**1.2.1. Food Safety Plan of**

|  |  |
| --- | --- |
| Farm Address |  |
| Phone |  |
| Farm Email |  |
| Farm Website |  |
| Type of Business |  |
| Signature of person(s) preparing this plan: |  |
| Date written or revised: |  |

**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 |  |

**1.1.1. 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.

**1.1.3. Disciplinary Policy:** Establish corrective actions for personnel who violate established food safety policies or procedures.

**H-GAP 1.1.2, FSMA § 112.23 Food Safety Manager and Their Roles and Responsibilities**

|  |  |  |
| --- | --- | --- |
| Food Safety Manager | Address |  |
| Phone(s) |  |
| Email |  |
| Training & Date |  |
| Alternative or co- FS Manager  (optional) | Address |  |
| Phone(s) |  |
| Email |  |
| Training & Date |  |
| **Who** | **Roles and Responsibilities** | |
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**General Information**

|  |  |
| --- | --- |
| 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: |  |  |  |

**FSMA Produce Rule**

**§112.4, §112.5 Status:** Exempt, qualified exempt, or compliance required

**Reason:** For exempt or qualified exempt status

**Compliance Dates** (if compliance required):

General:

Water:

**§112.6, §112.7 REQUIREMENTS FOR A QUALIFIED EXEMPTION** (if Qualified Exempt)

|  |  |  |  |
| --- | --- | --- | --- |
| **Requirement** | **Compliance Date** | **Date Accomplished** | **Notes** |
| Retention of records supporting eligibility for qualified exemption. |  |  | Location of records and description: |
| Packaging label or prominently displayed placard or sign or documents delivered with the produce: containing farm name and complete business address where the produce was grown |  |  | Describe: |
| Record of performance of an annual review and verification of your farm’s continued eligibility for the qualified exemption. |  |  | Signature of person who performed review  Signature of food safety responsible party |

**1.2.2. Annual Review and Update Of Food Safety Plan**

|  |  |  |  |
| --- | --- | --- | --- |
| **Action Options**   * Created * Reviewed & Approved * Distributed * Revised & Redistributed | **Action** | **Signature Of Reviewer** | **Date** |
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**1.3 Documentation:** Outline your documentation plan and describe where and how long documents are kept.

**1.5. Laboratory 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 |

**1.9. Self-audits**

|  |  |  |
| --- | --- | --- |
| 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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**1.8. Corrective Actions**

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| --- | --- | --- | --- | --- | --- | --- |
| **Date/Time of Issue or Complaint and Person Notified** | **Issue** | **Corrective Action(s)** | **Prevention of Recurrence** | **New/Modified Procedures** | **Employees Trained on New / Modified Procedures?** | **Signature of Person Responsible for Carrying out Procedure** |
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