

CATALOG OF LOG SHEETS AND PROCEDURES

For more information, please refer to
<http://www2.ctahr.hawaii.edu/adap2/FoodSafety/Grower/index.htm>

Log sheet or procedure	Frequency
<input type="checkbox"/> Doc 1 Employee Food Safety Training Record	<input type="checkbox"/> Day <input type="checkbox"/> Wk <input type="checkbox"/> Mon <input type="checkbox"/> Qtr <input type="checkbox"/> Yr <input type="checkbox"/> As needed
<input type="checkbox"/> Doc 2 Employee Hand Wash Training Record	<input type="checkbox"/> Day <input type="checkbox"/> Wk <input type="checkbox"/> Mon <input type="checkbox"/> Qtr <input type="checkbox"/> Yr <input type="checkbox"/> As needed
<input type="checkbox"/> Doc 3 Supervisor Farm Security Training Record	<input type="checkbox"/> Day <input type="checkbox"/> Wk <input type="checkbox"/> Mon <input type="checkbox"/> Qtr <input type="checkbox"/> Yr <input type="checkbox"/> As needed
<input type="checkbox"/> Doc 4 Worker Protection Standard (WPS) Training Record	<input type="checkbox"/> Day <input type="checkbox"/> Wk <input type="checkbox"/> Mon <input type="checkbox"/> Qtr <input type="checkbox"/> Yr <input type="checkbox"/> As needed
<input type="checkbox"/> Doc 5 Whole Farm Ag. Pesticide and Fertilizer Surveys	Recommended to prepare for Inventory, Hazard Communication (MSDS), and Certificate of Analysis/Metal Reports
<input type="checkbox"/> Doc 6 Agricultural Chemical Inventory	<input type="checkbox"/> Day <input type="checkbox"/> Wk <input type="checkbox"/> Mon <input type="checkbox"/> Qtr <input type="checkbox"/> Yr <input type="checkbox"/> As needed
<input type="checkbox"/> Doc 7 Fertilizer Application Log	<input type="checkbox"/> Day <input type="checkbox"/> Wk <input type="checkbox"/> Mon <input type="checkbox"/> Qtr <input type="checkbox"/> Yr <input type="checkbox"/> As needed
<input type="checkbox"/> Doc 8 Crop Protection Application Log	<input type="checkbox"/> Day <input type="checkbox"/> Wk <input type="checkbox"/> Mon <input type="checkbox"/> Qtr <input type="checkbox"/> Yr <input type="checkbox"/> As needed
<input type="checkbox"/> Doc 9 Hydroponic Fertigation Formulation Sheet	<input type="checkbox"/> Day <input type="checkbox"/> Wk <input type="checkbox"/> Mon <input type="checkbox"/> Qtr <input type="checkbox"/> Yr <input type="checkbox"/> As needed
<input type="checkbox"/> Doc 10 Buyer Contact List	<input type="checkbox"/> Day <input type="checkbox"/> Wk <input type="checkbox"/> Mon <input type="checkbox"/> Qtr <input type="checkbox"/> Yr <input type="checkbox"/> As needed
<input type="checkbox"/> Doc 11 Toilet Sanitation Log	<input type="checkbox"/> Day <input type="checkbox"/> Wk <input type="checkbox"/> Mon <input type="checkbox"/> Qtr <input type="checkbox"/> Yr <input type="checkbox"/> As needed
<input type="checkbox"/> Doc 12 Wash Water Sanitization Log	<input type="checkbox"/> Day <input type="checkbox"/> Wk <input type="checkbox"/> Mon <input type="checkbox"/> Qtr <input type="checkbox"/> Yr <input type="checkbox"/> As needed
<input type="checkbox"/> Doc 13 Rodent and Pest Control Record	<input type="checkbox"/> Day <input type="checkbox"/> Wk <input type="checkbox"/> Mon <input type="checkbox"/> Qtr <input type="checkbox"/> Yr <input type="checkbox"/> As needed
<input type="checkbox"/> Doc 14 Cooler / Refrigerator Temperature Log	<input type="checkbox"/> Day <input type="checkbox"/> Wk <input type="checkbox"/> Mon <input type="checkbox"/> Qtr <input type="checkbox"/> Yr <input type="checkbox"/> As needed
<input type="checkbox"/> Doc 15 Daily Manure Clean-Up Log	<input type="checkbox"/> Day <input type="checkbox"/> Wk <input type="checkbox"/> Mon <input type="checkbox"/> Qtr <input type="checkbox"/> Yr <input type="checkbox"/> As needed
<input type="checkbox"/> Doc 16 Harvest Crew Log	<input type="checkbox"/> Day <input type="checkbox"/> Wk <input type="checkbox"/> Mon <input type="checkbox"/> Qtr <input type="checkbox"/> Yr <input type="checkbox"/> As needed
<input type="checkbox"/> Doc 17 Packing Crew Log	<input type="checkbox"/> Day <input type="checkbox"/> Wk <input type="checkbox"/> Mon <input type="checkbox"/> Qtr <input type="checkbox"/> Yr <input type="checkbox"/> As needed
<input type="checkbox"/> Doc 18 Employee Non-Compliance Form (PDF)	<input type="checkbox"/> Day <input type="checkbox"/> Wk <input type="checkbox"/> Mon <input type="checkbox"/> Qtr <input type="checkbox"/> Yr <input type="checkbox"/> As needed
<input type="checkbox"/> Doc 19 Notice of Unusual Occurrence and Corrective Action (NUOCA)	<input type="checkbox"/> Day <input type="checkbox"/> Wk <input type="checkbox"/> Mon <input type="checkbox"/> Qtr <input type="checkbox"/> Yr <input type="checkbox"/> As needed

Date: _____ / _____ / _____
 Location: _____

EMPLOYEE FOOD SAFETY TRAINING RECORD

This training includes viewing a food safety training video. All new employees must complete food safety training within 5 days of being hired; all employees must undergo an annual training review.

NAME of Employee/Staff	Date Viewed	Understood?	Signature of Employee
		yes / no	
		yes / no	
		yes / no	
		yes / no	
		yes / no	
		yes / no	
		yes / no	
		yes / no	
		yes / no	
		yes / no	
		yes / no	
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		yes / no	
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		yes / no	
		yes / no	
		yes / no	
		yes / no	
		yes / no	
		yes / no	
		yes / no	

Date: _____ / _____ / _____
Location: _____

EMPLOYEE HAND WASH TRAINING RECORD

Every employee must demonstrate how to wash their hands properly for 20 seconds.

Name of Employee/Staff	Date Trained	Demonstrated Correctly	Signature of Employee
		yes / no	
		yes / no	
		yes / no	
		yes / no	
		yes / no	
		yes / no	
		yes / no	
		yes / no	
		yes / no	
		yes / no	
		yes / no	
		yes / no	
		yes / no	
		yes / no	
		yes / no	
		yes / no	
		yes / no	
		yes / no	
		yes / no	
		yes / no	
		yes / no	

Date: _____ / _____ / _____
Location: _____

SUPERVISOR FARM SECURITY TRAINING RECORD

This training includes reviewing an agricultural security publication, such as "*PreHarvest Security Guidelines and Checklists USDA*," 2006. (Ranch audit, Item 09.09)

NAME of Supervisor/Manager	DATE Reviewed	Understood?	Signature of Supervisor/Manager
		yes / no	
		yes / no	
		yes / no	
		yes / no	
		yes / no	
		yes / no	
		yes / no	
		yes / no	
		yes / no	
		yes / no	
		yes / no	
		yes / no	
		yes / no	
		yes / no	
		yes / no	
		yes / no	
		yes / no	
		yes / no	
		yes / no	
		yes / no	
		yes / no	
		yes / no	

Date: _____ / _____ / _____
Location: _____

WORKER PROTECTION STANDARD (WPS) TRAINING LOG

The Worker Protection Standard (WPS) protects employees (both workers and handlers) on farms, forests, nurseries, and greenhouses from occupational exposure to agricultural pesticides. All employees must attend Worker Protection Standard (WPS) training within in 5 days of being hired, and attend refresher courses every 5 years. The WPS applies to any farm which uses “Pesticides,” to include any substance with an EPA Registration No. on the label (with the statement “Covered under 40CFR Part 170”), including organic or conventional insecticides, disinfectants, bleaches, herbicides, rat and mouse baits, and fungicides. The WPS training must be conducted by a qualified instructor. In Hawaii, the training required to obtain a Hawaii Department of Agriculture (HDOA) Certified Restricted-Use Pesticide Applicator license enables the licensee to teach WPS Pesticide Handler and WPS Agricultural Worker safety training. Other trainers may be located by contacting the County Extension Offices.

Training date: _____ Location: _____

Audio video title: EPA’s “Chasing the Sun Pesticide Safety Training”

Other training aids (including translators): _____

Instructor: _____ Certification no: _____

NAME of Employee/Staff	Worker or Handler ?	Understood? Y / N	Signature of Employee

Date: ____/____/____

Location: _____

Whole Farm Agricultural PESTICIDE Survey

<http://www.cdms.net/LabelsMsds/LMDefault.aspx>

USING NOW				Got "employees" *		<input type="checkbox"/> Yes <input type="checkbox"/> No
Manufacturer, product name & formulation	Restricted use?	Got full label?	Got MSDS?	Know WPS? PPE?	Approved use	To do
EXAMPLE: Dow - Goal XL	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Com. <input checked="" type="checkbox"/> Home	get MSDS sheet; get Com type chemical; Learn WPS
1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Com. <input type="checkbox"/> Home	
2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Com. <input type="checkbox"/> Home	
3	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Com. <input type="checkbox"/> Home	
4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Com. <input type="checkbox"/> Home	
5	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Com. <input type="checkbox"/> Home	
6	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Com. <input type="checkbox"/> Home	
7	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Com. <input type="checkbox"/> Home	
8	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Com. <input type="checkbox"/> Home	

NO LONGER USING						
Manufacturer, product name & formulation	Restricted use?	Got full label?	Got MSDS?			To do
EXAMPLE: Great Lakes Chemical, Brom-o-gas 2%	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			need label and MSDS
1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
3	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			

* Employees are defined as anyone who is not "immediate family" - immediate family as including only spouse; children; step children; foster children; parents; stepparents; foster parents; brothers; and sisters.

Date: ____/____/____

Location: _____

Whole Farm Agricultural FERTILIZER/COMPOST Survey

<http://www.aapfco.org/metals.htm>

USING NOW			
Manufacturer, product name & formulation	Got metals sheet?	Got pathogen analysis?	To do
EXAMPLE: YaraMila - Complex 12-11-18	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	need to get sheet on web
1	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
2	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
3	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
4	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
5	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
6	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
7	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
8	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	

NO LONGER USING			
Manufacturer, product name & formulation	Got metals sheet?		
EXAMPLE: J. R. Simplot Co. - Gaviota 16-16-16	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		need to get sheet on web
1	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
2	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
3	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
4	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		

Date: ____ / ____ / ____

Location: _____

Agricultural Chemical Inventory

This log is for: Fertilizers Pesticides Sanitizing and packing shed chemicals

Directions: Choose 4 standard days, 3 months apart, to do inventory reconciliation and log that activity here. This sheet is set up for 8 inventory periods (2 years) for each product purchased. Maintain separate logs for fertilizers, pesticides, and sanitizing and packing shed chemicals.

Purchase No.	Date product brought on site (mark this on all items with label gun)	Supplier	Product type (fertilizer, pesticide, cleaning solution, etc.)	Commercial name	Product size (50 lb/bag, 15 gallon tub, 1.5 oz can)	Number of items in this original lot (2 bags, 5 bottles, 4 tubs)	Got MSDS sheet? Y/N	Amt remaining at inventory	Date of quarterly inventory (and initials of inventory person)	Amt remaining at inventory	Date of quarterly inventory (and initials of inventory person)	Amt remaining at inventory	Date of quarterly inventory (and initials of inventory person)	Amt remaining at inventory	Date of quarterly inventory (and initials of inventory person)
EX 13	2/1/2005	Tom's Supply	Fertilizer	Hi Energy Fertilizer (10/1/10)	45lb bags	35 bags	Y	16	4/1/2009 LC	10	7/1/2009 JTK	10	10/1/2009 LC	7	1/1/2010 LC
								5	4/1/2010 JTK	3	7/1/2010 JTK	0	10/1/2010 LC		/ /

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Date: _____ / _____ / _____
 Location: _____

FERTILIZER APPLICATION LOG

Maintain a log for each fertilizer application. Fertilizers and fertilizer containers must be stored in a manner which prevents contamination of growing area and any water sources.

DATE and TIME	Equipment in good working condition?	NAME of Fertilizer	Pounds applied	Acres covered	Crop, and Field number	NAME of Applier / Signature
	Yes / No					
	Yes / No					
	Yes / No					
	Yes / No					
	Yes / No					
	Yes / No					
	Yes / No					
	Yes / No					
	Yes / No					
	Yes / No					
	Yes / No					
	Yes / No					
	Yes / No					
	Yes / No					
	Yes / No					
	Yes / No					
	Yes / No					
	Yes / No					

Date: _____ / _____ / _____

Location: _____

Whole Farm Crop Protection Application Log

	1	2	3	4	5
Applicator in Charge & License #					
Crop name					
Equipment OK? If "No", list repairs needed.	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Location of Treated Area (field number)					
# of Units or Acres					
Brand Name of Pesticide					
Total Amount Applied					
EPA Registration Number					
Active Ingredient (common chemical name)					
Application (date and time)					
Restricted-Entry Interval (REI) (__ hrs / __ days)					
DO NOT ENTER UNTIL (date and time)					
Pre-harvest Interval (PHI) (__ hrs / __ days)					
OK to Harvest (date and time)					
WPS Compliance <ul style="list-style-type: none"> - Employees verbally notified - Info posted at central posting site - Fields clearly marked w/ signage 					

Date: _____ / _____ / _____

Location: _____

HYDROPONIC FERTIGATION FORMULATION SHEET

Formulation for Pesticide Use

Rate Table

Total Mix Volume	% v/v Solution	Amount	Area Covered	Restricted Entry Interval (REI)	Pre-Harvest Interval (PHI)

Notes:

Formulation for Fertilizer Use

Total Mix Volume	Amount	Applied Areas

Notes:

Date: ____/____/____
Location: _____

BUYER CONTACT LIST

Complete this sheet to facilitate quick and accurate trace-forward and for product recall (meets requirements of Ranch audit, Item 02.01).

Company	Contact Name	Contact phone numbers (in case of emergency recall)

Date: _____/_____/_____
 Location: _____

TOILET SANITATION LOG

Instructions: Toilets should be checked and cleaned as noted below. Toilets must be in working order and supplied with toilet paper, hand soap and single use paper towels and a trash can AT ALL TIMES. Hand wash water must be potable. Report failures to supervisor and correct all FAILURES immediately.

1-9 employees – check 2x/week

10 or more employees – check daily

Date	Score(P / F = Pass or Fail)?				Time & Initials
(___/___/___)	Toilet works?	P / F	Toilet clean?	P / F	
	Toilet paper OK?	P / F	Hand soap OK?	P / F	
	Paper towels OK?	P / F	Trashcan OK?	P / F	
(___/___/___)	Toilet works?	P / F	Toilet clean?	P / F	
	Toilet paper OK?	P / F	Hand soap OK?	P / F	
	Paper towels OK?	P / F	Trashcan OK?	P / F	
(___/___/___)	Toilet works?	P / F	Toilet clean?	P / F	
	Toilet paper OK?	P / F	Hand soap OK?	P / F	
	Paper towels OK?	P / F	Trashcan OK?	P / F	
(___/___/___)	Toilet works?	P / F	Toilet clean?	P / F	
	Toilet paper OK?	P / F	Hand soap OK?	P / F	
	Paper towels OK?	P / F	Trashcan OK?	P / F	
(___/___/___)	Toilet works?	P / F	Toilet clean?	P / F	
	Toilet paper OK?	P / F	Hand soap OK?	P / F	
	Paper towels OK?	P / F	Trashcan OK?	P / F	
(___/___/___)	Toilet works?	P / F	Toilet clean?	P / F	
	Toilet paper OK?	P / F	Hand soap OK?	P / F	
	Paper towels OK?	P / F	Trashcan OK?	P / F	
(___/___/___)	Toilet works?	P / F	Toilet clean?	P / F	
	Toilet paper OK?	P / F	Hand soap OK?	P / F	
	Paper towels OK?	P / F	Trashcan OK?	P / F	
(___/___/___)	Toilet works?	P / F	Toilet clean?	P / F	
	Toilet paper OK?	P / F	Hand soap OK?	P / F	
	Paper towels OK?	P / F	Trashcan OK?	P / F	

Date: _____ / _____ / _____

Location: _____

WASH WATER SANITIZATION LOG

This log is to be used to record, each time, the results of a test strip used in chlorinated water. Add only enough chorine solution to meet the needs of the particular washing situation.

DATE	Time	Test strip value (eg. 100-200 ppm)	Initials of sampler

Date: _____ / _____ / _____

Location: _____

PEST/RODENT CONTROL RECORD

Monthly Inspection Report

Map with location of bait stations and traps.

Bait Station or Trap	Evidence of Pest or Rodent Activity? (Bait eaten or pest/rodent in trap)	Observations and Actions taken
1	Yes / No	
2	Yes / No	
3	Yes / No	
4	Yes / No	
5	Yes / No	
6	Yes / No	
7	Yes / No	
8	Yes / No	
9	Yes / No	
10	Yes / No	
11	Yes / No	
12	Yes / No	

Date: _____ / _____ / _____

Location: _____

COOLER / REFRIGERATOR TEMPERATURE LOG

(2 week log)

Date	Starting Time (Morning)	Initials	Closing Time (Afternoon)	Initials	Comments and Corrective Actions (*Alert Manager if temp is higher than ____°F)	Initials
(___/___/___)	(____°F) (____am)		(____°F) (____pm)			
(___/___/___)	(____°F) (____am)		(____°F) (____pm)			
(___/___/___)	(____°F) (____am)		(____°F) (____pm)			
(___/___/___)	(____°F) (____am)		(____°F) (____pm)			
(___/___/___)	(____°F) (____am)		(____°F) (____pm)			
(___/___/___)	(____°F) (____am)		(____°F) (____pm)			
(___/___/___)	(____°F) (____am)		(____°F) (____pm)			
(___/___/___)	(____°F) (____am)		(____°F) (____pm)			
(___/___/___)	(____°F) (____am)		(____°F) (____pm)			
(___/___/___)	(____°F) (____am)		(____°F) (____pm)			
(___/___/___)	(____°F) (____am)		(____°F) (____pm)			
(___/___/___)	(____°F) (____am)		(____°F) (____pm)			
(___/___/___)	(____°F) (____am)		(____°F) (____pm)			
(___/___/___)	(____°F) (____am)		(____°F) (____pm)			
(___/___/___)	(____°F) (____am)		(____°F) (____pm)			

Date: _____ / _____ / _____
 Field Harvested: _____

HARVEST CREW
 Sanitation Check List (GAP record), (P / F = Pass or Fail)

	Starting Time (__am)	Initials	Closing Time (__pm)	Initials	Comments and Corrective Actions	Initials
1. Worker health?	P / F		P / F			
2. Worker hygiene?	P / F		P / F			
3. Harvest baskets clean?	P / F		P / F			
3. Harvest tools clean?	P / F		P / F			
4. Harvest baskets kept off ground?	P / F		P / F			
5. Hand wash facility within 1/4 mile, or 5 minute walk?	P / F		P / F			
6. Hand wash sink works	P / F		P / F			
7. Hand soap and paper towels	P / F		P / F			
8. Toilet within 1/4 mile, or 5 minute walk?	P / F		P / F			
9. Toilet works?	P / F		P / F			
10. Toilet paper available?	P / F		P / F			
11. Hydration (drinking water) within 1/4 mile, or 5 minute walk?	P / F		P / F			
12. WPS: Pesticide decontamination kit available on site or within 1/4 mile?	P / F		P / F			
13. Signs of animals in field?	P / F		P / F			
14. Van/truck bed clean?	P / F		P / F			

Harvest Crew Leader: _____ am or pm
 (signature) (time)

Date: _____ / _____ / _____

Location: _____

PACKING CREW

Sanitation Check List (GAP record), (P / F = Pass or Fail)

	Starting Time (__ am)	Initials	Closing Time (__ pm)	Initials	Comments and Corrective Actions	Initials
Packing baskets clean?	P / F		P / F			
Packing tools clean?	P / F		P / F			
Packing tables & scales clean?	P / F		P / F			
Van/truck bed clean?	P / F		P / F			
Toilets work?	P / F		P / F			
Toilet paper?	P / F		P / F			
Handwashing sinks work?	P / F		P / F			
Hand soap & paper towels?	P / F		P / F			
Worker hygiene?	P / F		P / F			
Worker health?	P / F		P / F			
Packing shed free of signs of insects/rodents?	P / F		P / F			
Packing materials properly stored?	P / F		P / F			
Chemicals properly stored?	P / F		P / F			
Chill Box No.1						
- Clean & free of contaminants?	P / F		P / F			
- Product properly stored?	P / F		P / F			
- Temp <45 °F?	P / F		P / F			
Chill Box No.2						
- Clean & free of contaminants?	P / F		P / F			
- Product properly stored?	P / F		P / F			
- Temp <45 °F?	P / F		P / F			

Packing Crew Leader: _____
(signature)

_____ am or pm
(time)

UH FARM FOOD SAFETY
Employee Non-Compliance Form

Date:
Employee Name:
Supervisor:

Employee was found in violation of the following regulation:

- e.g. Clean clothing not worn
- Hairnet (where appropriate), not worn properly
- Rubber gloves not worn where appropriate
- Wearing hand jewelry or watches in the re-packing area
- Not using hand/gloves dip stations
- Eating, drinking, smoking, or chewing tobacco in the re-packing area
- Wearing smock or carrying gloves outside of processing area
- Not using facial mask while suffering a respiratory illness
- Unsafe use of equipment
- Product Abuse (describe)

The Supervisor notifies the employee of the violation and explains the reasoning behind the regulation.
1st Warning (Verbal): _____ 3rd Warning (Disciplinary): _____

2nd Warning (Written): _____

Supervisor has given the appropriate warning:
Signature _____ Date _____

Employee understands the significance of the violation:

Signature _____ Date _____

UH FARM FOOD SAFETY
NUOCA LOG (Notice of Unusual Occurance and Corrective Action)

Date: _____

Time of Occurance:

Description of Problem or Occurance:

Corrective Action:

Reported By: _____

Supervisor on Duty: _____