

Food Safety Modernization Act (FSMA) Produce Safety Rule Questionnaire

Contact Information * Required Information

Full Name *
First Name _____ Last Name _____

Farm Name * _____

E-mail Address * _____

Website Address _____

Best Phone Number * _____ Cell Phone Number _____

- The above named is the Food Safety point person.
 We do not currently have a person listed in this position.
 My Farm has a different Food Safety point person than listed above.

Farm Information (Provide the physical street address of the business; use EMS address for Rural Routes)

Farm Physical Address * Street Address _____

City _____ State _____ Zip _____ County _____

Directions to physical location if address above is difficult to find:

Farm Mailing Address * Street Address _____

City _____ State _____ Zip _____

Farm Inventory Information

Annual Sales (in the past 3 years) - check one

- Less than \$25K
 \$25K - \$250K in produce sales
 \$250K - \$500K in produce sales
 >\$500K in produce sales

Does your Farm (check all that apply)

- Grow produce
 Harvest produce
 Pack produce
 Hold produce

Is your produce for personal/on-farm consumption?

- Yes
 No

List crops that you produce, [click here for covered NM crops](#)

Chile producers, is product? (check all that apply)

- Fresh
 Processed
 Dried

Do you want a FREE on-farm FSMA review?

- Yes
 No