|  |  |
| --- | --- |
| **Farm Name:**  **General Information**  **Signature/date of Person preparing this plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature/date of Supervisor review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Effective Date: \_\_\_\_\_\_\_  Document #: \_\_\_\_\_\_\_  Revision #: \_\_\_\_\_\_\_  Revision Date: \_\_\_\_\_\_\_ |

**Food Safety Plan Of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| Farm Address |  |
| Phone |  |
| Farm Email |  |
| Farm Website |  |
| Type of Business |  |

**Primary Personnel and Contact Information**

|  |  |  |
| --- | --- | --- |
| Owner name | Address |  |
| Phone(s) |  |
| Email |  |
| Owner name | Address |  |
| Phone(s) |  |
| Email |  |
| Owner name | Address |  |
| Phone(s) |  |
| Email |  |
| Farm Manager | Address |  |
| Phone(s) |  |
| Email |  |

**G-1.1 Food Safety Policy:** Outline your commitment to food safety in general terms, describe how it is implemented, and communicated to employees. Sign by senior management and communicate it to all employees in a manner that can be understood.

**G-1.2, § 112.23 Food Safety Manager(s) and Their Roles and Responsibilities**

|  |  |  |
| --- | --- | --- |
| Food Safety Manager  Name: | Address |  |
| Phone(s) |  |
| Email |  |
| Training & Date |  |
| Alternative or co- FS Manager  (optional)  Name: | Address |  |
| Phone(s) |  |
| Email |  |
| Training & Date |  |
| **Who** | **Roles and Responsibilities** | |
| Food Safety Manager | - Stops current relevant activities  - Identifies and if possible, isolates the product and equipment affected  - Determines whether product may be contaminated  - Determines and conducts appropriate course of action  - Identifies cause of problem and undertakes preventive measures  - Approves the release of unaffected product  - Manage and coordinate implementation of the company’s product recall  - Make and document all recall decisions and actions  - Keep management informed at all stages of the recall | |
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**G-1.3 Disciplinary Policy:** Corrective actions for personnel who violate established food safety policies or procedures.

**G-2.1 Food Safety Plan or Risk Assessment**

Risk assessments are performed/reviewed annually. Risk assessment maps and logs are found in the section of this plan relative to the risk assessment.

|  |  |
| --- | --- |
| Describe agricultural activities conducted in this operation. |  |
| Describe who does the work, (employees, volunteers, family, etc.) |  |

**Crop(s) grown: (list acres owned, leased/rented, contracted, and/or consigned for each crop)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Crop(s)** | **Produce Rule: Grown in Compliance**  **§ 112.1 § 112.2** | | **Area under  cultivation (acres)** |
| **YES** | **NO** |
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| Total area under cultivation: |  |  |  |

**G-2.2 Annual Review**

The Food Safety Plan shall be reviewed at least annually and updated as needed.

**Annual Review and Update Of Food Safety Plan Record**

|  |  |  |  |
| --- | --- | --- | --- |
| **Action Options**   * Created * Reviewed & Approved * Distributed * Revised & Redistributed | **Action** | **Signature Of Reviewer** | **Date** |
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**G-2.3 Approved Supplier Program**

Operation maintains a current list of approved raw material suppliers and service providers relevant to food safety. Approved Supplier program includes a procedure for accepting materials from alternate sources.

**G-3 Documentation & Recordkeeping**

**G-3.1, G-3.2, G-3.3 Documentation:** Outline your documentation plan. Describe:

* Where and how long documents are kept
* Their availability for inspection.
* How long they are retained (minimum of 2 years)

**G-5 Sampling and Testing***Details on laboratories used, testing methods, sampling protocols, test results, actions taken, and testing procedure policy(s) (frequency, sampling, responsibilities and actions to be taken based on results are included in the section of this food safety plan pertaining to the test.*

|  |
| --- |
| **We test the following for microorganisms (check all that apply)** |
| Irrigation water Wash water Drinking water   Product Compost Soil Food contact surfaces |
| Applicable documentation: (Check all that apply) |
| Laboratory testing procedures with evidence of Good Laboratory Practices (GLP)  Water test results log Compost certificates of analysis 1.7 |

**G-8 Corrective Actions and Food Safety Incidents Actions**

**See Form 8. Deviations and Corrective Action Log**

**G-9 Self-audits**

Describe your self-audit procedures

|  |  |  |
| --- | --- | --- |
| All aspects of the food safety plan have been self-audited  A written record of required correction action has been documented. | | |
| DATE | Signature of Person performing self-audit | Signature of Supervisor (if different than person performing self audit |
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