



Farm Cart Maintenance Log

Date	Condition of Cart	Action Taken	Additional Notes	Name
<i>Example</i> 9/10/11	<i>Needs air in tires</i>	<i>Filled air</i>		<i>Emily</i>

Reviewed by: _____ Date: _____



Fence Perimeter and Field Inspection Log

Inspection Date	Location/Field	Inspected By (name)	In need of Maintenance?	Serviced By (if different)	Remedial actions taken

Reviewed by: _____ Date: _____



First Aid Kit Log

Date	Location of First Aid Kit or #	Action: Checked or restocked	If restocked, list added items here	Initials
9/10/13	Wash House	Checked / stocked	Band aids, ointment, gauze	MP

Reviewed by: _____ Date: _____



Harvest Tool and Container Cleaning Log

Date	Time	What was cleaned?	Number(s)	Cleaned	Disinfected	Name
<i>Example</i> 9/10/11	7:02 a.m.	<i>Bins</i>	1,2,3,7,8	X	X	<i>Ashley</i>

Reviewed by: _____ Date: _____ Notes: _____



Thermometer Calibration Log

Thermometer calibrated date	Deviation from 32° F?	Corrective actions (if necessary)	Result of corrective actions and date accomplished	Initials

Reviewed by: _____ Date: _____



Packinghouse and Washing Line Cleaning Log

Date	Triple Wash Sink Cleaning		Packinghouse PM Cleaning					
	AM	PM	Floors Swept	All Surfaces wash/sanitized	Trash Emptied	Bathroom cleaned and restocked	Time	Name
10/13	X	X	X	X	X	X	7:45 pm	Jenn

Reviewed by: _____ Date: _____



MOCK RECALL LOG

Date Conducted:

Lot #:

Conducted by:

Product traced: Buyer Name: _____ Buyer phone: _____

Step backward						Step forward		
Harvest date	Harvest Location	Harvester	Packing date	Packer	Shipping date	Customer(s) contacted	Amount of product remaining from original shipment at customer	Amount of Product Sold by Buyer

Audit results and/or corrective action needed:

Reviewed By: _____ Date _____



Pest/Rodent Control Log

Company Used* if	Date of Service or action taken	Type of Pest	Type of Control**	Location of Traps	Traps Checked (date)	Checked by (name)	Disposal means

**If using a company for service, attach report or receipt of service for each of their visits.*

***List type of control methods used such as exclusion, traps, poison, repellants, etc.*

Reviewed by: _____ Date: _____

HDFI TRANSPORTATION/TRACIBILITY LOG

Lot #	Date	HARVEST CODE(s)	Quantity		Destination	Vehicle ID and Driver	Inspected		Corrective Actions	Initials
			#	LBS			YES OK	Action Needed		



Water Source Testing Log

Test Date	Water source (surface, well)	Laboratory	Test Run / Results	Corrective actions if necessary	Initials
<i>Example</i> 9/10/13	<i>Municipal Water</i>	<i>Truckee Meadows Water Authority</i>	<i>Nitrites, nitrates, Total coliforms.</i> <i>All within normal levels</i>	<i>None needed</i>	<i>JO</i>

Reviewed by: _____ Date: _____



Illness/Injury Report Form

(Completed forms will be collected and kept on file by the supervisor)

Employee Name: _____

Today's Date: _____

Person completing report: _____

ILLNESS:

Date and Time of First Symptoms: _____

Symptoms: (check all that apply)

____ Fever ____ Vomiting ____ Diarrhea

____ Respiratory ____ Jaundice ____ Nausea

____ Sore Throat w/ Fever ____ Lesions (on exposed skin)

____ Other (explain below)

Did the employee see a doctor? ____ Yes ____ No

(If yes, explain diagnosis if relevant and not confidential)

INJURY:

Description of injury: _____

Date/time of injury: _____

Location (on farm) of injury: _____

Action taken: _____

FOR EITHER: Date employee expects to return to work (document if employee is assigned to fruit/vegetable handling job or another non-handling job, and for how long):



Manure Application Log

Date	Field Applied	Type of Manure or Supplier	Rate	Crop Planted (type and date)	Crop Harvested (date)	Initials

Reviewed By: _____ Date: _____

Pre-Harvest Risk Assessment	Inspection date (mm/dd/yr): _____		
	Conducted by: _____	Yes*	Correction Actions if Necessary
			Yes (after correction is made)
*A check mark in the Yes column means that each of the items below is under control and therefore does not represent a threat to the safety of the harvested crop. All risks must be checked Yes before harvesting can begin.			
Harvesters and Handlers			
Workers have been trained on personal hygiene and practices that can contribute to contamination			
Workers have been checked for compliance with hygiene policies			
Field and Perimeter			
There are no farm animals or wildlife present on the premises			
There are no signs of animal droppings or other recent animal activity on the premises			
There are no signs of recent flooding from nearby creeks, streams and rivers or overflowing manure storage tanks and septic systems			
Hand Washing and Toilet Facilities			
Toilet facilities are available, accessible and adequate in number(Check for Key)			
Hand Washing Stations are adequately supplied.			
Produce Contact Containers, Packing Materials, Equipment and Tools			
Harvest Containers were stored in a manner that prevents contamination prior to use.			
Harvest containers have been cleaned according to the policy stated in the food safety plan.			
Equipment and tools have been cleaned according to the policy stated in the food safety plan.			

WASH HOUSE AND COOLER DAILY CHECK SHEET

FLOORS:

- ✓ SWEEP ENTIRE FLOOR
- ✓ SWEEP/WASH DOWN WASH-HOUSE AWNING AREA
- ✓ WASH DOWN WASH HOUSE FLOOR WITH HOSE IF NEEDED

** THIS NEEDS TO BE LOGGED ON THE PACKING HOUSE AND WASHLINE CLEANING LOG.

FLOOR DRAIN:

- ✓ CLEAN OUT ANY DEBRIS CAUGHT IN OR AROUND FLOOR DRAIN

BREAK AREA:

- ✓ INSURE AREAS ARE FREE OF TRASH AND DEBRIS

ANIMAL SCOUT:

- ✓ WALK AROUND WASH HOUSE, LOOKING FOR SIGNS OF ANIMAL PRESENCE(HOLES, TRACKS, SCAT)
- ✓ IF APPLICABLE, CHECK RODENT TRAPS
- ✓ IF APPLICABLE LOG OBSERVATION IN RISK ASSESSMENT-ANIMAL LOG AND/OR PEST CONTROL LOG LOCATED IN THE IPM BINDER

HAND WASHING STATION:

- ✓ FILL HANDWASHING STATION
- ✓ CHECK TO BE SURE HANDWASHING STATION IS ADEQUATELY SUPPLIED WITH PAPER TOWELS AND SOAP. IF EMPTY, PLEASE REPLACE THESE MATERIALS.

SURFACES:

- ✓ WIPE DOWN ALL SURFACES WITH OXIDATE. THIS NEEDS TO BE LOGGED ON THE PACKING HOUSE AND WASHLINE CLEANING LOG.

TRASH:

- ✓ EMPTY TRASH BINS IN LARGE DUMPSTER. THIS NEEDS TO BE LOGGED ON THE PACKING HOUSE AND WASHLINE CLEANING LOG.

TRIPLE WASH SINK:

- ✓ WASH SINK WITH SOAP AND WATER AND SANITIZE WITH OXIDATE

COOLER TEMPERATURE:

- ✓ RECORD COOLER TEMPERATURE OF THE WALK IN COOLER AND THE COOL BOT IN THE A.M. AND THE P.M. THIS NEEDS TO BE LOGGED INTO THE TEMPERATURE LOG LOCATED INSIDE OF BOTH THE COOL-BOT AND THE WALK IN COOLER

VEGETABLE WASTE:

- ✓ EMPTY ALL VEGETABLE WASTE BINS IN THE COMPOST PILE.
- ✓ WASH OUT VEGGIE WASTE BINS WITH A HOSE. DO NOT RINSE IN THE SINK!!!!

WASH HOUSE AND COOLER WEEKLY CHECKLIST

FARM CART:

- ✓ Look over farm cart. Note condition of the cart on the Farm Cart Maintenance Log. Also note any actions taken to fix conditions of the cart.

WASH STATION:

- ✓ Empty Hand Washing Station and thoroughly wash the inside with soap and water. Upon completion fill Hand Washing station with clean water.

CRACK ALONG WALL:

- ✓ Clean out the crack on the floor of the wall with shop vac. You may also use a hose on parts of this section to remove dirt.

COOLERS: (Cool-Bot and Walk-In Cooler)

- ✓ Sweep floors of cooler(s)
- ✓ Remove any debris or trash from cooler
- ✓ Wipe down all walls and shelves with oxidate
- ✓ Clean A/C unit

** Fill out Storage Cooler Cleaning Log located on the wall of both the Cool-Bot and the Walk in Cooler

HAIRNETS AND APRONS:

- ✓ Wash/scrub with soap and water

OUTSIDE OF SINK:

- ✓ Wash the outside of the sink with soap and water. Rinse and Disinfect with oxidate.



Employee Training Log

Training Topic: _____

Date and Time: _____

Trainer: _____

Location: _____

Length of Training: _____

Training material *(Please attach any written materials to this log with a staple):*

Employee Name (please print)	Employee Signature
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____

Reviewed by: _____ Date: _____