

NUOCA LOG

(Notice of Unusual Occurrence and Corrective Action)

DATE: _____ Time of Occurrence: _____

Description of Problem or Occurrence:

Corrective Action:

Reported By: _____

Supervisor on Duty: _____

FIELD SUPERVISOR'S CHECKLIST

Small Farmer Enterprises, Inc.

Field Location: _____

Date: _____

DATE	ITEM	COMMENTS/CORRECTIONS
	All new workers completed orientation and signed roster.	
	All employees are clean. Sick or injured are asked to report to supervisor.	
	Employees wash hands before starting work, after breaks.	
	Break areas are designated. Restrooms are clean and fully supplied. No leaks.	
	First-aid kit is available.	
	Visual inspection of water sources and sewage system does not indicate areas at risk for contamination.	
	Areas with evidence of animal activity, flooding or other contamination have been documented.	
	Harvesting tools and containers are properly stored, clean and in good repair.	
	Harvesting machinery is clean and free from excessive dirt and mud, dripping lubricants or fuel.	

Signed: _____

Date: _____

USDA GAP/GHP AUDIT – *Required Logs and Documentation*

General Questions:

- Traceability
- Mock Recall
- Water Test
- Employee Training Record
- Bathroom Cleaning Log
- Pesticide Applicator License(s)

Part 1 – Farm Review

- Animal/Wildlife Monitoring Log
- Manure Application Log
- Land Use Risk Assessment

Part 2 – Field Harvest & Field Packing

- Daily Supervisor's Checklist
- Equipment Cleaning/Inspection Logs (harvest containers, implements, conveyances)
- Equipment Maintenance Log

Part 3 – House Packing Facility

- Water Treatment Log
- Facility Cleaning Log(s)
- Pest Control Log
- Proof of food grade lubricants

Part 4 – Storage and Transportation

- Equipment Maintenance Log
- Facility Cleaning Log(s)
- Cooler Temperature Log (primary and backup)
- Truck Inspection Log
- Break Area Cleaning Log

DAILY/EO	WEEKLY	MONTHLY	YEARLY	AS-NEEDED
Supervisor's Checklist (Field, Packing)	First Aid Kit Monitoring Log	Pest Control Service	Mock Recall	Employee Training Record
Bathroom Cleaning Log	Pest Control Inspection Log		Water Test	NUOCA Log
Break Area Cleaning Log	Facility Cleaning Log		"Clean Break" Cleaning Logs	Chemical/Fuel Spill Log
Harvest Equipment Cleaning Logs	Truck Cleaning Log		Ice Machine Cleaning Log	Injury/Illness Report
Cooler Temps (Primary/Backup)				Manure/Fertilizer Application Log
Truck Inspection Log				Field Spraying Log
Water Treatment (pH) Log				
Visitor Log				
Harvest Log				
Animal Monitoring Log				

Risk Assessment for New Plantings & Site History

Farm Name: _____

Field Name: _____

Location: _____

Legislation

Legal compliance in regards to land use for crop production has been verified by checking local regulations. Yes No

Prior Use of Land

- List previous crops: _____

- Was there any industrial or military use of the land previously? Yes No
- Was the land ever previously a landfill, waste dump, or mining site? Yes No
- Have there been any unacceptable wastes in the subsoil that can contaminate subsequent crops, or be subject to sudden subsidence endangering persons working on the land? Yes No
- Is the natural vegetation, prior to land cultivation, a harbor for pests, diseases, and weeds? Yes No

Evaluation of Soil Type

- Is the soil type structurally suited for the intended crops? Yes No
- Is the soil type structurally susceptible to erosion? Yes No
- Is the soil type chemically suited for the intended crops? Yes No
- Are there, or could there be uneven losses of topsoil that may affect crop yields and affect land and water downstream? Yes No
- Is the landform's drainage pattern liable to flooding and/or erosion? Yes No
- Is the landform's conformation and slope prone to soil erosion? Yes No
- Is the landform's conformation and slope a safety hazard to persons operating machinery? Yes No
- Is the area prone to excessive wind speeds that can cause crop losses? Yes No

Quality and Availability of Sustainable Water Sources

- Is the water quality used to irrigate and/or fertigate the crop acceptable? Yes No
(Verified by an appropriate laboratory.)
- Is the water adequate and available for the crop's growing season? Yes No
- Is there proper authorization for water use? Yes No
- Is there any adverse environmental impact to water usage on this crop? Yes No

Environmental Impact Analysis

- Will there be excessive dust, smoke, and noise problems caused by operation of agricultural machinery? Yes No
- Is there likelihood for contamination of downstream sites by silt-laden or chemical-laden runoff? Yes No
- Are there natural barriers and protection from spray drift? Yes No
- Will insects be attracted to the crop and/or its waste? Yes No
- Will there be smoke, fumes, and dust from nearby industrial or transport installations including roads with heavy traffic? Yes No
- Is there silt-laden or chemical-laden runoff from upstream farming operations? Yes No
- Is depredation likely by pests from nearby natural or conservation areas? Yes No
- Is theft likely by inhabitants of nearby communities? Yes No
- Do adjacent farming activities pose risk of compromised food safety? Yes No
- Is adequate labor available? Yes No

Notes or Corrective Actions:

Is this site suitable for food production with regards to Food Safety, Operator Health, and the Environment? Yes No

Signature

Date

Manure Applications log

Name of operation:

Please see the food safety plan for overall manure application procedures

Date	Field Applied	Rate	Incorporated (Yes or No)	Supplier	Crop Planted (Type and Date)	Crop Harvested (Date)	Initials

Reviewed By:

Title:

Date:

Truck Checklist log

Name of operation:

Please see the food safety plan for overall truck checking procedures.

Date	Trucking Company	Truck clean (Yes or No)	If no, state the problem (off odor, debris, etc.)	Corrective Action	Truck temp at Loading	Temp data logger in load (yes or no)	Initials

Reviewed By:

Title:

Date:





Worker Training Log

Name of operation:

Date:

Trainer:

Training Time:

Location:

Training material (Please attach any written materials to this log with a staple):
Please see the food safety plan for overall Worker Training procedures.

Employee Name (please print)	Employee Signature
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____

Reviewed by:

Title:

Date:

Illness/Injury Reporting log

Name of operation:

Please see the food safety plan for overall illness/injury reporting procedures.

Date	Name of Employee	Injury sustained/ Illness reported	Action taken (ice applied, bandaged, sent to hospital, etc.)	Did employee return to work? (Yes or No)	Initials

Reviewed By:

Title:

Date:

First Aid Kit Monitoring log

Name of operation:

Please see the food safety plan for overall first aid kit monitoring.

Date	Location of First Aid Kit or #	Checked & Stocked	If restocked, list added items here (band aids, ointment, etc)	Initials

Reviewed By:

Title:

Date:



Mock Traceback Log

Name of operation:

Date:

Conducted by:

Lot:

Product traced:

Please see the food safety plan for overall traceback procedures.

Step backward				Step forward			
Harvest date	Harvester	Packing date	Packer	Shipping date	Customer(s) contacted	Amount of product remaining from original shipment at customer	Disposition of product which could not be recalled

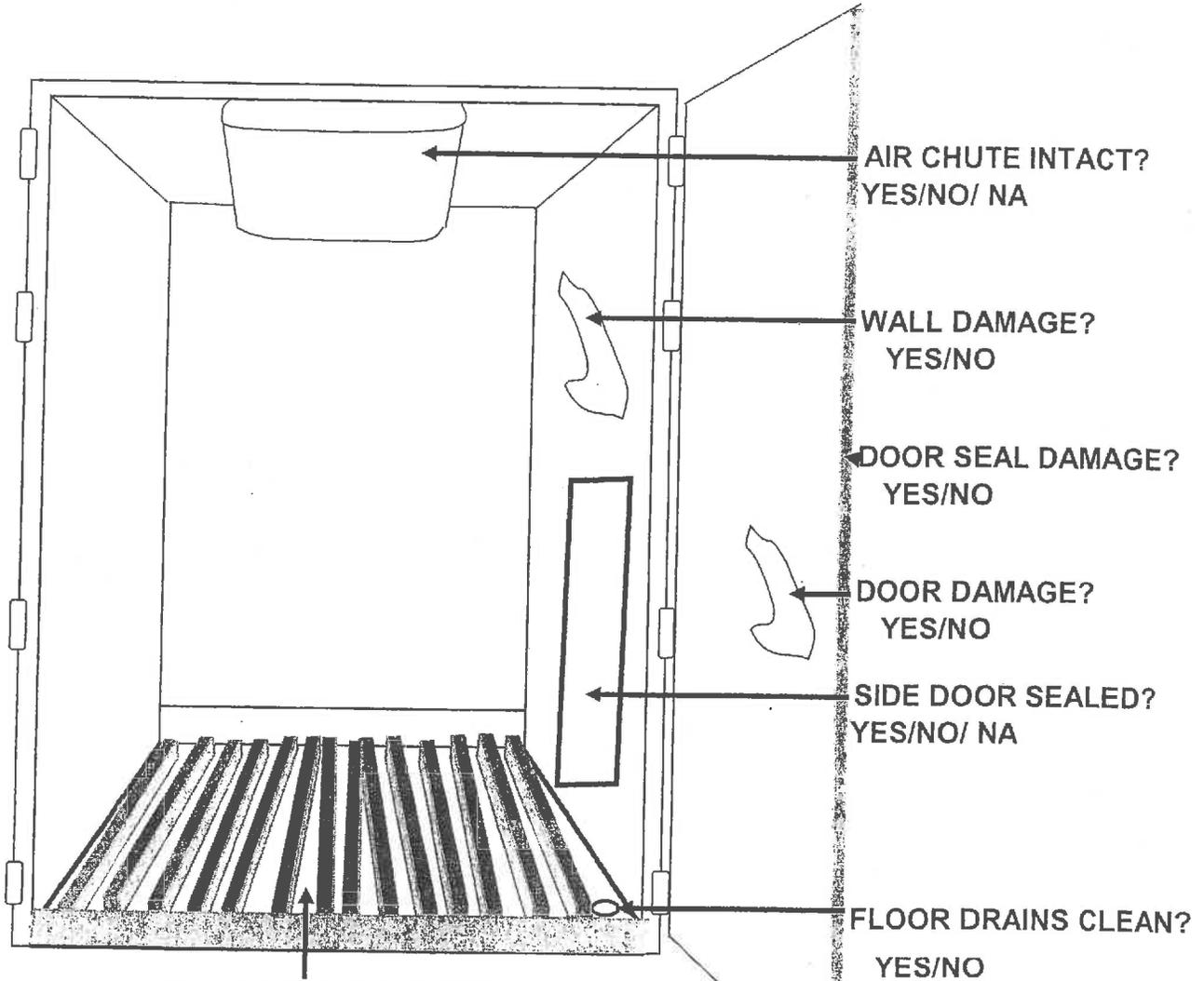
Reviewed by:

Title:

Date:

ORDER# _____

DATE _____



FLOOR CLEAN? YES/NO

TRAILER CLEAN&ORDER FREE? YES/NO

THERMO KING AIR FLOW TEMP

TEMP
TEMP

PRODUCT TEMP

TEMP
TEMP

SANATIZED? YES/NO

AIRBAG? YES/NO

TEMP RECORDER? YES/NO

SEAL# _____

HAS THIS TRAILER PREVIOUSLY HAULED LIVESTOCK OR UNPACKAGED ANIMAL PRODUCT OR FEED? YES / NO

APPROVED FOR LOADING BY: _____

TRUCK DRIVERS SIGN: _____

REJECTED BY: _____

REASON: _____

Break Area Cleaning Log

Date:	Cleaned by :	Supplies filled as applicable:	Further actions necessary?

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Cooler Temperature Log

Name of operation:

Cooler number: Thermometer number:

Please see the food safety plan for overall temperature control procedures and thermometer calibration instructions

Date	Thermometer calibrated date	Recorded temperature		Corrective actions if necessary:	Result of corrective actions and date accomplished	Initials
		AM	PM			

Reviewed by:

Title:

Date: