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| Farm Name: F-6.2 Pre-Harvest Field Assessment Log  Signature/date of Person writing plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature/date of Supervisor review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Effective Date: \_\_\_\_\_\_\_  Document #: \_\_\_\_\_\_\_  Revision #: \_\_\_\_\_\_\_  Revision Date: \_\_\_\_\_\_\_ |

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| **FIELD ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **CROP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Yes or No** | **Attach any relevant information (maps, photos, notes)** | | **Initials** |
| **Observations** | **Corrective actions taken** |
| **Evidence of animals in the field?** |  |  |  |  |
| **Fecal material in the field?** |  |  |  |  |
| **Fecal material in direct contact with fresh produce?** |  |  |  |  |
| **Are “no harvest” areas needed?** |  |  |  |  |
| **Is field safe to be harvested?** |  |  |  |  |

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| **FIELD ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **CROP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Yes or No** | **Attach any relevant information (maps, photos, notes)** | | **Initials** |
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| **FIELD ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **CROP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Yes or No** | **Attach any relevant information (maps, photos, notes)** | | **Initials** |
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