



# FSMA PRODUCE SAFETY VERIFICATION FORM

Primary Contact:	Phone:		Email:		
Mailing Address:	City:	State:	Zip Code:	County:	
Name of Farm:		Farm Phone:			
Farm Address:	City:	State:	Zip Code:	County:	
Website (if applicable):		Business Email:			
Additional Contact:	Phone:		Email:		

What produce do you grow, harvest, pack, or hold? Check all that apply.

- |   |                                     |  |   |  |  |
|---|-------------------------------------|--|---|--|--|
| <input type="checkbox"/> Apples                 | <input type="checkbox"/> Cantaloupe | <input type="checkbox"/> Grapes              | <input type="checkbox"/> Lettuce        | <input type="checkbox"/> Pears           | <input type="checkbox"/> Scallions     |
| <input type="checkbox"/> Apricots               | <input type="checkbox"/> Chard      | <input type="checkbox"/> Herbs (write below) | <input type="checkbox"/> Melons (other) | <input type="checkbox"/> Peppers (other) | <input type="checkbox"/> Spinach       |
| <input type="checkbox"/> Bell Peppers           | <input type="checkbox"/> Cherries   | <input type="checkbox"/> Honeydew Melons     | <input type="checkbox"/> Mushrooms      | <input type="checkbox"/> Plums           | <input type="checkbox"/> Strawberries  |
| <input type="checkbox"/> Blackberries           | <input type="checkbox"/> Corn       | <input type="checkbox"/> Huckleberries       | <input type="checkbox"/> Onions         | <input type="checkbox"/> Potatoes        | <input type="checkbox"/> Sugar Beets   |
| <input type="checkbox"/> Blueberries            | <input type="checkbox"/> Cucumbers  | <input type="checkbox"/> Kale                | <input type="checkbox"/> Peaches        | <input type="checkbox"/> Radish          | <input type="checkbox"/> Summer Squash |
| <input type="checkbox"/> Cabbage                | <input type="checkbox"/> Garlic     | <input type="checkbox"/> Leek                | <input type="checkbox"/> Peas           | <input type="checkbox"/> Raspberries     | <input type="checkbox"/> Tomatoes      |
| <input type="checkbox"/> Other (write in below) |                                     |  |   |  |  |

What other commodities do you grow, harvest, pack, or hold? Fill in below. (Ex: alfalfa hay, grains, etc.)

**\*For each question below check the boxes that apply to your operation. Answers help determine status under the rule.**

1. Is 100% of the produce on your farm produced for personal consumption on your farm, or produce for consumption for another farm under the same management?  YES  NO

2. Does your produce receive commercial processing (kill step – pasteurization, dehydrating, etc.) that adequately reduces the presence of microorganisms of public health significance?  YES  NO

\*If YES, please note that to obtain a commercial processing exemption you will need to obtain written assurance from the processor as outlined in §112.2(b)(2)(3)

3. Size of your operation based on the previous 3-year average of all produce sales. **\*Monetary value is strictly used to determine the size of your operation as defined by the Produce Safety Rule. (Please use enclosed "Average Annual Sales Worksheet" to assist with calculations.)**

<input type="checkbox"/> <\$25,000	<input type="checkbox"/> Very Small (\$25,000 - \$250,000)	<input type="checkbox"/> Small (\$250,000 - \$500,000)	<input type="checkbox"/> Large (>\$500,000)
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4. Average annual monetary value of all food sold. (Food as defined in §112.3(c)(1) articles used for food or drink for man or other animals, (2) chewing gum, and (3) articles used for components of any such article.) **\*Monetary value is strictly used to determine the size of your operation as defined by the Produce Safety Rule.**

<input type="checkbox"/> <\$25,000	<input type="checkbox"/> Very Small (\$25,000 - \$250,000)	<input type="checkbox"/> Small (\$250,000 - \$500,000)	<input type="checkbox"/> Large (>\$500,000)
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5. During the previous 3-calendar year period preceding the current year, did the average annual monetary value of the food (as defined in § 112.3(c)) the farm sold directly to qualified end-users exceed the average annual monetary value of the food the farm sold to all other buyers? (I.E. Qualified End-User being as such: Direct to Consumer, Restaurant, or retail establishment. All qualified end-users must be within the same state or Indian Reservation, or no more than 275 miles from your operation.) Food: (1) articles used for food or drink for man or other animals, (2) chewing gum, and (3) articles used for components of any such article, and includes seeds and beans used to grow sprouts (as defined in 201(f) Food Drug Cosmetic Act.) (Please see *Qualified Exempt Worksheet* to assist with calculations.)  YES  NO

6. Do you receive any 3<sup>rd</sup> party audits? (Ex: GAP, Harmonized GAP, etc.)  YES  NO If yes, which audit? \_\_\_\_\_

7. Do you have a Food Safety Plan?  Yes  No

**\*For each question below check the boxes and/or fill in the information as it applies to your operation.**

8. Fill in the percentage of your food (including produce and other food items) that is sold to retail, farmers markets, food stands, distributor, or other (please specify.) Please check all that apply and write the percentage of sales to each.

<input type="checkbox"/> Retail ___%	<input type="checkbox"/> Farm Stand ___%	<input type="checkbox"/> Farmers Market ___%	<input type="checkbox"/> Distributor ___%	<input type="checkbox"/> CSA ___%	<input type="checkbox"/> Other: _____%
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9. Are you:  Growing  Harvesting  Packing  Holding  Other (please explain) \_\_\_\_\_

10. Irrigation Water Source(s):  Ground (Well)  Surface (Canal, Pond, etc.)  Public (Municipal)  Other: \_\_\_\_\_

11. Irrigation Method:  Drip  Sprinkler  Furrow

12. Approximate volume of commodities:

<5,001 lbs.  5,001-10,000 lbs.  10,001 – 50,000 lbs.  50,001 – 100,000 lbs.  100,001 – 150,000 lbs.  >150,000 lbs.

13. Approximate total farm acreage:

0-10  11-100  101-500  501-1000  1001-2500  2501-5000  >5000

14. What are your start and end dates for the following activities?

Planting		Harvesting		Packing	
Start Date:	End Date:	Start Date:	End Date:	Start Date:	End Date:

Additional Comments:

**Qualified exempt farms need to annually review farm sales records, complete this form, and submit to ISDA for exemption consideration.**

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

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

Send form to: ISDA FSMA Produce Safety  
 PO Box 7249  
 Boise, ID 83704  
 Email: [fsma@isda.idaho.gov](mailto:fsma@isda.idaho.gov)  
 Phone: (208) 332-8502

<i>For official use only</i>		
Date Received:	Date Reviewed:	Reviewed By:
Paperwork reviewed by supervisor and no discrepancies: Yes <input type="checkbox"/> or No <input type="checkbox"/> If No, provide comment:		