



Farm Data Collection Form

Section 1

Farm Name: _____

Physical Address:

_____ Street City Zip code County

Mailing Address:

(If different from Physical Address)

_____ Street City State Zip code

Farm Phone: () -

**Farm
Email:** _____

POC Name:

_____ First Last

**POC
Title:** _____

POC Phone: () -

POC Email: _____

POC's preferred mode of contact?

Email

Phone

Mail

**Training as required by Part
112.22(c) of the Produce**

/ /

Safety Rule:

(If completed)

_____ Course Name

_____ Date of
Completion

_____ Attendee Name

Section 2

Average Annual Produce Sales (over previous 3 years):

Less than \$25,000

\$25,000 to \$249,999

\$250,000 to
\$499,999

\$500,000 or more

To be eligible for a qualified exemption, a farm must have food sales averaging less than \$500,000 per year during the previous three years, and the farm's sales to qualified end-users must exceed sales to all others combined during the previous three years. Does this describe your farm? ('Qualified end-user' is defined as either the consumer of the food OR a restaurant/retail establishment located in the same state/reservation or less than 275 miles from the farm)

Yes

No

The following produce are considered to be 'rarely consumed raw':

asparagus; black beans, great Northern beans, kidney beans, lima beans, navy beans, and pinto beans; garden beets (roots and tops) and sugar beets; cashews; sour cherries; chickpeas; cocoa beans; coffee beans; collards; sweet corn; cranberries; dates; dill (seeds and weed); eggplants; figs; horseradish; hazelnuts; lentils; okra; peanuts; pecans; peppermint; potatoes; pumpkins; winter squash; sweet potatoes; and water chestnuts

Does your farm handle any produce that is NOT included in the above list?

Yes

No

N/A

If yes, please specify any produce your farm handles that is NOT included in the above list.

Type of operation(s) conducted for the produce you specified above (mark all that apply):

- Growing Harvesting Holding
 Packing Processing Retail
 Other:

Seasonal growing period for specified produce (MM/DD to MM/DD): / to /

Approximate acreage of farm: Less than 10 11 - 100 101 - 500
 501 - 1000 1001 - 2500 2501 - 5000
 More than 5000

Is any of the produce you specified above intended for further processing? Yes No

If yes, please explain.

Section 3

Does farm undergo third-party audits? Yes No

Farm's water source (mark all that apply): Municipal Well Pond Other: _____

Does well/pond water come into contact with any produce you specified in Section 2?
This includes water used in pesticide application, frost prevention, and post-harvest activities (i.e. washing, packing, ice, etc.). Yes No

If yes, please explain.

Are Biological soil amendments of Animal Origin (compost, manure, etc.) used on any of the produce you specified in Section 2? Yes No

If yes, please explain.

By signing this form, I attest that the information contained herein is accurate for my intended operations and I meet the qualifications laid out by this instrument. I will notify the Georgia Department of Agriculture prior to beginning any change of operation not originally disclosed on this form, so that any requirements can be reassessed to ensure continued compliance with the Department's regulations.

Signature: _____ Date: / /

For Department Use Only:

Farm ID Number: _____