

• FARM FOOD SAFETY RISK ASSESSMENT •

FARM NAME:

DATE:

COMPLETED BY:

AREA OF RISK	EXAMPLES OF POSSIBLE HAZARDS & RISKS	YES	NO OR N/A	?	IF YES, DESCRIBE THE HAZARD ON YOUR FARM AND RATE THE LEVEL OF RISK (LOW, MED, HI). IF NO OR N/A, DESCRIBE WHY NOT A RISK	DESCRIBE PRACTICES YOU FOLLOW OR FACTORS THAT REDUCE THE RISK OF THIS HAZARD, OR ANY CORRECTIVE OR PREVENTIVE ACTIONS YOU WILL TAKE.	ASSOCIATED SOP'S OR RECORDS KEPT?	CORRECTIVE ACTIONS TAKEN? DATE & INITIAL
--------------	--------------------------------------	-----	-----------	---	---	--	-----------------------------------	--

LAND USE AND INPUTS/SOIL AMENDMENTS

<p>For land used to grow specialty crops, are there risks from previous land use? Consider the last five years.</p>	<ul style="list-style-type: none"> - Old Fuel Tanks - Livestock Buildings, Pens Or Pastures - Industrial Use - Waste Storage - Other: 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
<p>Is there any risk from current use of land surrounding crops or water sources - on this property or a neighbor's?</p>	<ul style="list-style-type: none"> - Livestock Buildings, Pens Or Pastures - Manure/compost Storage - Chemical Storage - Runoff, Flooding, Dirt, Leaking Or Leaching - Other: 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
<p>Is there any risk to crops or water sources from human waste disposal from this property or a neighbor's?</p>	<ul style="list-style-type: none"> - Septic System - Leaking Connections - Leach Field - Portable Toilets - Other: 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				

• FARM FOOD SAFETY RISK ASSESSMENT •

AREA OF RISK	EXAMPLES OF POSSIBLE HAZARDS & RISKS	YES	NO OR N/A	?	IF YES, DESCRIBE THE HAZARD ON YOUR FARM AND RATE THE LEVEL OF RISK (LOW, MED, HI). IF NO OR N/A, DESCRIBE WHY NOT A RISK	DESCRIBE PRACTICES YOU FOLLOW OR FACTORS THAT REDUCE THE RISK OF THIS HAZARD, OR ANY CORRECTIVE OR PREVENTIVE ACTIONS YOU WILL TAKE.	ASSOCIATED SOP'S OR RECORDS KEPT?	CORRECTIVE ACTIONS TAKEN? DATE & INITIAL
Has this property flooded in the last year due to weather events?	- Heavy rain causes pond or creek to flood into fields	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Heavy rain causes runoff from roadway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Is there manure or soil amendment of animal origin on this or neighboring farms that may be a potential biological hazard?	- Livestock in pens near production fields or water source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Raw manure is used on specialty crop fields	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Compost contains products of animal origin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Liquid manure is sprayed on field crops grown next to specialty crops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Other biological soil amendments (such as bloodmeal) not certified as treated for safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

• FARM FOOD SAFETY RISK ASSESSMENT •

AREA OF RISK	EXAMPLES OF POSSIBLE HAZARDS & RISKS	YES	NO OR N/A	?	IF YES, DESCRIBE THE HAZARD ON YOUR FARM AND RATE THE LEVEL OF RISK (LOW, MED, HI). IF NO OR N/A, DESCRIBE WHY NOT A RISK	DESCRIBE PRACTICES YOU FOLLOW OR FACTORS THAT REDUCE THE RISK OF THIS HAZARD, OR ANY CORRECTIVE OR PREVENTIVE ACTIONS YOU WILL TAKE.	ASSOCIATED SOP'S OR RECORDS KEPT?	CORRECTIVE ACTIONS TAKEN? DATE & INITIAL
Is there any risk from the use or storage of chemicals or agricultural inputs?	- Chemical spraying equipment not well maintained or regularly calibrated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Water used for mixing or cleaning tanks not potable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Chemicals are not stored safely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Labels are not legible on chemical containers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Chemicals are not used according to label directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Inappropriate disposal of waste chemicals and empty chemical containers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Is there any risk from physical contaminants?	- Spent bullets or metal debris (old wire fencing, parts, screws)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Broken glass from vehicles or other source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Medical waste (needles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Wood shards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

• FARM FOOD SAFETY RISK ASSESSMENT •

AREA OF RISK	EXAMPLES OF POSSIBLE HAZARDS & RISKS	YES	NO OR N/A	?	IF YES, DESCRIBE THE HAZARD ON YOUR FARM AND RATE THE LEVEL OF RISK (LOW, MED, HI). IF NO OR N/A, DESCRIBE WHY NOT A RISK	DESCRIBE PRACTICES YOU FOLLOW OR FACTORS THAT REDUCE THE RISK OF THIS HAZARD, OR ANY CORRECTIVE OR PREVENTIVE ACTIONS YOU WILL TAKE.	ASSOCIATED SOP'S OR RECORDS KEPT?	CORRECTIVE ACTIONS TAKEN? DATE & INITIAL
ANIMALS, LIVESTOCK, PETS, AND WILDLIFE/PESTS/RODENTS (PRODUCTION AND POSTHARVEST)								
Is there any risk of domestic animals or livestock having access to fields that are producing or will be producing crops this season?	- Rotation of livestock into production fields	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Working animals used in production fields	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Livestock breach fencing and enter growing area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Pets having access to Production fields	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Is there a risk from wildlife activity or intrusion into production fields (particularly on harvest days)?	- Wildlife frequently found to enter production fields	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Animal feces found during pre-harvest check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Abundant forest/habitat around fields	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Is there a risk from pets in produce handling or storage areas?	- Household pets loose, particularly cats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Family dog always with family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Storage areas open, can't exclude animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

• FARM FOOD SAFETY RISK ASSESSMENT •

AREA OF RISK	EXAMPLES OF POSSIBLE HAZARDS & RISKS	YES	NO OR N/A	?	IF YES, DESCRIBE THE HAZARD ON YOUR FARM AND RATE THE LEVEL OF RISK (LOW, MED, HI). IF NO OR N/A, DESCRIBE WHY NOT A RISK	DESCRIBE PRACTICES YOU FOLLOW OR FACTORS THAT REDUCE THE RISK OF THIS HAZARD, OR ANY CORRECTIVE OR PREVENTIVE ACTIONS YOU WILL TAKE.	ASSOCIATED SOP'S OR RECORDS KEPT?	CORRECTIVE ACTIONS TAKEN? DATE & INITIAL
Is there any risk from pests/rodents in produce handling, storage, and/or packaging areas?	- Rodents or birds nesting in packing and storage area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Flying insects in packing area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Excessive trash or culled products attracting rodents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- High weeds or piles of trash, pallets or old equipment against or close to buildings, providing habitat for rodent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- No regular monitoring for pests in food handling areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

• FARM FOOD SAFETY RISK ASSESSMENT •

AREA OF RISK	EXAMPLES OF POSSIBLE HAZARDS & RISKS	YES	NO OR N/A	?	IF YES, DESCRIBE THE HAZARD ON YOUR FARM AND RATE THE LEVEL OF RISK (LOW, MED, HI). IF NO OR N/A, DESCRIBE WHY NOT A RISK	DESCRIBE PRACTICES YOU FOLLOW OR FACTORS THAT REDUCE THE RISK OF THIS HAZARD, OR ANY CORRECTIVE OR PREVENTIVE ACTIONS YOU WILL TAKE.	ASSOCIATED SOP'S OR RECORDS KEPT?	CORRECTIVE ACTIONS TAKEN? DATE & INITIAL
AGRICULTURAL WATER (PRODUCTION AND POSTHARVEST)								
Is there any risk from agricultural water used for crop production?	- Irrigation water tests too high for generic <i>E. COLI</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Animals/livestock have access to surface water on farm or adjacent properties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Agricultural water cross-connected with human or animal waste systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Agricultural water is used in spray applications directly onto crops when <i>E. COLI</i> counts may be unknown for that day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Storage tanks for agricultural water not cleaned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Septic tanks/fields less than 100 feet from a wellhead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Chemical disposal in irrigation water source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Timing/application method of surface water to irrigate high risk crops (particularly close to harvest)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

• FARM FOOD SAFETY RISK ASSESSMENT •

AREA OF RISK	EXAMPLES OF POSSIBLE HAZARDS & RISKS	YES	NO OR N/A	?	IF YES, DESCRIBE THE HAZARD ON YOUR FARM AND RATE THE LEVEL OF RISK (LOW, MED, HI). IF NO OR N/A, DESCRIBE WHY NOT A RISK	DESCRIBE PRACTICES YOU FOLLOW OR FACTORS THAT REDUCE THE RISK OF THIS HAZARD, OR ANY CORRECTIVE OR PREVENTIVE ACTIONS YOU WILL TAKE.	ASSOCIATED SOP'S OR RECORDS KEPT?	CORRECTIVE ACTIONS TAKEN? DATE & INITIAL
Is there any risk from agricultural water used for drinking, handwashing, ice, washing produce, cleaning food contact surfaces, and related post-harvest activities?	- Water is not potable (tests results show presence of <i>E. COLI</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Produce that is susceptible to microbial infiltration (e.g. melons) is dunked in water with inappropriate temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Dunk tank water has a high turbidity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Recirculated water is not treated or monitored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Handwashing station grey water splashing onto clothes/shoes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Grey water disposal into handling areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

• FARM FOOD SAFETY RISK ASSESSMENT •

AREA OF RISK	EXAMPLES OF POSSIBLE HAZARDS & RISKS	YES	NO OR N/A	?	IF YES, DESCRIBE THE HAZARD ON YOUR FARM AND RATE THE LEVEL OF RISK (LOW, MED, HI). IF NO OR N/A, DESCRIBE WHY NOT A RISK	DESCRIBE PRACTICES YOU FOLLOW OR FACTORS THAT REDUCE THE RISK OF THIS HAZARD, OR ANY CORRECTIVE OR PREVENTIVE ACTIONS YOU WILL TAKE.	ASSOCIATED SOP'S OR RECORDS KEPT?	CORRECTIVE ACTIONS TAKEN? DATE & INITIAL
SANITATION (PRODUCTION AND POSTHARVEST)								
Is there risk from inadequate sanitation practices and procedures?	- No master sanitation schedule or cleaning checklist to follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- No standard operating procedures (SOPs) for routine cleaning, maintenance or produce washing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Sanitizers used incorrectly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Staff responsible for sanitation not properly trained on sops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Records not kept to confirm sanitation done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Is there a risk from contamination of food contact surfaces?	- Harvest buckets, tools and utensils not properly cleaned and sanitized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Food contact surfaces are damaged or pitted, or collect moisture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Sanitation SOP does not identify all food contact surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Workers not washing hands as needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Protective wear like aprons & gloves taken to non-work areas like bathrooms or vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

• FARM FOOD SAFETY RISK ASSESSMENT •

AREA OF RISK	EXAMPLES OF POSSIBLE HAZARDS & RISKS	YES	NO OR N/A	?	IF YES, DESCRIBE THE HAZARD ON YOUR FARM AND RATE THE LEVEL OF RISK (LOW, MED, HI). IF NO OR N/A, DESCRIBE WHY NOT A RISK	DESCRIBE PRACTICES YOU FOLLOW OR FACTORS THAT REDUCE THE RISK OF THIS HAZARD, OR ANY CORRECTIVE OR PREVENTIVE ACTIONS YOU WILL TAKE.	ASSOCIATED SOP'S OR RECORDS KEPT?	CORRECTIVE ACTIONS TAKEN? DATE & INITIAL
Is there a risk from inadequate facility sanitation or maintenance?	- No master maintenance schedule covering facilities and equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Drains, walls, floors, ceilings, fans, pipes not clean and pose a risk of cross contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Storage areas/buildings not maintained in an orderly fashion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Records aren't kept, cannot verify that cleaning occurred	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Buildings, equipment and pallets broken (porous insulation in coolers crumbling for example)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Poor lighting not allowing for proper visual inspections.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

• FARM FOOD SAFETY RISK ASSESSMENT •

AREA OF RISK	EXAMPLES OF POSSIBLE HAZARDS & RISKS	YES	NO OR N/A	?	IF YES, DESCRIBE THE HAZARD ON YOUR FARM AND RATE THE LEVEL OF RISK (LOW, MED, HI). IF NO OR N/A, DESCRIBE WHY NOT A RISK	DESCRIBE PRACTICES YOU FOLLOW OR FACTORS THAT REDUCE THE RISK OF THIS HAZARD, OR ANY CORRECTIVE OR PREVENTIVE ACTIONS YOU WILL TAKE.	ASSOCIATED SOP'S OR RECORDS KEPT?	CORRECTIVE ACTIONS TAKEN? DATE & INITIAL
Is there any risk of potential allergens?	- Multi-use containers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Workers eating lunch in a produce handling area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Storage of allergens next to finished product (e.g. eggs next to lettuce)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- No SOP for handling nuts/peanuts grown by operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Are there any risks associated with the use of sanitizers to minimize the potential for cross contamination?	- Sanitizer not used for intended purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Not following label instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- No water treatment records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Personnel don't understand the difference in cleaning and sanitizing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

• FARM FOOD SAFETY RISK ASSESSMENT •

AREA OF RISK	EXAMPLES OF POSSIBLE HAZARDS & RISKS	YES	NO OR N/A	?	IF YES, DESCRIBE THE HAZARD ON YOUR FARM AND RATE THE LEVEL OF RISK (LOW, MED, HI). IF NO OR N/A, DESCRIBE WHY NOT A RISK	DESCRIBE PRACTICES YOU FOLLOW OR FACTORS THAT REDUCE THE RISK OF THIS HAZARD, OR ANY CORRECTIVE OR PREVENTIVE ACTIONS YOU WILL TAKE.	ASSOCIATED SOP'S OR RECORDS KEPT?	CORRECTIVE ACTIONS TAKEN? DATE & INITIAL
Are there any risks associated with cleaning supplies and chemicals?	- Cleaning chemicals not labeled properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Cleaning supplies and chemicals stored in location where cross contamination can occur (next to or above a produce holding area)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- No mop to handle unintentional spills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Is there any risk associated with tools, equipment, and containers?	- Multi-use containers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Improper cleaning and sanitation of food contact surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Equipment traveling through potential contamination like dirt and puddles then into production or packing areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Avoiding maintenance on equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Calibration of measurement tools not performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

• FARM FOOD SAFETY RISK ASSESSMENT •

AREA OF RISK	EXAMPLES OF POSSIBLE HAZARDS & RISKS	YES	NO OR N/A	?	IF YES, DESCRIBE THE HAZARD ON YOUR FARM AND RATE THE LEVEL OF RISK (LOW, MED, HI). IF NO OR N/A, DESCRIBE WHY NOT A RISK	DESCRIBE PRACTICES YOU FOLLOW OR FACTORS THAT REDUCE THE RISK OF THIS HAZARD, OR ANY CORRECTIVE OR PREVENTIVE ACTIONS YOU WILL TAKE.	ASSOCIATED SOP'S OR RECORDS KEPT?	CORRECTIVE ACTIONS TAKEN? DATE & INITIAL
Is there any risk associated with the packaging materials used for the produce?	- Pest/rodent intrusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Non-foodgrade products being used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Packing harvested produce into used boxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Store in a contaminated area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Contaminants stored above packaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Is there any risk identified in the use of shared farm activity work spaces?	- Insufficient cleaning & sanitizing between uses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Truck used for transporting produce & hauling raw manure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Packing tables used for seed trays and packing produce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

• FARM FOOD SAFETY RISK ASSESSMENT •

AREA OF RISK	EXAMPLES OF POSSIBLE HAZARDS & RISKS	YES	NO OR N/A	?	IF YES, DESCRIBE THE HAZARD ON YOUR FARM AND RATE THE LEVEL OF RISK (LOW, MED, HI). IF NO OR N/A, DESCRIBE WHY NOT A RISK	DESCRIBE PRACTICES YOU FOLLOW OR FACTORS THAT REDUCE THE RISK OF THIS HAZARD, OR ANY CORRECTIVE OR PREVENTIVE ACTIONS YOU WILL TAKE.	ASSOCIATED SOP'S OR RECORDS KEPT?	CORRECTIVE ACTIONS TAKEN? DATE & INITIAL
Is there any risk associated with cold storage/transport?	- Coolers not cleaned regularly or adequately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Condensate collecting on floor of cooler/reefer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Condensate dripping on produce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Undetected temperature fluctuations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Cold storage temperatures not being monitored and recorded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Cooler has gaps allowing pest entry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

• FARM FOOD SAFETY RISK ASSESSMENT •

AREA OF RISK	EXAMPLES OF POSSIBLE HAZARDS & RISKS	YES	NO OR N/A	?	IF YES, DESCRIBE THE HAZARD ON YOUR FARM AND RATE THE LEVEL OF RISK (LOW, MED, HI). IF NO OR N/A, DESCRIBE WHY NOT A RISK	DESCRIBE PRACTICES YOU FOLLOW OR FACTORS THAT REDUCE THE RISK OF THIS HAZARD, OR ANY CORRECTIVE OR PREVENTIVE ACTIONS YOU WILL TAKE.	ASSOCIATED SOP'S OR RECORDS KEPT?	CORRECTIVE ACTIONS TAKEN? DATE & INITIAL
WORKER HEALTH AND HYGIENE (PRODUCTION AND POSTHARVEST)								
Are there any risks associated with worker training or worker practices?	- Employees cannot identify potential hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Workers not following good hygiene, harvest, and handling practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Workers not being aware of what to do in the case of illness, cuts, open wounds/sores and bodily fluid cross contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Employees are not aware of designated eating/smoking/bathroom area locations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Complacency or shortcuts over time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Retraining mid season may be important	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Hand washing facility not provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Worker clothing contaminated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Proper use and storage of protective clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

• FARM FOOD SAFETY RISK ASSESSMENT •

AREA OF RISK	EXAMPLES OF POSSIBLE HAZARDS & RISKS	YES	NO OR N/A	?	IF YES, DESCRIBE THE HAZARD ON YOUR FARM AND RATE THE LEVEL OF RISK (LOW, MED, HI). IF NO OR N/A, DESCRIBE WHY NOT A RISK	DESCRIBE PRACTICES YOU FOLLOW OR FACTORS THAT REDUCE THE RISK OF THIS HAZARD, OR ANY CORRECTIVE OR PREVENTIVE ACTIONS YOU WILL TAKE.	ASSOCIATED SOP'S OR RECORDS KEPT?	CORRECTIVE ACTIONS TAKEN? DATE & INITIAL
Are first aid kits accessible to all personnel and products within the expiration date?	- Products in first aid kit beyond the expiration date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Personnel don't know where the first aid kit is kept	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Is there any risk associated with worker personal belongings?	- Unclean bags/clothes set on food contact surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Dangling jewelry lost in product boxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Cell phones used in bathroom and food handling areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Is there any risk with visitors being on the farm?	- Visitors not told about or following policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Visitor in produce handling areas with illness or injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Lack of toilet or handwashing facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Pets or unaccompanied small children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

• FARM FOOD SAFETY RISK ASSESSMENT •

AREA OF RISK	EXAMPLES OF POSSIBLE HAZARDS & RISKS	YES	NO OR N/A	?	IF YES, DESCRIBE THE HAZARD ON YOUR FARM AND RATE THE LEVEL OF RISK (LOW, MED, HI). IF NO OR N/A, DESCRIBE WHY NOT A RISK	DESCRIBE PRACTICES YOU FOLLOW OR FACTORS THAT REDUCE THE RISK OF THIS HAZARD, OR ANY CORRECTIVE OR PREVENTIVE ACTIONS YOU WILL TAKE.	ASSOCIATED SOP'S OR RECORDS KEPT?	CORRECTIVE ACTIONS TAKEN? DATE & INITIAL
Is there any risk associated with the toilet facilities location?	- Waste spillage or leak could contaminate Produce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Too far from work areas for workers to use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Porta-potties too close to production field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
LABELING, TRACEABILITY, MOCK RECALL, FOOD DEFENSE, AND FOOD FRAUD								
Is there any risk associated with information on your farm's product label?	- No allergen declaration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- No lot number, farm name/address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Certifier listed for organic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- No product information/mislabeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Incorrect or missing harvest/processing date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

• FARM FOOD SAFETY RISK ASSESSMENT •

AREA OF RISK	EXAMPLES OF POSSIBLE HAZARDS & RISKS	YES	NO OR N/A	?	IF YES, DESCRIBE THE HAZARD ON YOUR FARM AND RATE THE LEVEL OF RISK (LOW, MED, HI). IF NO OR N/A, DESCRIBE WHY NOT A RISK	DESCRIBE PRACTICES YOU FOLLOW OR FACTORS THAT REDUCE THE RISK OF THIS HAZARD, OR ANY CORRECTIVE OR PREVENTIVE ACTIONS YOU WILL TAKE.	ASSOCIATED SOP'S OR RECORDS KEPT?	CORRECTIVE ACTIONS TAKEN? DATE & INITIAL
Is there any risk associated with the traceability system?	- Current system not able to successfully trace product one step forward (customer) and one step back (field and suppliers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Current system not able to identify harvest and/or packing dates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- No 'clean breaks' between lots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Current system not able to identify pickers/packers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Records or lot coding do not meet buyer needs for traceback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Is the above system tested annually through a "mock recall" exercise?"	- No procedure for conducting mock recall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- No sense of recall effectiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

• FARM FOOD SAFETY RISK ASSESSMENT •

AREA OF RISK	EXAMPLES OF POSSIBLE HAZARDS & RISKS	YES	NO OR N/A	?	IF YES, DESCRIBE THE HAZARD ON YOUR FARM AND RATE THE LEVEL OF RISK (LOW, MED, HI). IF NO OR N/A, DESCRIBE WHY NOT A RISK	DESCRIBE PRACTICES YOU FOLLOW OR FACTORS THAT REDUCE THE RISK OF THIS HAZARD, OR ANY CORRECTIVE OR PREVENTIVE ACTIONS YOU WILL TAKE.	ASSOCIATED SOP'S OR RECORDS KEPT?	CORRECTIVE ACTIONS TAKEN? DATE & INITIAL
Can inputs used on the crop or in the field be traced back to the supplier?	- No record of which inputs were used where and when	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- No receipts or list of suppliers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Is there any risk of intentional contamination, adulteration, or misrepresentation?	- Unlocked/unmonitored storage area for harvested products or chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Unidentified people entering operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Supplier claims (e.g. organic or gap/ghp certification) are not verified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- suppliers selling food packaging that is not food grade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	- Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				



NEW MEXICO FARMERS' MARKETING ASSOCIATION
 UNITED STATES DEPARTMENT OF AGRICULTURE
 NATIONAL INSTITUTE OF FOOD AND AGRICULTURE
 LA MONTAÑITA CO-OP FOOD MARKET & DISTRIBUTION CENTER