Food Safety Modernization Act (FSMA)
Produce Safety Rule Questionnaire

1688 West Adams St., Phoenix, Arizona 85007
agriculture.az.gov| Phone: 602-542-0439| Fax: 602-542-0898

Pursuant to Arizona Revised Statutes (A.R.S.) 3-525.03

2022

Farm | Business Name_____Website_____

Farm | Bus. Address_____

City _____County_____ State_____ Zip Code_____

Mailing Address| P.O. Box_____

City _____County_____ State_____ Zip Code_____

Food Safety Representative Information (Required):

Name _____

Email _____

Work Phone _____Cell _____

Alternate Representative Name:

Name _____

Email _____

Work Phone _____Cell _____

Average annual produce sales or income derived from services rendered (e.g. harvesting services or cooling/holding services)
Last 3-Year Average:

◯ Less than $25K ◯ $250K – 500K
◯ $25K – 250K ◯ Greater than $500K

All Produce Sales – Do you sell 50% or more your produce directly to consumers, restaurants, grocery stores or retail food establishments that are within 275 miles of your farm or within the state of Arizona?

◯ Yes ◯ No

Average Food Sales – During the previous 3 year period, were your average food sales less than $500K? (Food Sales includes the sale of produce, processed food, hay, and commodities such as food grains, dairy and livestock.)

◯ Yes ◯ No

Covered Activities
Please check all that apply:

☐ Grower ☐ Packer ☐ Holder/Cooler
☐ Harvester ☐ Grower-Shipper

Current Food Safety Program(s)
Please check all that apply:

☐ GAP/GHP ☐ GMP
☐ LGMA ☐ Harmonized
☐ SQF ☐ None
☐ Other Program _____
(Please Specify)

Crops grown, harvested, packed or held/cooled
Please check all that apply:

☐ Vegetables ☐ Melons ☐ Citrus
☐ Tree Fruit ☐ Leafy Greens
☐ Other Food _____
(Please Specify)

What is your growing season or business season? (e.g. planting date to harvest date)
Start Month_____ End Month _____

☐ Year-round

Has someone from your company taken the PSA Grower Training Course?

◯ Yes ◯ No

_____

_____
(Please Specify: Name/Location/Date)

Would you be interested in a free, voluntary farm visit by AZDA staff to help ensure that your farm is in compliance with the Produce Safety Rule?

◯ Yes ◯ No

*Internal AZDA Use Only:

Reviewed by: Date Received: Initial: