

B. Storage Assessment

Instructions: This Form must be completed prior to using storages for the first time in a season (use one Form per storage for harvested and market product). If an item is not applicable, indicate N/A. Make additional copies as necessary and complete as Page _ of _ to indicate more than one page if required.

Completed by: _____ **Date:** _____ **Page** _____ **of** _____

Storage ID # / Name: _____

Requirement	Yes (√)	No (√)	Action Taken if Answered "No"
Storage is secured (e.g., with a lock) when unsupervised?			
Lights in the storage area are shatterproof or covered?			
Product in storage is kept in proper conditions (e.g., on pallets)?			
Product is stored away from leaky areas (e.g., from roofs, pipes, condensation)?			
When the storage is in use, production site equipment and fertilizers are stored and repaired elsewhere? Agricultural chemicals are never stored in product storages?			
Treated seed is stored according to the label directions (i.e., stored away from product)?			
Oil/gas furnace is exhausting outside the storage?			
When the storage is in use, oil/fuel storage tanks are stored elsewhere or contained to prevent contamination of product?			
Floor of the storage is clean and free from contaminants (e.g., oil, wood, plastic, glass, metal, garbage, chemicals)?			
Walls/ceilings of storage are clean and in good condition (e.g., free from contamination from oil, wood, plastic, glass, metal, garbage, chemicals)?			
The storage is a no-smoking zone?			
Storage is free from animals (wild or domestic) or evidence of animals (droppings) and other pests (birds, insects, rodents)?			
FOR POTATOES ONLY: Potatoes in storage are kept in the dark?			
FOR POTATOES ONLY: Potatoes are free from direct contact with pressure treated wood?			
Other (specify):			

How and when was the storage cleaned? (describe): _____

Confirmation/Update Log:

Date						
Initials						

C. Employee Personal Hygiene and Food Handling Practices Policy - Production Site

ANNUAL

Instructions: This Form is intended to assist you in setting your policy, to itemize the policy components and to be used as a training tool and possible handout to employees. All items need to be addressed during the training session for employees. Write N/A beside those not applicable to your operation.

Completed by: _____

Date: _____

Employee Illness, Disease and Injury

- Persons able to transmit or suffering from a contagious disease and/or illness transferable to food (e.g., Hepatitis A, Salmonella, E. coli O157:H7) and those with a temporary illness (e.g., bad cold, diarrhea and vomiting) are advised to see a doctor
- Employees are trained on the role and responsibility they play in preventing the contamination of product
- Open wounds are treated and covered with a waterproof covering (e.g., rubber gloves)

Employee Biosecurity

- Employees are aware of their surroundings and the people they come in contact with, in and around the production site
- Employees inform person responsible (name of person responsible: _____) of unknown visitors
- Employees are trained in precautions they need to take when moving between production areas (e.g., from livestock areas/field to storage/packinghouse)

Employee Hand Washing

- Hands are washed and dried:
 - Before beginning work each day
 - Before entering the production site
 - Before putting on gloves (if used)
 - After every visit to the washroom
 - After a break or meal
 - After smoking
 - After hand-to-face contact (e.g., coughing, sneezing, blowing nose)
 - After applying sunscreen and insect repellent
 - After handling any materials other than the product (e.g., fuelling equipment, spraying)
- Hands and reusable gloves (except for cloth) are washed using proper hand washing techniques:
 - Wet hands, lather soap for approximately 20 seconds
 - Scrub well (especially fingernails and knuckles)
 - Use fingernail brushes if needed/required
 - Rinse
 - Dry hands and wrists with paper towel
- If no water is available, hand wipes and hand sanitizer are used
- Hand wipe and hand sanitizer use:
 - Use hand wipes to facilitate soil/organic matter/ juice etc. removal AND
 - Use one squirt of waterless, antibacterial, alcohol-based product
- Gloves are not worn as a substitute for hand washing

Production Practices

- Employees are trained to inspect each container and harvest only into clean containers
- Employees are trained to not stand in or on packaging materials or accessories unless potential contamination risks are mitigated (e.g., wear different footwear, booties, materials are protected with new cardboard, etc.)
- Employees are trained to visually inspect product during harvest to look for evidence of unusual animal or bird activity (i.e., excrement) and discards product if it has been contaminated
- Employees are trained to touch only the sides of ladders, not the rungs
- Employees are trained not to harvest product that has touched the ground (FOR TREE AND VINE FRUIT ONLY)
- Employees are trained not to harvest product that has fallen on the ground (FOR SMALL FRUIT ONLY)

Employee Glove and Apron Use

- Gloves are used
- Aprons are used

Gloves and aprons are not mandatory. If gloves and aprons are used, proceed below. If gloves and aprons are not used, proceed to the next sub-section (Other)

Note: Working effects must be provided by the operation, not by the employee.

- Gloves are made of rubber, nitrile, polyethylene, polyvinyl chloride, polyurethane or cloth (canvas/leather gloves may be used for potatoes and bulb and root vegetables ONLY)
- If made of cloth, gloves are laundered daily by the operation [excludes coated cloth/canvas/leather gloves used to handle potatoes and bulb and root vegetables (e.g., carrots, onions, garlic, rutabagas)]
- Hands are washed and dried, before gloves are put on
- Gloves are removed when leaving the work area and stored in a designated location
- If gloves are not new, they are washed (using proper hand washing technique) before beginning work each day, when changing tasks, and/or after any contact that could potentially contaminate the product
- Aprons:
 - are worn when employees hold product against their upper body (e.g., to trim product)
 - are made of rubber
 - if reusable are washed daily by the operation
- Gloves and aprons are replaced when ripped or worn out

Other

- Employees know the difference between and how to handle major and minor food safety deviations
- Employees adhere to the following:
 - Always use toilet facilities
 - Always dispose of toilet paper in toilet (i.e., not in garbage can)
 - Never spit
 - Eat food, drinks, gum, candy or use tobacco products (including chewing tobacco and snuff) only in a designated for this purpose (e.g., outside, in lunchroom)
 - Put personal effects in designated areas (e.g., lunches, clothing, shoes, smoking materials, electronic devices, etc.)
 - Dispose of waste in designated containers

Confirmation/Update Log:

Date					
Signature					

D. Employee Personal Hygiene and Food Handling Practices Policy - Packinghouse/Product Storage

ANNUAL

Instructions: This Form is intended to assist you in setting out your policy, to itemize the policy components and to be used as a training tool and possible handout to employees. All items need to be addressed during the training session for employees. Write N/A beside those not applicable to your operation. (This form is also intended for employees who are handling market ready packaging materials.)

Completed by: _____

Date: _____

<p>Employee Illness, Disease, and Injury</p> <ul style="list-style-type: none"> <input type="checkbox"/> Persons able to transmit or suffering from a contagious disease and/or illness transferable to food (e.g., Hepatitis A, Salmonella, <i>E. coli</i> O157:H7) and those with a temporary illness (e.g., bad cold, diarrhea and vomiting) are advised to see a doctor <input type="checkbox"/> Employees are trained on the role and responsibility they play in preventing the contamination of product <input type="checkbox"/> Open wounds are treated and covered with a waterproof covering (e.g., rubber gloves) 	<p>Employee Hand Washing</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hands are washed and dried: <ul style="list-style-type: none"> • Before beginning work each day • Before putting on gloves (if used) • After every visit to the washroom • After a break or meal • After smoking • After hand-to-face contact (e.g., coughing, sneezing, blowing nose) • After applying insect repellent • After handling any materials other than the product (e.g., garbage, cleaning and maintenance materials) <input type="checkbox"/> Hands and reusable gloves are washed using proper hand washing techniques: <ul style="list-style-type: none"> • Wet hands, lather soap for approximately 20 seconds • Scrub well (especially fingernails and knuckles) • Use fingernail brushes if needed/required • Rinse • Dry hands and wrists with paper towel <input type="checkbox"/> If no water is available, hand wipes and hand sanitizer are used <input type="checkbox"/> Hand wipe and sanitizer use: <ul style="list-style-type: none"> • Use hand wipes to facilitate soil/organic matter/ juice etc. removal AND • Use one squirt of waterless, antibacterial, alcohol-based product <input type="checkbox"/> Gloves are not worn as a substitute for hand washing
<p>Employee Cleanliness, Footwear and Hair</p> <ul style="list-style-type: none"> <input type="checkbox"/> A degree of personal cleanliness is maintained which includes starting each day wearing clean clothing and (<i>specify other</i>): _____ <input type="checkbox"/> Clean footwear is always worn (no dirt or other foreign matter) <input type="checkbox"/> Long hair touching the shoulders is restrained (e.g., hat, hairnet, tied) 	<p>Employee Biosecurity</p> <ul style="list-style-type: none"> <input type="checkbox"/> Employees are aware of surroundings and the people they come in contact with, in and around the packinghouse/product storage <input type="checkbox"/> Employees inform person responsible (name of person responsible: _____) of unknown visitors <input type="checkbox"/> Employees are trained in precautions they need to take when moving between production areas (e.g., from livestock areas/field to storage/packinghouse)
<p>Production Practices</p> <ul style="list-style-type: none"> <input type="checkbox"/> Employees adhere to the following: <ul style="list-style-type: none"> • Only authorized employees handle market product • Only authorized employees may enter controlled-access areas <input type="checkbox"/> Employees are trained to not stand in or on packaging materials or accessories unless potential contamination risks are mitigated (e.g., wear different footwear, booties, materials are protected with new cardboard, etc.) <input type="checkbox"/> Employees are trained to touch only the sides of ladders, not the rungs 	<p>Employee Jewellery and Other Personal Effects</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bracelets, necklaces or other jewellery (except for rings) are not worn <input type="checkbox"/> Rings are covered with gloves <input type="checkbox"/> False fingernails, false eyelashes or other such are not worn <input type="checkbox"/> Items are removed from shirt pockets (e.g., pens, etc.) <input type="checkbox"/> Loose buttons on shirts/jackets are fixed
<p style="text-align: center;">Employee Glove and Apron Use</p> <ul style="list-style-type: none"> <input type="checkbox"/> Gloves are used <input type="checkbox"/> Aprons are used <li style="padding-left: 20px;"><i>Gloves and aprons are not mandatory. If gloves and aprons are used, proceed below. If gloves and aprons are not used, proceed to the next sub-section (Other)</i> <li style="padding-left: 20px;"><i>Note: Working effects must be provided by the operation, not by the employee.</i> <input type="checkbox"/> Gloves are made of rubber, nitrile, polyethylene, polyvinyl chloride or polyurethane <input type="checkbox"/> For product storages: coated cloth/canvas/leather gloves may be used to handle harvested potatoes and bulb and root vegetables (e.g., carrots, onions, garlic, rutabagas) and do not require daily laundering <input type="checkbox"/> Hands are washed and dried before gloves are put on <input type="checkbox"/> Gloves are removed when leaving the work area and stored in a designated location <input type="checkbox"/> If gloves are not new, they are washed (using proper hand washing technique) before beginning work each day, when changing tasks, and/or after any contact that could potentially contaminate the product. <input type="checkbox"/> Aprons: <ul style="list-style-type: none"> • when they hold product against their upper body (e.g., to trim product) • are made of rubber • if reusable are washed daily by the operation <input type="checkbox"/> Gloves and aprons are replaced when ripped or worn out 	
<p style="text-align: center;">Other</p> <ul style="list-style-type: none"> <input type="checkbox"/> Employees know the difference between and how to handle major and minor food safety deviations <input type="checkbox"/> Employees adhere to the following: <ul style="list-style-type: none"> • Always use toilet facilities • Always dispose of toilet paper in toilet (i.e., not in garbage can) • Never spit • Eat food, drinks, gum, candy or use tobacco products (including chewing tobacco and snuff) only in areas designated for this purpose (e.g., outside, in lunchroom) • Put personal effects in designated areas (e.g., lunches, clothing, shoes, smoking materials, electronic devices, etc.) • Dispose of waste in designated containers 	

Confirmation/Update Log:

Date						
Signature						

E. Pest Control Program for Buildings

Instructions: For each type of pest being controlled, specify the pest control method used. This Form is to be completed annually. Make additional copies as necessary and complete as Page _ of _ to indicate more than one page if required.

Completed by: _____ Date: _____ Page _____ of _____

Building ID # / Name: _____

Pest	Control Method and Description	Person Responsible									
Birds	Around building exterior <input type="checkbox"/> Deterrent or other devices (specify) _____										
	Inside building <input type="checkbox"/> Deterrent or other devices (specify) _____										
Rodents	Around building exterior (perimeter) <input type="checkbox"/> Bait (specify type) _____ <input type="checkbox"/> Traps (specify type) _____ <input type="checkbox"/> Chemicals (specify below) <table border="1" data-bbox="451 789 1295 888"> <thead> <tr> <th>Name of chemical</th> <th>PCP #</th> <th>Concentration</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <input type="checkbox"/> Other (specify) _____	Name of chemical	PCP #	Concentration							
	Name of chemical	PCP #	Concentration								
Inside building <input type="checkbox"/> Traps (specify type) _____ <input type="checkbox"/> Other (specify) _____											
Insects	Around building exterior <input type="checkbox"/> Bait (specify type) _____ <input type="checkbox"/> Traps (e.g., glue boards, sticky traps) _____ <input type="checkbox"/> Chemicals (specify below) <table border="1" data-bbox="451 1161 1295 1260"> <thead> <tr> <th>Name of chemical</th> <th>PCP #</th> <th>Concentration</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <input type="checkbox"/> Other (specify) _____	Name of chemical	PCP #	Concentration							
	Name of chemical	PCP #	Concentration								
Inside building <input type="checkbox"/> Traps (e.g., glue boards, sticky traps) _____ <input type="checkbox"/> Chemicals (specify below) <table border="1" data-bbox="451 1392 1295 1491"> <thead> <tr> <th>Name of chemical</th> <th>PCP #</th> <th>Concentration</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <input type="checkbox"/> Other (specify) _____	Name of chemical	PCP #	Concentration								
Name of chemical	PCP #	Concentration									
Other (specify)	_____ _____ _____										

Confirmation/Update Log:

Date							
Signature							

F. Water (for Fluming and Cleaning) Assessment

Instructions: Complete and/or update annually for all water sources. Check off (✓) those items that apply. Make additional copies as necessary and complete Page ___ of ___ to indicate more than one page if required.

Completed by: _____ Date: _____ Page _____ of _____

Water Source (e.g., municipal, well, surface)	Re- cycled (✓)?	Stored (✓)?	Commodity ***	Use	Method	Items to Access (check each item)	Water tests		Corrective Actions (*see examples below)	Cleaning and Treatment**
							When will the water first be used?	Dates Prior to use test 2nd water test		
				Product: <input type="checkbox"/> Fluming <input type="checkbox"/> Hydro-cooling/ cooling <input type="checkbox"/> Washing <input type="checkbox"/> Post-harvest chemical application <input type="checkbox"/> Final rinse <input type="checkbox"/> Humidity/Misting <input type="checkbox"/> Wetting packing accessories/other items <input type="checkbox"/> Other Materials <input type="checkbox"/> Hand washing <input type="checkbox"/> Cleaning equipment containers/building Ice	<input type="checkbox"/> Pit <input type="checkbox"/> Spray <input type="checkbox"/> Hose <input type="checkbox"/> Tap <input type="checkbox"/> Dump tank <input type="checkbox"/> Pressure wash <input type="checkbox"/> Other: _____	<input type="checkbox"/> Animals access <input type="checkbox"/> Runoff <input type="checkbox"/> Working condition of well/pipes <input type="checkbox"/> Other possible hazards assessed (describe): _____				<input type="checkbox"/> Cleaned <input type="checkbox"/> Treat <input type="checkbox"/> Cistern <input type="checkbox"/> Well <input type="checkbox"/> Other Using Appendix: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> H OR: _____
				Product: <input type="checkbox"/> Fluming <input type="checkbox"/> Hydro-cooling/ cooling <input type="checkbox"/> Washing <input type="checkbox"/> Post-harvest chemical application <input type="checkbox"/> Final rinse <input type="checkbox"/> Humidity/Misting <input type="checkbox"/> Wetting packing accessories/other items <input type="checkbox"/> Other Materials <input type="checkbox"/> Hand washing <input type="checkbox"/> Cleaning equipment containers/building Ice	<input type="checkbox"/> Pit <input type="checkbox"/> Spray <input type="checkbox"/> Hose <input type="checkbox"/> Tap <input type="checkbox"/> Dump tank <input type="checkbox"/> Pressure wash <input type="checkbox"/> Other: _____	<input type="checkbox"/> Animals access <input type="checkbox"/> Runoff <input type="checkbox"/> Working condition of well/pipes <input type="checkbox"/> Other possible hazards assessed (describe): _____				<input type="checkbox"/> Cleaned <input type="checkbox"/> Treat <input type="checkbox"/> Cistern <input type="checkbox"/> Well <input type="checkbox"/> Other Using Appendix: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> H OR: _____
				Product: <input type="checkbox"/> Fluming <input type="checkbox"/> Hydro-cooling/ cooling <input type="checkbox"/> Washing <input type="checkbox"/> Post-harvest chemical application <input type="checkbox"/> Final rinse <input type="checkbox"/> Humidity/Misting <input type="checkbox"/> Wetting packing accessories/other items <input type="checkbox"/> Other Materials <input type="checkbox"/> Hand washing <input type="checkbox"/> Cleaning equipment containers/building Ice	<input type="checkbox"/> Pit <input type="checkbox"/> Spray <input type="checkbox"/> Hose <input type="checkbox"/> Tap <input type="checkbox"/> Dump tank <input type="checkbox"/> Pressure wash <input type="checkbox"/> Other: _____	<input type="checkbox"/> Animals access <input type="checkbox"/> Runoff <input type="checkbox"/> Working condition of well/pipes <input type="checkbox"/> Other possible hazards assessed (describe): _____				<input type="checkbox"/> Cleaned <input type="checkbox"/> Treat <input type="checkbox"/> Cistern <input type="checkbox"/> Well <input type="checkbox"/> Other Using Appendix: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> H OR: _____

Assessment Guide: Assessment should include runoff from agricultural chemicals, fuels or manure; contamination in pipes; cleanliness of cistern etc.
***Corrective Actions:**
 -Consult with experts
 -Install filtration
 -Use alternate source
 -Install devices to prevent backflow
 -Construct barriers (e.g., fences, ditches)
 -Maintenance of well or cistern
 -Level ground to prevent runoff
 -Test water for Total Coliforms and *E. coli* using an accredited lab conforming to ISO 17025 or equivalent.
 Appendix A: Shock Chlorination of Well Water – An Example
 Appendix B: Chlorination of Water for Fluming and Cleaning Fresh Fruits and Vegetables and Cleaning Equipment—An Example
 Appendix H: Cleaning and Treating Cisterns – An Example

****Cleaning & Treatment:** ✓ to indicate cleaning &/or treatment, what was cleaned/treated, which instructions were followed or what treatment method used (e.g., UV)
 *** Assess water uses for each commodity and ensure water tests are taken at the appropriate time(s)

Confirmation/Update Log:

Date	Initials					

G. Cleaning, Maintenance and Repair of Buildings

Instructions: An inspection of both the interior and exterior of your buildings (e.g., packinghouse, storages) (except agricultural chemical storage buildings) must be conducted monthly [when in use and where possible (e.g., not a sealed storage)] and the following checklist completed. Place N/A if certain structures are not applicable to your operation.

Completed by: _____

Date: _____

Building ID #/Name: _____

<p style="text-align: center;">Interior of Building (Permanent Structures)</p> <ul style="list-style-type: none"> <input type="checkbox"/> No holes/crevices/leaks in the building (e.g., walls, windows, screens) <input type="checkbox"/> Lighting is shatterproof and adequate (e.g., packinghouse is bright while potatoe storages are dark) <input type="checkbox"/> No pipes or condensation leaking <input type="checkbox"/> Floor drainage is good (floor sloped, drain covers clear) <input type="checkbox"/> Floors, walls and ceilings are clean and free from garbage, spills, rodent droppings, etc. <input type="checkbox"/> Floor is free of crevices that could harbour pests or debris <input type="checkbox"/> Fans and/or air filters are dust-free, clean and working properly <input type="checkbox"/> Animals (wild or domestic), pests (insects, rodents, etc.) and bird nests are not present <input type="checkbox"/> All materials are in designated areas (e.g., packaging materials and product) <input type="checkbox"/> Adequate ventilation <input type="checkbox"/> Control measures are in place to prevent cross-contamination from other activities/items (e.g., employee movement, dedicated areas/equipment, etc.) 	<p style="text-align: center;">Exterior of Building (Permanent Structures)</p> <ul style="list-style-type: none"> <input type="checkbox"/> No holes/crevices/leaks in the building (e.g., walls, windows, screens) <input type="checkbox"/> All windows can be closed OR have close-fitting screens are in good condition <input type="checkbox"/> ½ meter wide perimeter strip of stone or crushed gravel OR short grass around building <input type="checkbox"/> No junk piled within 3 m of building (e.g., old or unused machinery, garbage) <input type="checkbox"/> Weeds are controlled <input type="checkbox"/> Land drainage around building is good <input type="checkbox"/> Dumpsters are emptied as needed to prevent pest infestation, and surroundings are free of debris <input type="checkbox"/> All doors are close-fitting <input type="checkbox"/> Doors that can be secured (i.e., to lock storages when unsupervised) <p style="text-align: center;">Exterior of Building (Non-Permanent Structures)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Roof or Cover (i.e., tarp) <input type="checkbox"/> Land drainage around structure is good <input type="checkbox"/> No areas where pests can live/feed/hide within 3 m of structure (e.g., old or unused machinery, garbage) <input type="checkbox"/> Weeds are controlled
<p style="text-align: center;">Maintenance Required</p> <p>If any of the above has NOT been checked off (✓), please describe the maintenance required.</p> <p>_____</p> <p>_____</p> <p>(Use the reverse of this Form if more space is needed)</p> <p>Date and name of person work was completed by:</p> <p>_____</p> <p>Date and signature of person overseeing the work:</p> <p>_____</p>	<p style="text-align: center;">Maintenance Required</p> <p>If any of the above has NOT been checked off (✓), please describe the maintenance required.</p> <p>_____</p> <p>_____</p> <p>(Use the reverse of this Form if more space is needed)</p> <p>Date and name of person work was completed by:</p> <p>_____</p> <p>Date and signature of person overseeing the work:</p> <p>_____</p>

Confirmation Signature: _____

Date: _____

H1. Agronomic Inputs (Agricultural Chemicals)

Instructions : Includes all applications from pre-planting through to, and including, harvest. One Form must be completed for **EACH PRODUCTION SITE**.

Operation Name:	Previous Year Crop(s):	FOR POTATOES ONLY: Seed certification #:	Current Crop:
Production Site Information (e.g., Field/Block # or Name/ID/Legal Description):	Production Site Area (e.g., # of acres/hectares):	Date Planted:	Variety:

Application Date	Product/ Trade Name	PCP #	Actual Quantity Used (e.g., 22.28 kg)	Rate Applied Per Unit (e.g., hectare, acre, cwt, tonne)	Label Instructions Followed (✓)	Area/Quantity Treated	Method of Application (air, ground, furrow, seed, foliar)	Earliest Allowable Harvest Date (EAHD)	PHI	Weather Conditions	Signature of Applicator or if Custom Application Invoice is Attached

Confirmation Signature: _____

Date: _____

H2. Agronomic Inputs (Other)

Instructions : Includes all applications from pre-planting through to, and including, harvest. One Form must be completed for **EACH PRODUCTION SITE**.

Note: Mulch and Row Cover Applications DO NOT need to be recorded for Bulb and Root Vegetables.

Operation Name:	Previous Year Crop(s):	FOR POTATOES ONLY: Seed Certification #:	Current Crop:
Production Site Information (e.g., Field/Block # or Name/ID/Legal Description):	Production Site Area (e.g., # of acres/hectares):	Date Planted:	Variety:

COMMERCIAL FERTILIZER APPLICATION

Date	Blend	Rate	Fertilizer Lot # (if applicable)	Applicator's Name

MANURE*/COMPOST/COMPOST TEA/OTHER BY-PRODUCTS#/PULP SLUDGE/SOIL AMENDMENT/MULCH AND ROW COVER APPLICATIONS (except for plastic)

Date	What is Applied	Type**	Supplier's Name	Rate	Earliest Allowable Harvest Date* (according to appropriate time delay)	Applicator's Name

* Manure (cattle, hog, poultry, horse, etc.)

Other by-product (seafood waste, vegetable culls, etc.)

Confirmation Signature: _____

Date: _____

H3. Agricultural Chemical Application (Post-Harvest)

Instructions: Includes all post-harvest applications (e.g., during packing, before, during or after storage, before holding, etc.)

Operation Name:		Production Site Information (e.g., Field # or Name/ID #/Legal Description):	Variety:
-----------------	--	---	----------

Application Date	Product/Trade Name	PCP #	Rate Applied	Label Instructions Followed (✓)	Quantity Treated	Method of Application	Field/ Block #/Pallet/ Bin Tag/Lot ID	DAA	Signature of Applicator or if Custom Application Invoice is Attached

Confirmation Signature: _____

Date : _____

WEEKLY/Daily (peak season)

J. Cleaning and Maintenance - Personal Hygiene Facilities

Instructions: Record cleaning and maintenance of both exterior and interior washrooms and hand washing facilities. Complete at least weekly (while in use) and daily during peak season for each facility. **Write N/A in column if not applicable to facility.** Cleaning includes toilet, sink, floor, paper towel dispenser, all handles (e.g., toilet handle, door knob, tap), etc.

Type of Facility and Location: _____

Date and Time	Assessment of Facilities (e.g., do toilets need emptying, are extra supplies needed, etc.) Check (✓) if assessment OK or after corrective action(s) taken (e.g., pumped toilets, stocked extra toilet paper, etc.)	Items to Inspect For (✓)					Employee Responsible for Cleaning (sign to confirm all cleaning completed) OR Person Confirming Cleaning Completed by a Company
		Disposable Paper Towels	Soap	Water Source Operating (Hot and/or Cold Water)	Toilet Paper	Hand Sanitizer/Wipes	

Confirmation Signature: _____

Date: _____

M. Pest Monitoring for Buildings

Instructions: Traps and control methods must be **monitored** a minimum of once a month (when in use) and the findings and action taken (if applicable) recorded below. Each trap or area controlled (e.g., for insects) must be recorded. Make additional copies as necessary.

Building ID #/Name: _____

Date	Device Number (same as Form A) or Area Controlled (e.g., insect traps)	Findings	Action Taken (cleaned area or traps, disposed of in garbage, chemical treatment, changed traps, etc.)	Person Responsible

Confirmation Signature: _____

Date _____

O. Transporting Product

Instructions: Complete for all product being transported to someone else's premises

Month:

†Product is Rotated Appropriately (✓)	Date	Vehicle Inspected?		Product Identifier (Lot ID/Lot code/Pack ID/Field/Block #/Pallet/Bin Tag) (Same as on Form P1/P2 or Q)	Quantity Shipped	Truck/Trailer ID #	Destination and Customer	Person Responsible (Loader)
		(✓) if OK or record hazard* and corrective action**	(✓) if covered					

†The operation considers shelf-life when managing product (e.g., first in first out, ripeness, etc.)

*Inspect vehicles for the following items:

- 1. Signs of pest intrusion
- 2. Damage (e.g., splinters, holes)
- 3. Odours (e.g., chemicals, oil)
- 4. Foreign materials: manure, garbage, glass, oil, chemicals, plant or animal debris, etc.
- 5. Maintenance required (e.g., hinges, locks or load-securing devices)
- 6. Refrigeration (e.g., leaking)

** Corrective Actions: If any hazards were identified above, the following may be considered:

- A. Refusal to load product onto vehicle
- B. Sweep
- C. Rinse
- D. Maintenance (e.g., repair hinges, locks, load securing devices)
- E. Wash/clean with soap
- F. Other

Confirmation Signature: _____

Date: _____

P1. Harvesting and Storing Potatoes (FOR POTATOES ONLY)

Instructions: Complete for any harvested potatoes that are:

- Put into harvested product packaging materials
- Harvested in bulk
- Put into storage

Completed by: _____ **Date:** _____

Storage Name/Area/ID/#: _____

Agricultural Chemical Application - if being applied

Product and Variety	* PHI/EAHD/DAA met (Form H1/H2/H3 verified) (✓)	** Production site was assessed (✓)	Product/Trade Name and PCP #	Quantity Treated	Application Rate	Method of Application (Spray, Ventilation)	Signature of Applicator
Variety							
Harvest Date(s):							
Bin Fill Date:							
Field # or Name/ID #/Legal Description (Same as Forms H1 and H2):							
1.							
2.			Cross section of the bin:				
3.							
4.							
5.							
6.							

Agricultural Chemical Application - if being applied

Product and Variety	* PHI/EAHD/DAA met (Form H1/H2/H3 verified) (✓)	** Production site was assessed (✓)	Product/Trade Name and PCP#	Quantity Treated	Application Rate	Method of Application (Spray, Ventilation)	Signature of Applicator
Variety							
Harvest/Bin Fill Date:							
Field # or Name/ID #/Legal Description (Same as Forms H1 and H2):							
1.							
2.			Cross section of the bin:				
3.							
4.							
5.							
6.							

* Forms H1/H2/H3 have been verified to ensure that harvested potatoes meet the required pre-harvest interval PHI/EAHD/DAA for agricultural chemical application and the spreading of manure.

** The production site was surveyed to ensure that there were no signs of obvious contamination (e.g., oil or chemical spill, portable toilet leaking, flooding, animal intrusion, etc.) before harvest.

Confirmation Signature: _____ **Date:** _____

P2. Harvesting and Storing Product (FOR ALL COMMODITIES EXCEPT POTATOES)

Instructions : Complete for any harvested product that is:

- Put into harvested product packaging materials
- Harvested in bulk

Completed by: _____

Date: _____

Storage Name/Area/ID #: _____

Product and Variety	*PHI/EAHD/DAA met (Forms H1, H2 and H3 verified) (✓)	** Production site was assessed (✓)	Harvest Date	Quantity/ Units Harvested	Field/Block #/Pallet/Bin Tag (Same as Forms H1, H2, and H3)	Packaging Materials Used	Date Product Put into Storage

* Forms H1, H2 and H3 have been verified to ensure that harvested product meets the required pre-harvest interval PHI/EAHD/DAA for agricultural chemical application and the spreading of manure.

** The production site was surveyed to ensure that there were no signs of obvious contamination (e.g., oil or chemical spill, portable toilet leaking, flooding, animal intrusion, etc.) before harvest.

Confirmation Signature: _____

Date: _____

Q. Packing, Repacking, Storing and Brokerage of Market Product

Instructions : Complete for any of the following activities:

- Harvested product being packed into market ready packaging materials (both in the production site and packinghouse, and includes your own and others' product)
- All packing and repacking activities that involve market product (see glossary definition of "Packing" and "Repacking");
- Market product being put into storage
- Brokerage of product

Date Harvested/ Market Product Received/ Put into Storage	†Product is Rotated Appropriately (√)	Name of person who Produced/ Packed/ Repacked/ Stored the Product	Product Variety	*PHI/EAHD met (Forms H1, H2 and H3 verified) (√)	** Production site was assessed (√)	Harvest Date	Field/Block #/Pallet/Bin Tag (Same as on Forms H1, H2 and H3 or P1/P2)	Incoming Lot Code/Pack ID and/or Lot ID	Packing/ Repacking Date	Outgoing Lot Code/ Pack ID	Wax Lot # (If Wax Applied)	Quantity	Lot ID	Primary Packaging Material Used	Secondary Packaging Material Used	Packaging Material Checked (if OK) (√)	Date Market Product Put into Storage

†The operation considers shelf-life when managing product (e.g., first in first out, ripeness, etc.)

* Forms H1, H2 and H3 have been verified to ensure that harvested product meets the required pre-harvest interval PHI/EAHD for agricultural chemical application and the spreading of manure.

**The production site was surveyed to ensure that there were no signs of obvious contamination (e.g., oil or chemical spill, portable toilet leaking, flooding, animal intrusion, etc.) before harvest.

Confirmation Signature: _____

Date: _____

R. Deviations and Corrective Actions

Instructions : List all major deviations, complaints and their related cause(s), corrective action(s), preventative measures and modified procedures. Record that employees have been trained on the new procedures.

Date/Time of Deviation or Complaint and Person Notified	Major Deviation/Complaint and Description	Cause of Deviation/Complaint	Corrective Action(s)	Prevention of Recurrence (e.g., training employee)	New/Modified Procedures	Employees Trained on New/Modified Procedures? (√)	Signature of Person Responsible for Re-Training/Carrying out Deviation Procedure

Confirmation Signature: _____

Date: _____

S. Allergen Information – Assessment

Instructions: Fill out the chart below to assess the potential risks of allergens in your operation. Column I indicates the allergens from a practice used in the production of the product. Column II indicates the allergens from something in the production site (e.g., rotational crop) or something found in the adjacent area. Column III indicates the allergens that may be found in the product, from addition or cross-contamination. Column IV indicates the allergens present in other products that are run on the same equipment/area but at a different time. Column V indicates whether any allergens are present in a building/vehicle.

Each box of the table must be filled with a YES or a NO. If YES, describe (if applicable) any control measures used in the last row. All allergens listed are those identified by Health Canada and enforced for labelling by the Canadian Food Inspection Agency for Canadian operations. Different or additional allergens may be identified in other jurisdictions.

Completed by: _____ **Date:** _____

Production Site ID/Building ID #/Name: _____

Component	Column I Present from a production practice	Column II Present in the production site or adjacent site	Column III Present in the product	Column IV Present in other products handled on the same line/area	Column V Present in the same building/ vehicle
Peanut or its derivatives , e.g., Peanut - pieces, protein, oil, butter, flour, and mandelona nuts (an almond flavoured peanut product) etc. Peanut may also be known as ground nut .					
Tree Nuts e.g., almonds, Brazil nuts, cashews, hazelnuts (filberts), macadamia nuts, pecans, pine nuts (pinyon, pinon), pistachios and walnuts or their derivatives, e.g., nut butters and oils etc.					
Sesame or its derivatives , e.g., paste and oil etc.					
Milk or its derivatives , e.g., milk caseinate, whey and yogurt powder etc.					
Eggs or its derivatives , e.g., frozen yolk, egg white powder and egg protein isolates etc.					
Fish or its derivatives , e.g., fish protein and extracts etc.					
Shellfish (including crab, crayfish, lobster, prawn and shrimp) and Molluscs (including snails, clams, mussels, oysters, cockle and scallops) or their derivative , e.g., extracts etc.					
Soybeans or its derivatives , e.g., lecithin, oil, tofu and protein isolates etc.					
Cereals containing gluten and their derivatives (specify which cereal (wheat, rye, barley, oats, spelt, kamut or their hybridized strains)).					
Sulphites , e.g., sulphur dioxide and sodium metabisulphites etc. If yes, what is the amount in ppm?					
Mustard and products thereof					
Others (as considered necessary for the customer or by the prevailing authority)					
Comments and/or Additional Control Measures (if applicable)					

Confirmation/Update Log:

Date						
Signature						

T. Food Defence

***Instructions:** This form is intended to assess whether potential food defense/security risk factors exist. Consider if there could be a risk in the following categories and implement appropriate security measures. If additional risks were identified, describe them below. Detailed information can be found in Appendix T: Food Defense: Assessment of Possible Risks and List of Security Measures if further assistance is required.*

Inside Security Risk Assessment

To protect product from intentional contamination, assess possible inside risks (e.g., packing/repacking area/facility security, agricultural chemical storage security, product security, information security, etc.).

The following potential risk factors have been assessed and appropriate security measures have been implemented:

- General security (e.g., signs, observations, areas etc.)
- Storage/Building Security
- Water/Ice Security
- Agricultural Chemical/Cleaning and Maintenance Materials Control Security
- Information Security

Personnel Security Risks

To prevent personnel security risks, ensure that only authorized personnel (e.g., employees, visitors, etc.) are within the operation and employees are trained on food defense/security measures

The following potential risk factors have been assessed and appropriate security measures have been implemented:

- Personnel Security (e.g., check references, check IDs, security training, etc.)

Outside Security Risk Assessment

To prevent unauthorized access by people, entry of unapproved inputs, or intentional contamination of product assess possible outside risks (e.g., production site/building security, mail handling security, etc.)

The following potential risk factors have been assessed and appropriate security measures have been implemented:

- Physical Security (e.g., door locks, lighting etc.)
- Entry of inputs/product (e.g., loading/unloading etc.)

If other risks have been identified, list those below, along with the corrective actions taken:

Confirmation/Update Log:

Date				
Initials				

U. Food Fraud Vulnerability Assessment

Instructions: This form is intended to assess whether potential food fraud vulnerabilities exist. If a vulnerability is identified, mitigation measures need to be developed and implemented.

Assess the following elements:	Yes	No	Mitigation Measures if applicable (e.g., surveillance plan, supplier relationship, testing, etc.)
1. Suppliers and Supply Chain			
Are you receiving product or inputs from suppliers:			
• whose businesses are healthy?			
• who are under financial strain?			
• who have sound and ethical business practices (e.g., no past criminal offences, not associated with incidents of previous food fraud, low levels of corruption)?			
Is your food supply chain transparent, with business relationships that are characterized by trust?			
Does the level of competition across your sector increase the potential for food fraud?			
Do you monitor your suppliers (product and inputs)?			
2. Company and Employees			
Does your company:			
• have a good business strategy with an ethical culture?			
• require personnel to follow an ethical code of conduct?			
• have a reporting system for unauthorized activities?			
• monitor integrity of employees?			
• operate in a country with a low level of corruption?			
• operate profitably?			
3. Product and Input Risks			
Would your products and inputs:			
• be difficult to counterfeit or adulterate?			
• command higher prices or higher demand if they could be altered for economic gain?			
• be easily detected if they were counterfeit or adulterated (e.g., by visual inspection, smelling)?			
Are technologies and/or methods to adulterate your products or inputs available, known or reported?			
Do you monitor your products and inputs for adulteration?			
Have there been incidents of food fraud associated with the same products or inputs that you produce or handle?			

Confirmation/Update Log:

Date				
Initials				

V. Production Site Assessment

Instructions: Assess whether the following potential hazards exist in your production site(s). All scenarios should be considered and recorded below. If any items in the left hand column have NOT been checked off, more information should be provided in the next two columns regarding the actual hazard and the action(s) taken.

Production _____ **Commodity:** _____
Completed by: _____ **Date:** _____

Assess the following potential hazards:	If a box in the left hand column has NOT been checked off, describe the potential hazard that may exist:	For potential hazards that may exist, chose or describe the action(s) taken to reduce the potential hazard:
<input type="checkbox"/> Sewage sludge has NOT been applied to the production site		
<input type="checkbox"/> No adjacent areas where livestock excrement, dust, aerosols or feathers may drift or leach (also consider exhaust fans from barns blowing dust into fields)		<input type="checkbox"/> Install fencing around production sites <input type="checkbox"/> Increase or create buffer zones around production sites - record approximate distances: _____ <input type="checkbox"/> Plant hedges or windbreaks <input type="checkbox"/> Seek expert advice and/or cooperation from neighbours <input type="checkbox"/> Other: _____
<input type="checkbox"/> No adjacent areas where crop production inputs may drift or leach (e.g., agricultural chemicals, soil amendments, fertilizers, pulp sludge)		<input type="checkbox"/> Increase or create buffer zones around production sites - record approximate distances: _____ <input type="checkbox"/> Plant hedges or windbreaks <input type="checkbox"/> Seek expert advice and/or cooperation from neighbours <input type="checkbox"/> Other: _____
<input type="checkbox"/> No potential manure usage or storage on adjacent land		<input type="checkbox"/> Increase or create buffer zones around production sites - record approximate distances: _____ <input type="checkbox"/> Seek expert advice and/or cooperation with neighbours <input type="checkbox"/> Incorporate manure into soil (if under your control) <input type="checkbox"/> Ensure manure is stored properly (if under your control) <input type="checkbox"/> Other: _____
<input type="checkbox"/> No adjacent areas where non-agricultural activities contribute to air, water or soil pollution [i.e., industrial activities (refineries, manufacturing plants), roadside debris, road salt, foreign objects (e.g., glass bottles, etc.)]		<input type="checkbox"/> Increase or create buffer zones around production sites - record approximate distances: _____ <input type="checkbox"/> Plant hedges or windbreaks <input type="checkbox"/> Seek information from source of hazard, experts or government on potential risks <input type="checkbox"/> Other: _____
<input type="checkbox"/> No risks from urban areas (e.g., pet access to production sites, leaching of septic beds, walking trails, campsites, etc.)		<input type="checkbox"/> Seek expert advice and/or cooperation with neighbours, land owners, government, etc. <input type="checkbox"/> Other: _____
<input type="checkbox"/> No unusually high levels of animal and bird activity (e.g., migratory paths, nesting or feeding areas, presence of animal feces, large areas of animal tracks or burrowing, etc.)		<input type="checkbox"/> Remove habitat or food sources (e.g., cull piles) <input type="checkbox"/> Conduct ongoing monitoring for evidence of animal intrusion (e.g., footprints, feces) <input type="checkbox"/> Train employees to monitor and report evidence of pest intrusion <input type="checkbox"/> Install wildlife deterrents (e.g., bird scaring devices) Describe: _____ <input type="checkbox"/> Other: _____
<input type="checkbox"/> No flooding of production site in the past year		<input type="checkbox"/> Allow soil to dry and be reworked before planting <input type="checkbox"/> Take soil samples (Note: sampling does not guarantee that the crop will not be contaminated) <input type="checkbox"/> Other: _____
<input type="checkbox"/> Other (please describe):		
<input type="checkbox"/> Pest control products are used in production site? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES was answered in the left hand column, describe the pest control products used:	<input type="checkbox"/> Pest control products used in the production site are stored according to the requirements found in Section 6.3 Storage/ Section 14.2 Storage

Confirmation/Update Log:

Date					
Initials					