

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)