PRODUCE SAFETY
GEORGIA DEPARTMENT OF AGRICULTURE

Farm Data Collection Form

Section 1

Farm Name: _____

Physical Address: _____
Street City Zip code County

Mailing Address: _____
(If different from Physical Address)
Street City State Zip code

Farm Phone: ( ) - **Farm Email:** _____

POC Name: _____ **POC Title:** _____
First Last

POC Phone: ( ) - **POC Email:** _____

POC's preferred mode of contact? □ Email □ Phone □ Mail

Training as required by Part 112.22(c) of the Produce Safety Rule: **(If completed)**	**Course Name**	**Date of Completion**	**Attendee Name**
		I I	

Section 2

Average Annual Produce Sales (over previous 3 years):

□ Less than $25,000 □ $25,000 to $249,999
□ $250,000 to $499,999 □ $500,000 or more

To be eligible for a qualified exemption, a farm must have food sales averaging less than $500,000 per year during the previous three years, and the farm's sales to qualified end-users must exceed sales to all others combined during the previous three years. Does this describe your farm? ('Qualified end-user' is defined as either the consumer of the food OR a restaurant/retail establishment located in the same state/reservation or less than 275 miles from the farm)

□ Yes □ No

The following produce are considered to be 'rarely consumed raw':

asparagus; black beans, great Northern beans, kidney beans, lima beans, navy beans, and pinto beans; garden beets (roots and tops) and sugar beets; cashews; sour cherries; chickpeas; cocoa beans; coffee beans; collards; sweet corn; cranberries; dates; dill (seeds and weed); eggplants; figs; horseradish; hazelnuts; lentils; okra; peanuts; pecans; peppermint; potatoes; pumpkins; winter squash; sweet potatoes; and water chestnuts

Does your farm handle any produce that is NOT included in the above list? □ Yes □ No □ N/A

If yes, please specify any produce your farm handles that is NOT included in the above list.

Type of operation(s) conducted for the produce you specified above (mark all that apply):

□ Growing □ Harvesting □ Holding
□ Packing □ Processing □ Retail
□ Other:

_____

Seasonal growing period for specified produce (MMIDD to MMIDD): I to I

Approximate acreage of farm: □ Less than 10 □ 11 - 100 □ 101 - 500 □ 501 - 1000 □ 1001 - 2500 □ 2501 - 5000 □ More than 5000

Is any of the produce you specified above intended for further processing? □ Yes □ No

If yes, please explain.

Section 3

Does farm undergo third-party audits? □ Yes □ No

Farm's water source (mark all that apply): □ Municipal □ Well □ Pond □ Other: _____

Does well/pond water come into contact with any produce you specified in Section 2? This includes water used in pesticide application, frost prevention, and post-harvest activities (i.e. washing, packing, ice, etc.). □ Yes □ No

If yes, please explain.

Are Biological soil amendments of Animal Origin (compost, manure, etc.) used on any of the produce you specified in Section 2? □ Yes □ No

If yes, please explain.

By signing this form, I attest that the information contained herein is accurate for my intended operations and I meet the qualifications laid out by this instrument. I will notify the Georgia Department of Agriculture prior to beginning any change of operation not originally disclosed on this form, so that any requirements can be reassessed to ensure continued compliance with the Department's regulations.

Signature: **Date:** I I

For Department Use Only:

Farm ID Number: _____

This program is supported by the Food and Drug Administration (FDA) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award U2FFD007413 totaling $4,695,475 with 100 percent funded by FDA/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by FDA/HHS, or the U.S. Government.