

# Field Designation Table for Multiple Fields



A labeled map that shows all the fields and the corresponding field designation numbers or codes should be attached to or accompany this record.

Physical Address	Commodity Grown	Acreage	Field Designation Code or Number

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

# Land Use Documentation



Farm name or field designation number or code: \_\_\_\_\_

Season/year: \_\_\_\_\_

This evaluation should be completed **at the end** of each growing season or year.

	Observations	Corrective Actions (if applicable)
Have you used this land for animal production in the past? If yes, what type of production/activity was the land used for and how long was it used for that production/activity?		
What crops were produced this year? Are there any significant changes to the type(s) of crop?		
Did you use this land for temporary or permanent housing this year?		
Did you use any part of the land for waste disposal or as a dumping site? Were there any dumping sites on the neighboring properties?		
Have any flooding events occurred on this land this year?		
Were there any chemical applications to the land this year? List all the pesticides (herbicides, fungicides, insecticides) used on the crop or land this year.		
Were there any issues with wildlife intrusion into the field or with the crops this year?		

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

# Worker Training Log



Name of training session: \_\_\_\_\_

Date of training: \_\_\_\_\_

Trainer's name: \_\_\_\_\_

Location of training: \_\_\_\_\_

Training materials: Attach all of the training materials that were provided to your workers during the training, including the outline of the topics that were covered in this training.

	Name	Position	Signature
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

# Water Testing Log



Farm name or field designation number or code: \_\_\_\_\_

Laboratory report: Attach test results obtained from the laboratory and a map that shows the locations where the samples were taken.  
 For municipal water, attach a current testing report from the appropriate municipality.

Date	Water Source (Well or surface water)	Sample Location	Laboratory Name	Results and Quantification Method	Interpretation of Results (Exceeded 126 CFU/MPN/100 ml.?)	Corrective Action(s)	Initials

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

# Water Testing Log



Farm name or field designation number or code: \_\_\_\_\_

Attach the manufacturer's instructions and/or product label for the sanitizer used to treat water.

Date	Time	Water Source	Water Temperature (F)	Water pH	Type of Chemical Used	Rate Used	Resulting Concentration (ppm)	ORP (mV)	Water Used For?	Initials

pH: A numeric scale to specify the acidity or alkalinity of a solution; ORP: Oxidation reduction potential with mV units; PPM: Parts per million; Rate: The amount of product added to a specific volume of water (i.e., 1 pound per gallon).

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

# Wash Water Monitoring Log



Farm name or field designation number or code: \_\_\_\_\_

Attach the manufacturer's instructions and/or the product label for the sanitizer used to treat the water

Date	Time	Was the Water Changed? (Yes or No)	Produce Washed	Water Temperature	Water pH	Sanitizer Name And Concentration (ppm)	ORP	Initials

pH: A numeric scale to specify the acidity or alkalinity of a solution; ORP: oxidation reduction potential; PPM: Parts per million.

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

# Harvesting Containers and Aids: Cleaning and Sanitizing Log



Farm name or field designation number or code: \_\_\_\_\_

Attach the manufacturer's instructions and/or the product label for the sanitizer used.

Date	Time	Items Cleaned/ Sanitized	Cleaning and Sanitizing Technique	Chemical Used	Amount of Chemical Used	Initial

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

# Toilet or Hand-washing Station Maintenance Log



Farm name or field designation number or code: \_\_\_\_\_

Attach a field map showing the location of each sanitation unit.

Sanitation Unit Number	Date	Activity Performed		Supplies Stocked and Inspected (check applicable ones)				Initials
		Cleaning	Servicing	Single-use Towels	Toilet Paper	Hand-washing Soap	Hand-washing Water	

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_



# Worker Illness or Injury Report



Farm name or field designation number or code: \_\_\_\_\_

Date	Worker's Name	Reported Illness or Injury	Treatment	Did Worker Return to the Same Activity? (Yes or No)	Or Was Worker Assigned to a New Activity? If So, What?	Initials

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

# Pre-harvest Assessment



Farm name or field designation number or code: \_\_\_\_\_

Date: \_\_\_\_\_

Conduct this assessment before harvesting. Take pictures and attach of questionable situations or any corrective actions taken.

Assessment		Observation	Corrective Action(s)	Initials
<b>Weather Conditions</b>	Are the weather conditions appropriate for harvesting?			
<b>Harvesting Equipment, Containers and Tools</b>	Is there any oil or other fluid leaking from the harvesting equipment?			
	Are light bulbs and glass on harvesting equipment protected?			
	Are the harvesting equipment, containers and tools cleaned, sanitized and stored in a clean environment?			
	Is there an adequate number of harvesting containers and tools to complete the harvest?			
<b>Worker Health and Hygiene</b>	Do any workers show symptoms of sickness?			
	Are workers dressed appropriately for harvesting?			
	Are first-aid kits complete and accessible?			
<b>Field Sanitation Facilities</b>	Are all workers trained on health and sanitation practices?			
	Are there adequate toilet and hand-washing facilities?			
	Are the toilet and hand-washing facilities accessible from the harvesting areas?			
	Are the toilet facilities clean and adequately supplied?			
	Does each hand-washing station have clean water, hand-washing soap and single-use paper towels?			
	Is dirty water from hand-washing stations collected in a separate container or diverted away from production areas?			

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

# Pre-harvest Assessment (Continued)



Farm name or field designation number or code: \_\_\_\_\_

Assessment		Observation	Corrective Action(s)	Initials
Domestic or Wild Animals	Are there any signs of recent animal activities in the field?			
	Are there fecal materials in the field?			
Chemicals and Pesticides	Are chemicals, pesticides and fertilizers stored in isolated areas?			
Waiting Periods	Is the waiting period between the last day of irrigation and harvesting enough to satisfy water testing results?			
	Does the waiting period between pesticide or chemical applications and harvesting meet the label requirements (i.e., post-harvest interval)?			
	Has the 90 day limit passed after application of raw manure in the field?			
Transportation	Were the trucks to be used for produce transport previously used for other purposes?			
	Are trucks for produce transportation clean?			
Packaging Materials	Are packaging materials stored in a dry and clean area to prevent contamination?			
Drinking Water	Do you have adequate drinking water available for all workers for the harvesting day?			
Neighboring Fields	Are there any activities in the neighboring fields that represent significant food safety risks?			
Flooding	Are there any signs of flooding or standing water in the field?			
Manure or Cull Piles	Are there manure or cull piles in close proximity to the production site or water source?			

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

# Trace Back Log



Farm name or field designation number or code: \_\_\_\_\_

Harvest Date	Commodity	Supervisor's Name	Harvest Crew Member's Names	Packer's Names	Storage Facility Address	Shipping Date	Shipper or Truck Number	Buyer	Amount of Produce Sold (weight)	Initials

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

# Soil Amendment Application Log



Farm name or field designation number or code: \_\_\_\_\_

Application Date	Plot Applied	Type of Amendment	Quantity/Rate Used	Application Method	Crop Planted (Type)	Crop Planted (Date)	Crop Harvested (Date)	Initials

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

# Visitor Log



Farm name or field designation number or code: \_\_\_\_\_

Date	Visitor's Name	Purpose of Visit	Badge Assigned? (Yes or No)	Time In	Time Out	Signature

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_

# Pesticide or Chemical Spray Log



Farm name or field designation number or code: \_\_\_\_\_

Attach copies of product labels, material safety data sheets and applicator's licenses.

Date	Plot #	Product Name	Purpose	EPA Registration Number	Application Method	Application Rate	Applicator	Signature

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_