



FOOD SAFETY MODERIZATION ACT (FSMA) PRODUCE SAFETY RULE QUESTIONNAIRE

Phone: (602) 542-0976 or joddo@azda.gov

CONTACT INFORMATION

FARM NAME: _____
FARM = GROWER, HARVESTER, PACKER, HOLDER (COOLER)

PHYSICAL ADDRESS: _____
FOR MULTIPLE LOCATIONS COMPLETE QUESTIONNAIRE FOR EACH LOCATION

CITY: _____ STATE: _____ ZIPCODE: _____

E-MAIL ADDRESS: _____

WEBSITE ADDRESS: _____

PHONE: _____

PLEASE CHECK ALL THAT APPLY:

GROWER PACKER
HARVESTER HOLDER (COOLER)

FOOD SAFETY REPRESENTATIVE

NAME: _____

ADDRESS: _____

PHONE: _____

E-MAIL: _____

CURRENT FOOD SAFETY PROGRAM

PLEASE CHECK ALL THAT APPLY:

BRC HARMONIZED
GAP LGMA
GMP SQF
GFSI OTHER
GHP NONE

**ANNUAL FARM SALES / INCOME OF SERVICES RENDERED
(PAST 3 YEARS AVERAGE)
CHECK APPLICABLE AMOUNT:**

LESS THAN \$25K

\$25K - \$250K

IN PRODUCE SALES/ INCOME OF SERVICES RENDERED

\$250K - \$500K

IN PRODUCE SALES / INCOME OF SERVICES RENDERED

>\$500K

IN PRODUCE SALES / INCOME OF SERVICES RENDERED

**WERE FOOD SALES LESS THAN 500K (3YR AVERAGE)
AND SALES WERE TO CONSUMER, RESTAURANT,
OR RETAIL FOOD ESTABLISHMENT WITHIN 275 MILES
OF WHERE PRODUCE WAS GROWN?**

YES NO

**PLEASE FILL IN YOUR GROWING SEASON
(PLANT DATE TIL END OF HARVEST DATE).**

MM _____ DD _____ YR _____ ALL YEAR _____
MM _____ DD _____ YR _____

**LIST OF CROPS GROWN, HARVESTED, PACKED
HELD (COOLED)**

1. _____ 6. _____

2. _____ 7. _____

3. _____ 8. _____

4. _____ 9. _____

5. _____ 10. _____

**HAS YOUR COMPANY TAKEN THE PSA GROWER
TRAINING CLASS?**

YES NO

**WOULD YOUR COMPANY LIKE AN
ON FARM READINESS REVIEW?**

YES NO