use/source** | **Municipal water** | **Well water** | **Superficial water** |
| Drinking water | ☐ | ☐ | Not allowed |
| Hand washing | ☐ | ☐ | ☐ |
| Cleaning of food contact surfaces | ☐ | ☐ | ☐ |
| Product washing (if applicable) | ☐ | ☐ | ☐ |
| Irrigation (if applicable) | ☐ | ☐ | ☐ |
| Drip: ☐ Superficial ☐ Buried |
| ☐ Roll or Gravity ☐ Spray |
| ☐ Other (Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Fertilizer application (if applicable) | ☐ | ☐ | ☐ |
| Pesticide/fungicide application (if applicable) | ☐ | ☐ | ☐ |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **TOILET FACILITY** | | | | | | |
| Select the type of toilet facilities that apply to the operation: | | | | | | |
| ☐ Indoor | | ☐ Portable units | | | ☐ None on site | |
| **Cleaning and maintenance** | | | | | | |
| ☐ By the grower | | | ☐ Contracted service | | | |
| **Availability** | | | | | | |
| Maximum number of employees on site | | | | | | \_\_\_\_\_\_\_\_\_\_\_ |
| Number of restrooms located within 1/4 mile (walking distance) | | | | | | \_\_\_\_\_\_\_\_\_\_\_ |
| Proportion of sanitary facilities per number of workers [a minimum of one bathroom is required for every 20 workers (1:20)]. | | | | | | \_\_\_\_\_\_\_\_\_\_\_ |
| **Wastewater treatment (check all that apply)** | | | | | | |
| ☐ Municipal | ☐ Septic system | | | ☐ Aboveground septic holding system | | |

**Map of the facility (if applicable)**