

RIDEM Produce Safety Enrollment Form v2.1

Rhode Island Department of Environmental Management – Division of Agriculture Produce Safety Program

1. Agricultural Operation Information

Operation Name	<input type="text"/>		
Point of Contact First, Last Name	<input type="text"/>		
Role	<input type="text"/>	Email	<input type="text"/>
Operation Phone	<input type="text"/>	Cell Phone	<input type="text"/>
Farm Website	<input type="text"/>	Preferred Contact Mode	<input type="text"/>
Legal Structure:	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Non-Profit <input type="checkbox"/> Other		
Site Address:	<input type="text"/>		
City, State, Zip:	<input type="text"/>		
<input type="checkbox"/> Mailing address same as above			
Mailing Address	<input type="text"/>		
City, State, Zip	<input type="text"/>		
County	<input type="checkbox"/> Providence <input type="checkbox"/> Kent <input type="checkbox"/> Washington <input type="checkbox"/> Bristol <input type="checkbox"/> Newport		
Have you participated in a PSA Grower training course?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has your farm had a third party audit?	<input type="checkbox"/> PRIMUS	<input type="checkbox"/> RIGAP	<input type="checkbox"/> Harmonized GAP
	<input type="checkbox"/> CAPS	<input type="checkbox"/> None	<input type="checkbox"/> Other: <input type="text"/>

2. Marketing

Annual produce sales averaged over the previous 3 years	<input type="checkbox"/> ≤ \$25,000	<input type="checkbox"/> \$25,001 - \$250,000	<input type="checkbox"/> \$250,001 - \$500,000	<input type="checkbox"/> \$500,000+	<input type="checkbox"/> N/A
Annual total food sales (including animal feed) averaged over the previous 3 years	<input type="checkbox"/> Less than \$500,000	<input type="checkbox"/> \$500,000+	<input type="checkbox"/> N/A		
Do you buy produce from another farm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
How is your produce marketed?	<input type="checkbox"/> Wholesale	<input type="checkbox"/> Direct Market	<input type="checkbox"/> Both	<input type="checkbox"/> N/A	
Are more than 50% of sales either (1) Direct to Consumer or (2) Retail or Restaurant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
If yes, are most of the sales within Rhode Island?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		



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3. Agricultural Operation Details

Please check all commodities your operation grows:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Apples | <input type="checkbox"/> Chives | <input type="checkbox"/> Mustard greens | <input type="checkbox"/> Sage |
| <input type="checkbox"/> Apricots | <input type="checkbox"/> Cilantro | <input type="checkbox"/> Nectarine | <input type="checkbox"/> Scallions |
| <input type="checkbox"/> Artichoke | <input type="checkbox"/> Cranberries | <input type="checkbox"/> Onions | <input type="checkbox"/> Shallot |
| <input type="checkbox"/> Asparagus | <input type="checkbox"/> Cucumber | <input type="checkbox"/> Orange | <input type="checkbox"/> Spinach |
| <input type="checkbox"/> Basil | <input type="checkbox"/> Berry currant | <input type="checkbox"/> Oregano | <input type="checkbox"/> Sprouts |
| <input type="checkbox"/> Beets | <input type="checkbox"/> Dandelion | <input type="checkbox"/> Parsley | <input type="checkbox"/> Strawberries |
| <input type="checkbox"/> Blackberries | <input type="checkbox"/> Eggplant | <input type="checkbox"/> Parsnips | <input type="checkbox"/> Summer squash |
| <input type="checkbox"/> Blueberries | <input type="checkbox"/> Endive | <input type="checkbox"/> Peas/snow peas | <input type="checkbox"/> Sweet Corn |
| <input type="checkbox"/> Bok Choy | <input type="checkbox"/> Fennel | <input type="checkbox"/> Peaches | <input type="checkbox"/> Sweet Potatoes |
| <input type="checkbox"/> Broccoli | <input type="checkbox"/> Garlic | <input type="checkbox"/> Pears | <input type="checkbox"/> Swiss chard |
| <input type="checkbox"/> Brussel Sprouts | <input type="checkbox"/> Gooseberries | <input type="checkbox"/> Peppers/hot, sweet | <input type="checkbox"/> Thyme |
| <input type="checkbox"/> Burdock | <input type="checkbox"/> Grapes | <input type="checkbox"/> Plums | <input type="checkbox"/> Tomatoes |
| <input type="checkbox"/> Chinese Cabbage | <input type="checkbox"/> Green beans | <input type="checkbox"/> Potatoes | <input type="checkbox"/> Turnips |
| <input type="checkbox"/> Cabbages | <input type="checkbox"/> Honeydew | <input type="checkbox"/> Pumpkins | <input type="checkbox"/> Turnip greens |
| <input type="checkbox"/> Cantaloupes | <input type="checkbox"/> Kale | <input type="checkbox"/> Quince | <input type="checkbox"/> Watercress |
| <input type="checkbox"/> Carrots | <input type="checkbox"/> Leek | <input type="checkbox"/> Radicchio | <input type="checkbox"/> Watermelon |
| <input type="checkbox"/> Cauliflower | <input type="checkbox"/> Lemons, Limes | <input type="checkbox"/> Radish | <input type="checkbox"/> Winter Squash |
| <input type="checkbox"/> Celeriac | <input type="checkbox"/> Lettuce | <input type="checkbox"/> Raspberries | <input type="checkbox"/> Yams |
| <input type="checkbox"/> Celery | <input type="checkbox"/> Melon | <input type="checkbox"/> Rhubarb | |
| <input type="checkbox"/> Sweet Cherries | <input type="checkbox"/> Microgreens | <input type="checkbox"/> Rosemary | |
| <input type="checkbox"/> Chicory | <input type="checkbox"/> Mushroom | <input type="checkbox"/> Rutabaga | |

Please list any other fruits, vegetables, herbs and/or nuts you grow that are not listed above:

Acreage:

Total acres

Production acres

Irrigation type:

Overhead Drip N/A

Irrigation water source:

Surface Ground Municipal N/A

Post-harvest water source:

Surface Ground Municipal N/A

Pump type:

Portable Permanent/Fixed N/A

Type of soil amendments used:

Raw Manure Animal Based Compost Biosolids Ag Tea N/A

Activity Type(s):

Growing Harvesting Packing Holding Processing

Are you in production year round?

Yes No N/A

Do you have a greenhouse?

Yes No N/A

Do you have livestock on your operation?

Yes No N/A

Season start date:

Season end date:



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4. For Completion by Produce Safety Team

Unique Produce ID:

FEI Number:

Data Verification Method

- Phone Technical Assistance Inspection Email Visit Mail

Based on the information provided, this operation is:

- Covered Qualified Exempt Excluded
 Processing Exempt Personal Consumption
 Non-covered Produce
 Micro

DOH License(s) Held:

- Retail Food Peddler Food Processor Farm Home Food Manufacturer
 Food Service Mobile Food Service Food Processor - Bottler
 N/A

Notes

Produce Safety Team Member:

Print Name

Date

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