

ANNUAL FORMS

Form	Title	Applicable Section
A.	Buildings Sketch and Agricultural Chemical Storage Checklist	2, 8, 11, 14, 15, 17, 20
B.	Storage Assessment	2
D.	Employee Personal Hygiene and Food Handling Practices Policy Packinghouse/Product Storage	12
E.	Pest Control for Buildings	14
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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 the storage area 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						

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

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 style="text-align: center;">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 style="text-align: center;">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"/> If water for hand washing is not kept potable, hand sanitizer is used after washing hands and/or gloves <input type="checkbox"/> Hand wipe and hand 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 style="text-align: center;">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 style="text-align: center;">Employee Biosecurity</p> <ul style="list-style-type: none"> <input type="checkbox"/> Employees are aware of their 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 style="text-align: center;">Operation Practices</p> <ul style="list-style-type: none"> <input type="checkbox"/> Employees adhere to the following: <ul style="list-style-type: none"> <input type="checkbox"/> Only authorized employees handle market product <input type="checkbox"/> 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 style="text-align: center;">Employee Jewellery and Other Personal Effects</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bracelets, necklaces and 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 effects 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 	

**D. Employee Personal Hygiene and Food Handling Practices Policy –
Packinghouse/Product Storage (continued)**

Employee Glove and Apron Use

- Gloves are used
- Aprons are used

(Note: Aprons must be used when employees hold product against their body)

Gloves and aprons are not mandatory (except for the case above). 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 or polyurethane
- 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 they hold product against their 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 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

Used for training purposes. If reviewed, employee sign here: _____

[Form K is not required if each employee is trained on form D and signs above, and the signed training record is kept. The company must also maintain a company form D which indicates chosen methods, not used for training].

Confirmation/Update Log:

Date						
Initials						

E. Pest Control 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="370 800 1222 898"> <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="370 1184 1222 1283"> <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="370 1430 1222 1528"> <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						
Initials						

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 Assess (check each item)	Water tests		Corrective Actions (*see examples below)	Cleaning & Treatment**	
							When will the water first be used?	Dates			
								Prior to use test			2 nd 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 packaging accessories/other items <input type="checkbox"/> "Other Materials" <input type="checkbox"/> Hand washing <input type="checkbox"/> Cleaning equipment/containers/building <input type="checkbox"/> 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"/> Animal 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"/> Treated <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 packaging accessories/other items <input type="checkbox"/> "Other Materials" <input type="checkbox"/> Hand washing <input type="checkbox"/> Cleaning equipment/containers/building <input type="checkbox"/> 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"/> Animal 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"/> Treated <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 packaging accessories/other items <input type="checkbox"/> "Other Materials" <input type="checkbox"/> Hand washing <input type="checkbox"/> Cleaning equipment/ containers/building <input type="checkbox"/> 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"/> Animal 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"/> Treated <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 packaging accessories/other items <input type="checkbox"/> "Other Materials" <input type="checkbox"/> Hand washing <input type="checkbox"/> Cleaning equipment/ containers/building <input type="checkbox"/> 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"/> Animal 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"/> Treated <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:**
- Install devices to prevent backflow
 - Consult with experts
 - Install filtration
 - Use alternate source
 - Level ground to prevent runoff
 - Test water for Total Coliforms and *E. coli* using an accredited lab conforming to ISO 17025 or equivalent
 - Construct barriers (e.g., fences, ditches)
 - Maintenance of well or cistern
 - 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						

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: _____

	Column I	Column II	Column III	Column IV	Column V
Component	Present from a production practice	Present in the production site or adjacent area	Present in the product	Present in other products handled on the same line/area	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						
Initials						

T. Food Defense

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						

ONGOING FORMS

Form	Title	Applicable Section
G.	Cleaning, Maintenance and Repair of Buildings	2, 14
I.	Equipment Cleaning, Maintenance and Calibration	8, 17
J.	Cleaning and Maintenance – Personal Hygiene Facilities	11
K.	Training Session	12
L.	Visitor Sign-In Log	13
M.	Pest Monitoring for Buildings	14
N1.	Water Treatment Control and Monitoring	15
OP2Q	Harvesting, Storing, and Transportation of Product for Further Processing	17, 19, 20, 21, 22
R.	Deviations and Corrective Actions	23

Note that the manual may reference individual forms O, P2, or Q. For any of these, refer to the form OP2Q.

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 (i.e., 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"/> Lights are shatterproof and adequate (e.g., packinghouse is bright while potato 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 that 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 have NOT been checked off (✓), please describe the maintenance required:</p> <hr/> <hr/> <p>(Use the reverse of this Form if more space is needed)</p> <p>Date and Name of Person work was completed by:</p> <hr/> <p>Date and Signature of Person overseeing the work:</p> <hr/>	<p style="text-align: center;">Maintenance required</p> <p>If any of the above have NOT been checked off (✓), please describe the maintenance required:</p> <hr/> <hr/> <p>(Use the reverse of this Form if more space is needed)</p> <p>Date and Name of Person work was completed by:</p> <hr/> <p>Date and Signature of Person overseeing the work:</p> <hr/>

Confirmation Signature: _____ **Date:** _____

OP2Q. Harvesting, Storing, and Transportation of Product for Further Processing

This is a PPI modified form, combining forms O, P2, and Q.

Instructions: Complete for any harvested product that is:

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

Completed by: _____ Date: _____

Farm / Grading Station Name / ID#: _____

Harvest Date	†Product is Rotated Properly (✓)	*PHI/EAHD/DAA met (Forms H1 and H2 verified) (✓) and Initial	** Production site was assessed (✓)	Product	Quantity/ Units Harvested and Shipped	Field/Block#/ Pallet/Bin Tag (Same as Forms H1, H2 or P2) OR Incoming Pack/Lot ID	Vehicle Inspected? ***		Truck / Trailer ID	Destination / Customer	Packaging / totes condition inspected ***	(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.)
 * Forms H1 and H2 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.
 *** *Company must have and use standard operating procedures to inspect vehicles and resolve corrective actions. See Chapter 21: Transportation.*
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:** _____

Corrective Actions (CARS) Example and Template

One Log Per Corrective action will need to be filled out for every item listed on executive summary. Use pen only.
Sample Instructional outline. Follow notes as Indicated.

PPI Corrective Action Log			Produce for Further Processing			
Problem:	<i>Log J not filled out properly. You can find "the problem" on your executive summary.</i>		Department:	<i>Which Dept/Area is responsible for corrective action</i>		
Root Cause:	<i>Determine what may have caused the problem</i>		Plan Coordinator:	<i>Who is in charge of making sure the corrective action plan needs been completed</i>		
Date Assigned:	<i>The date the corrective action plan was approved</i>		Plan Coordinator (signature):	<i>Signature of plan coordinator verifying corrective action has been completed</i>		
Plan Approved By:	<i>The person who approved the plan and coordinated the plans completion.</i>		Date Action Plan completed:	<i>Date the Plan coordinator signed off on corrective action</i>		
Step	Description of Action Step	Person Responsible	Begun	Est. Completion	Status	Initials
Step taken to correct the problem		Who oversees corrections	When step started	When step completed	Status of the correction. Include documents created, corrected, proof of training or who is accomplishing tasks	Person who completed the task
1	Review training Material used to Train person in charge of Logging	Joe Dillywhopper	25-Sep 2021	25-Sep 2021	reviewing material working with direct supervisor Tim	TH
2	Update training material to retrain	Joe Dillywhopper	25-Sep 2021	25-Sep 2021	New training material created and attached	TH
3	Retrains and record	Kathy Sniggfritz	26-Sep 2021	26-Sep 2021	Training recorded and completed. Record attached	TH
4						
5						
6						
7						

PPI Corrective Action Log				Produce for Further Processing		
Problem:				Department:		
Root Cause:				Plan Coordinator:		
Date Assigned:				Plan Coordinator (signature):		
Plan Approved By:				Date Action Plan completed:		
Step	Description of Action Step	Person Responsible	Begun	Est. Completion	Status	Initials
	Step taken to correct the problem	Who oversees corrections	When step started	When step completed	Status of the correction. Include documents created, corrected, proof of training or who is accomplishing tasks	Person who completed the task
1						
2						
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