



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, animal feeds, and commodities such as food grains, dairy and livestock.)

- | | |
|-----|----|
| Yes | No |
|-----|----|

Covered Activities

Please check all that apply:

- | | | |
|------------------------------------|----------------------------------|---|
| <input type="checkbox"/> Grower | <input type="checkbox"/> Packer | <input type="checkbox"/> Holder/Cooler |
| <input type="checkbox"/> Harvester | <input type="checkbox"/> Shipper | <input type="checkbox"/> Weeding/Thinning |

Current Food Safety Program(s)

Please check all that apply:

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> GAP/GHP | <input type="checkbox"/> GMP |
| <input type="checkbox"/> LGMA | <input type="checkbox"/> Harmonized |
| <input type="checkbox"/> SQF | <input type="checkbox"/> None |
| <input type="checkbox"/> Other Program _____ | |

(Please Specify)

Crops grown, harvested, packed or held/cooled

Please check all that apply:

- | | | |
|---|---------------------------------------|---------------------------------|
| <input type="checkbox"/> Vegetables | <input type="checkbox"/> Melons | <input type="checkbox"/> Citrus |
| <input type="checkbox"/> Tree Fruit | <input type="checkbox"/> Leafy Greens | |
| <input type="checkbox"/> 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 |
|-----|----|

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 |
|-----|----|