

VERIFICATION FORM

Name of Farm:			Business Phone:			
Farm Business Add	dress: Cit	ty:	State: Zip	Code: Count	ty:	
Farm Mailing Address: □ Same as Business Address Cit		ty:	State: Zip	Code: Count	ty:	
Website:			Business Email:			
Primary Contact:		Phone:	E	Email:		
Additional Contact:		Phone:		Email:		
1. What does your farm grow, harvest, pack, or hold? Please check all that apply.						
☐ Apples	□ Cantaloupe	☐ Grapes	☐ Melons*	□ Peas*	☐ Scallions	
□ Alfalfa	□ Chard	□ Hay	☐ Microgreens*	☐ Peppers*	□ Spinach	
☐ Apricots	☐ Cherries*	☐ Herbs*	☐ Mint*	□ Plums	□ Squash*	
□ Beans*	☐ Corn	☐ Huckleberries	☐ Mushrooms	□ Pluots	☐ Strawberries	
☐ Blackberries	☐ Cucumbers	□ Kale	☐ Onions	□ Potatoes	☐ Sugar Beets	
☐ Blueberries	□ Garlic	□ Leek	□ Peaches	□ Radish	☐ Tomatoes	
□ Cabbage	□ Grain*	□ Lettuce	□ Pears	□ Raspberries	□ Other*	
*If not above or *, add crop or variety below: (ie: Bell Peppers, Carrot Seed, Summer Squash, Wine Grapes, etc.)						
2. Approximate total farm acreage:						
□0-10 □11-100	□101-500 □501-1,	000 □1,001-2,500	□2,501-5,000 □5,	000<		
3. Are you: □Grow	ving □Harvesting □	⊒Packing ⊟Holding	□Other:			
4. Approximate vol	ume of all commodition	es:				
□<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.						
5. What month do you start and end the following activities?						
Planting		Harv	esting	F	Packing	

6. To all that apply, fill in the percentage farmers markets, food stands, distribute	• • • • • • • • • • • • • • • • • • • •	e or animals) that is sold to retail,
Retail: Farm Stand: Far	mers Market: Distributor:	CSA: Other:
7. Irrigation Water Source(s): □Ground	d (Well) □Surface (Canal, Pond, Rain,	etc.) □Public (Municipal)
8. Have you attended a Produce Safety A	ılliance Grower Training? □Yes □No	
9. Irrigation Method: □Drip □Sprinkler/l	Rain □Furrow/Flood	
10. Is 100% of the produce on your farm	produced for personal consumption on y	our farm? □Yes □No
11. Does your produce receive commerci the presence of microorganisms of public If YES, you must obtain written assurance from	health significance? □Yes □No	- , , , ,
12. Do you receive any 3 rd party audits? (Ex: GAP, Harmonized GAP, etc.) □Yes	□No
If yes, which audit?		
13. Do you have a Food Safety Plan? □	Yes □No	
*Monetary value is strictly used to determine 14. Size of your operation based on the p □<\$25,000 □Very Small (\$25,000-\$250) 15. Previous 3-year average of all food sa □<\$25,000 □Very Small (\$25,000-\$250)	e the size of your operation as defined by the revious 3-year average of all produce satisfies. (\$250,000-\$500,000) Label (\$250,000-\$500,000) Label (\$250,000-\$500,000) Label (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000-\$500,000) (\$250,000	the Produce Safety Rule. sles. arge (\$500,000<) I food or drink for people or animals)
•	FARMS MUST ANNUALLY REVIEW FA M AND SUBMIT TO ISDA FOR RENEW	
Mail to: ISDA FSMA PO Box 7249 Boise, ID	83707 Email to: fsma@isda.ida	ho.gov Phone: (208) 332-8502
Idaho State Departr	nent of Agriculture 2270 Old Penitentiary	Rd Boise, ID 83712
FOR OFFICIAL USE ONLY		
Date Received:	Date Reviewed:	Reviewed By:
Paperwork reviewed by supervisor and	no discrepancies: Yes □ or No □ <i>If No</i>	, provide comment: