

# **This is a Grower Manual for Documentation for a USDA GAP audit**

## **(General Questions P1, P2, G-1 to G-15)**

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**This farming operation has a food safety and security program that incorporates USDA GAP and has been accepted and by this farming operation<sup>P-1</sup> and there is a designated coordinator for implementation and oversight of the food safety and security program.<sup>P-2</sup>**

**This food safety and security program is supplied to all staff and is available to all visitors.**

**Attach food safety and security program here.**

**Food safety and security program**

**The food safety and security program coordinator was present, willing and able to answer my questions and I understood the information.**

**My signature on this form means that I have received the farming operation's food safety and security program<sup>P-1 P-2</sup>.**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_

**State** \_\_\_\_\_

**Zip** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

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<sup>P-1</sup> Documentation for USDA GAP audit question P-1

<sup>P-2</sup> Documentation for USDA GAP audit question P-2

This farming operation has a documented traceability program into storage.<sup>G-1</sup>

Grower \_\_\_\_\_

Storage Filling Log

Storage Identifier \_\_\_\_\_ Variety \_\_\_\_\_

Date	Tuber High	Temp Low	Field ID, Name, or number	Bin #	Culvert Start	Culvert Finish	Comments
10/09/11	55	53	Sample	1	back wall	#7	very dry

Post Harvest pesticide applications into storage:

Date	Product	Rate	Comments
10/09/11	Material	12.8 oz per ton	very dry

<sup>G-1</sup> Documentation for USDA GAP audit question G-1





**This farming operation has performed an effective mock recall in the past 6 months.**<sup>G-2</sup>

Farm identifier of lot to be recalled \_\_\_\_\_

Size of lot to be recalled \_\_\_\_\_

Lot description:

\_\_\_\_\_ Potatoes

\_\_\_\_\_ Other (specify)

Date of contact \_\_\_\_\_

Name of individual contacted \_\_\_\_\_

Method of contact:

\_\_\_\_\_ phone

\_\_\_\_\_ email

\_\_\_\_\_ other (specify)

Contact details \_\_\_\_\_ (email address, phone number, etc)

Amount remaining from original lot \_\_\_\_\_

Amount from original shipment that could not be effectively recalled

\_\_\_\_\_

Disposition of original lot that could not be effectively recalled

\_\_\_\_\_ sold to customer

\_\_\_\_\_ repacked and shipped

\_\_\_\_\_ other (specify)

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<sup>G-2</sup> Documentation for USDA GAP audit question G-2

**Potable water meets OSHA regulations (29CFR, Part 1910). All water sources used for washing hands or application to produce is potable. Attached is water test documentation.<sup>G-3</sup> (Municipal water sources are tested and the tests are available from the municipality; wells must have a test every 12 months; surface water needs to have three tests: the first during planting, the second during peak use, and the third at harvest.**

**Fill out this form and attach water test results here.**

**Water source location**\_\_\_\_\_ **Date tested**\_\_\_\_\_

**Water source location**\_\_\_\_\_ **Date tested**\_\_\_\_\_

**Water source location**\_\_\_\_\_ **Date tested**\_\_\_\_\_

**Water source location**\_\_\_\_\_ **Date tested**\_\_\_\_\_

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**Water source location**\_\_\_\_\_ **Date tested**\_\_\_\_\_

**Water source location**\_\_\_\_\_ **Date tested**\_\_\_\_\_

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<sup>G-3</sup> Documentation for USDA GAP audit question G-3

**Signs are posted stating that employees and all visitors are required to follow proper sanitation and hygiene practices.<sup>G-4</sup>**

**Post the following sign inside near all entrances:**

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<sup>G-4</sup> Documentation for USDA GAP audit question G-4

**Employees  
and all  
visitors are  
required to  
follow proper  
sanitation  
and hygiene  
practices**<sup>G-4</sup>

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<sup>G-4</sup> Documentation for USDA GAP audit question G-4

**Hand washing is done before starting work, after each absence from work, and when hands become soiled or contaminated.<sup>G-5</sup>**

**No eating or chewing food, no chewing gum, no using tobacco, and no drinking beverages can be done in the areas where potatoes are handled.**

**Hand washing procedure:**

**Wet hands with clean soapy warm water, apply soap and work up a lather.**

**Rub hands together for at least 20 seconds.**

**Clean under the fingernails and between the fingers.**

**Rub fingertips of each hand in suds on palm of opposite hand.**

**Dry hands with a single use towel.**

**Hand sanitizer alone is not an acceptable practice.**

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<sup>G-5</sup> Documentation for USDA GAP audit question G-5

# **Hand washing procedure handout for employees<sup>G-5</sup>**

**Wet hands with clean soapy warm water, apply soap and work up a lather.**

**Rub hands together for at least 20 seconds.**

**Clean under the fingernails and between the fingers.**

**Rub fingertips of each hand in suds on palm of opposite hand.**

**Dry hands with a single use towel.**

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<sup>G-5</sup> Documentation for USDA GAP audit question G-5

**Hand washing**

**The food safety and security program coordinator was present, willing and able to answer my questions and I understood the information.**

**My signature on this form means that I have received training on proper hand washing.<sup>G-5</sup>**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_

**State** \_\_\_\_\_

**Zip** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

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<sup>G-5</sup> Documentation for USDA GAP audit question G-5

# Hygiene procedure handout for employees

Hygiene is not limited to hand washing.<sup>G-5</sup> Workers are excluded from operations if they have diarrhea, an illness or open lesion (boil, sore, infected wound). Workers are instructed and expected to report such health conditions to their supervisors.

Should workers become injured on the job, they must seek first aid help. This includes but is not limited to cuts, abrasions or other injuries. A first aid box is present and available for staff use. Workers are instructed to and expected to report such injuries to their supervisors. Should the food product or food handling contact surfaces come into contact with blood or other body fluids, workers will cease operation immediately. The contaminated food surfaces must be thoroughly cleaned and properly disinfested, preferably with a quaternary ammonium product. Any affected produce will be disposed of through regular disposal avenues typically used by the farming operation for trash removal. All effort will be made to insure the contaminated product does not enter the food chain.

It is instructed and expected that all tables, baskets, totes and all other harvesting containers as well as hand harvesting implements are cleaned and/or sanitized prior to use. Workers are instructed to and it is expected that workers will not use harvesting containers, totes, etc. for carrying or storing nonproduce items. Damaged or soiled containers will be properly repaired or disposed of. Under no conditions will any hazardous material containers be used for contact with produce. Heavily soiled containers will be cleaned. Harvesting equipment and/or machinery which comes into contact with produce will be kept as clean as practicable and in good repair.

Trucks hauling produce are to be washed prior to being put into service and are kept clean during service.

Should a field sanitation unit leak or spill, workers will cease operation immediately. Any affected produce will be disposed of through regular disposal avenues typically used by the farming operation for trash removal. All effort will be made to insure the contaminated product does not enter the food chain. Workers are instructed and expected to report such leaks or spills to their supervisors.

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<sup>G-5</sup> Documentation for USDA GAP audit question G-5

**Hygiene**

**The food safety and security program coordinator was present, willing and able to answer my questions and I understood the information.**

**My signature on this form means that I have received training on proper hygiene.<sup>G-5</sup>**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_

**State** \_\_\_\_\_

**Zip** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

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<sup>G-5</sup> Documentation for USDA GAP audit question G-5

**Signs are posted stating that employees and all visitors are required to follow proper sanitation and hygiene practices.<sup>G-7</sup>**

**Post the following sign inside near all entrances:**

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<sup>G-7</sup> Documentation for USDA GAP audit question G-7

**Employees and all visitors are required to follow proper sanitation and hygiene practices.**<sup>G-7</sup>

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<sup>G-7</sup> Documentation for USDA GAP audit question G-7

**Signs are posted instructing employees to wash their hands before beginning or returning to work in all bathrooms.<sup>G-9</sup>**

**Number of employees**\_\_\_\_\_

**Number of toilet/hand washing facilities**\_\_\_\_\_

**Post the following sign in all bathrooms:**

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<sup>G-9</sup> Documentation for USDA GAP audit question G-9

**Employees are  
required to wash  
their hands before  
beginning or  
returning to work<sup>G-9</sup>**

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<sup>G-9</sup> Documentation for USDA GAP audit question G-9

**All toilet/restroom/field sanitation facilities are serviced and cleaned on a scheduled basis.**<sup>G-10</sup>

**Toilet/restroom/field sanitation identifier** \_\_\_\_\_

**Date cleaned** \_\_\_\_\_

**Cleaner signature** \_\_\_\_\_

**Toilet/restroom/field sanitation identifier** \_\_\_\_\_

**Date cleaned** \_\_\_\_\_

**Cleaner signature** \_\_\_\_\_

**Toilet/restroom/field sanitation identifier** \_\_\_\_\_

**Date cleaned** \_\_\_\_\_

**Cleaner signature** \_\_\_\_\_

**Toilet/restroom/field sanitation identifier** \_\_\_\_\_

**Date cleaned** \_\_\_\_\_

**Cleaner signature** \_\_\_\_\_

**Toilet/restroom/field sanitation identifier** \_\_\_\_\_

**Date cleaned** \_\_\_\_\_

**Cleaner signature** \_\_\_\_\_

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<sup>G-10</sup> Documentation for USDA GAP audit question G-10

**This farming operation has a written policy that confines smoking or eating to designated areas separate from where the product is being handled.<sup>G-11</sup>**

**The food safety and security program of this farming operation is attached under documentation G-1.**

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<sup>G-11</sup> Documentation for USDA GAP audit question G-11

**This farming operation has a written policy that excludes workers from operations if, by observation, they have diarrhea, an illness or open lesion (boil, sore, infected wound) from coming in contact with produce. The policy also states that personnel will report such health conditions to their supervisors.<sup>G-12</sup> This is included as part of the food safety and security program of this farming operation.**

**This farming operation has a written policy that describes procedures which specify handling/disposition of produce or food contact surfaces that have come into contact with blood or other body fluids.<sup>G-13</sup> This is included as part of the food safety and security program of this farming operation.**

**This farming operation has a written policy that describes procedures which specify if workers are injured on the job, they must seek first aid help. The policy also states that personnel will report such health conditions to their supervisors.<sup>G-14</sup> This is included as part of the food safety and security program of this farming operation.**

**The food safety and security program of this farming operation is attached under documentation G-1.**

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<sup>G-12</sup> Documentation for USDA GAP audit question G-12

<sup>G-13</sup> Documentation for USDA GAP audit question G-13

<sup>G-14</sup> Documentation for USDA GAP audit question G-14

**On this farming operation, pesticides, growth regulators and fertilizers are applied by licensed operators and all handlers are compliant under WPS.<sup>G-15</sup>**

**Name** \_\_\_\_\_

**Pesticide applicator's license number** \_\_\_\_\_

**Name** \_\_\_\_\_

**Pesticide applicator's license number** \_\_\_\_\_

**Name** \_\_\_\_\_

**Pesticide applicator's license number** \_\_\_\_\_

**Name** \_\_\_\_\_

**Pesticide applicator's license number** \_\_\_\_\_

**Name** \_\_\_\_\_

**Pesticide applicator's license number** \_\_\_\_\_

**Copies of WPS signatures verifying training are located:** \_\_\_\_\_

\_\_\_\_\_  
<sup>G-15</sup> Documentation for USDA GAP audit question G-15