

**Produce Safety Cooperative Agreement Program**  
**Assessment Template**

Save this form locally and often using "StateAbbrev\_last4 digits FAIN#\_YYYYMMDD\_Assessment" filename. Please upload this completed Assessment Form to your ORAPP folder. Please email your OP Project Manager to notify them that you have completed your submission in ORAPP.

The Assessment must be a written document. Assessment must provide complete jurisdiction information related to each item below under Produce Landscape, Produce Program Resources, and Produce-Related Response. This is expected to be a living document and is required for all paths.

**Recipient Name** (*Select*)

Select

**State**

Select Recipient Name

**Federal Award Identification Number**

Select Recipient Name

**Program Path**

Select Recipient Name

**Assessment Author (if not PI)**

**Date Completed (M/D/YYYY)**

**Project Period Start Date**

7/1/2021

**Project Period End Date**

6/30/2026

|

**Produce Safety  
Assessment**

Describe the produce landscape for your state by answering the questions below.

**Identify covered produce commodities that are common to your jurisdiction.**

Blank response area for identifying covered produce commodities.

**Identify common farming conditions and practices in your jurisdiction.**

Blank response area for identifying common farming conditions and practices.

**Identify unique farming conditions and practices in your jurisdiction.**

Blank response area for identifying unique farming conditions and practices.

Review farm inventory estimated data (2017 National Agricultural  
jurisdiction's verified number of farms in inventory. Provide a nar

**ty Cooperative Agreement Program**  
**nt Template: Produce Landscape**

estions below.

**urisdiction:**

**tion:**

**on:**

**I Statistics Service (NASS) Data or other justified source) and compare it to your  
rative explanation of the comparison:**

]





P  
As

**Describe your produce program's organization and supplies - This can be typed, or included as a file**

**To insert as file in the yellow cell above:**

1. Select the yellow cell.
2. From the top menu choose "Insert" and then click "Object".
3. Choose "Object" from the drop-down and select "From File".
4. Browse for the file you'd like to insert and choose "Open".
5. Click the checkbox to "Display As Icon" and click "OK".

**Identify and describe any unmet organizational needs**

**Identify partners and collaborators that can help with your program (e.g., regulatory programs, audit programs, extension programs, coalitions, subject matter experts). Identify any other resources that can help with your program**

**Partner or Collaborator**

1	
2	
3	
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14	
15	

**Produce Safety Cooperative Agreement Program**  
**Assessment Template: Produce Program Resources**

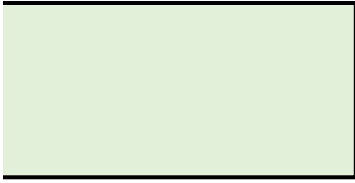
**Organization structure and infrastructure needs to include staffing, facilities, included as an attachment in the yellow cell below:**

Click on the "Text" drop-down (right hand side of the insert menu in Microsoft Excel 365) the "Create From File" tab in the pop-up window. Select "Insert". Click "OK".

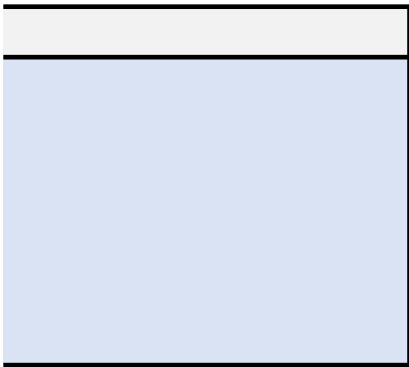
**Organization or infrastructure needs:**

**Identify support your produce program, such as other regulatory programs, other educational programs, industry organizations, commodity groups, and identify potential additional opportunities for collaboration and partnerships.**





**equipment, materials,**

A large yellow rectangular box with a thin black border, positioned below the text "equipment, materials,". Below the yellow box is a white rectangular box with a thin black border.

her governmental non-  
other stakeholders (e.g.,  
ip.

**Is this relationship currently active or a potential relationship?**

Select

Select

Select

Select

Select

Select

Select

Select

Select

Select

Select

Select

Select

Select

Select

Use the table below to document your state's capabilities to resp

<b>Event Type (an event that involves your state (e.g. illness or produce traceback))</b>	<b>Does your state have the ability to become aware of event?</b>
<b>Intrastate (local jurisdiction level) foodborne illness outbreak due to human pathogens</b>	Select
<b>Intrastate (within state) foodborne illness outbreak due to human pathogens</b>	Select
<b>Interstate foodborne illness outbreak due to human pathogens</b>	Select
<b>Foodborne illness outbreak due to human pathogens implicating imported produce</b>	Select
<b>Sample positive for human pathogens</b>	Select

<b>Voluntary intrastate recall due to human pathogens</b>	Select
<b>Voluntary interstate recall due to human pathogens</b>	Select
<b>Natural events that may adulterate produce</b>	Select
<b>Man-made events that may adulterate produce</b>	Select
<b>Reportable Food Registry Reports</b>	Select

<b>Response Capability</b>	<b>Capability exists in your state?</b>
<b>Conduct a for-cause inspection or investigation to determine root-cause</b>	Select
<b>Conduct for-cause product sampling</b>	Select
<b>Conduct product sample analysis</b>	Select



<b>Conduct for-cause environmental sampling</b>	Select
<b>Conduct environmental sample analysis</b>	Select
<b>Conduct a traceback investigation (to follow the distribution chain)</b>	Select
<b>Conduct investigations of related operations (compost suppliers, packing sheds) and adjacent land (CAFOs, dairies, livestock farming operations, etc.)</b>	Select
<b>Publish public communications/consumer advisories</b>	Select
<b>Conduct compliance and enforcement activities at farm level</b>	Select

and to produce related events associated with raw agricultural commodities invol

**Within your STATE**

<b>Where does the notification come from?</b>	<b>If yes, what state agencies/division(s)/personnel roles are notified in your state?</b>
[Replace bracketed text with your response]	[Replace bracketed text with your response]
[Replace bracketed text with your response]	[Replace bracketed text with your response]
[Replace bracketed text with your response]	[Replace bracketed text with your response]
[Replace bracketed text with your response]	[Replace bracketed text with your response]
[Replace bracketed text with your response]	[Replace bracketed text with your response]

[Replace bracketed text with your response]	[Replace bracketed text with your response]
[Replace bracketed text with your response]	[Replace bracketed text with your response]
[Replace bracketed text with your response]	[Replace bracketed text with your response]
[Replace bracketed text with your response]	[Replace bracketed text with your response]
[Replace bracketed text with your response]	[Replace bracketed text with your response]

<b>If YES, What level of capability?</b>	<b>If YES, what state agencies/division/personnel roles are involved?</b>
Select	[Replace bracketed text with your response]
Select	[Replace bracketed text with your response]
Select	[Replace bracketed text with your response]



**Produce Safety Cooperative Agreement Program**  
**Assessment Template: Produce-Related Event Response**

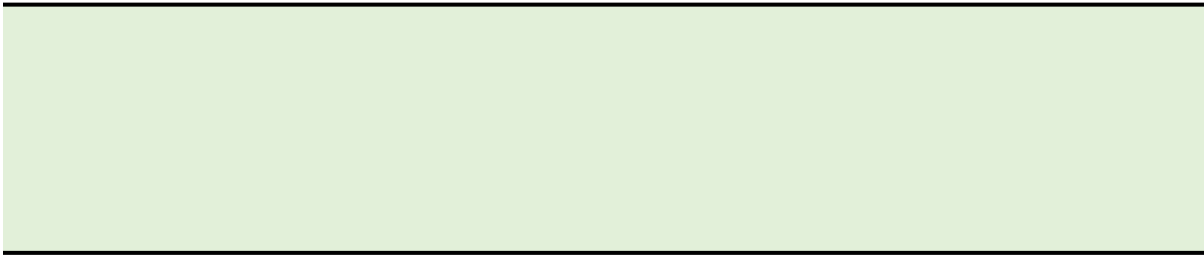
ving your state, and in your CAP Produce Program.

<b>Would your state be involved in the event response?</b>	<b>If yes, what state agencies/division/personnel roles are involved in the response?</b>
Select	[Replace bracketed text with your response]
Select	[Replace bracketed text with your response]
Select	[Replace bracketed text with your response]
Select	[Replace bracketed text with your response]
Select	[Replace bracketed text with your response]

Select	[Replace bracketed text with your response]
Select	[Replace bracketed text with your response]
Select	[Replace bracketed text with your response]
Select	[Replace bracketed text with your response]
Select	[Replace bracketed text with your response]

<b>If YES, does the capability exist within your CAP produce program?</b>	<b>If YES, are policies or procedures are in place?</b>
Select	Select
Select	Select
Select	Select





**Within your CAP Produce Program**

**Would your CAP produce program be made aware of event?**

**Would your CAP produce program be involved in the event response?**

Select

Select

Select

Select

Select

Select

Select

Select

Select

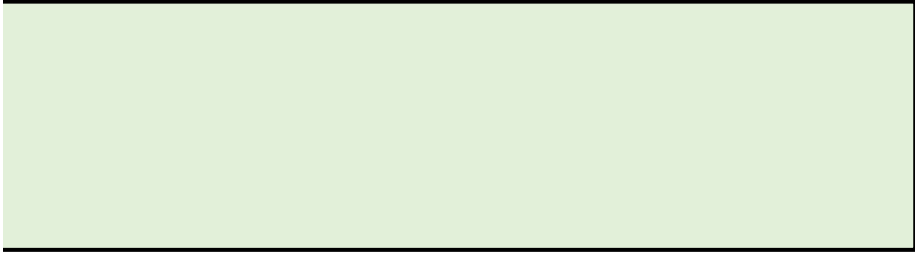
Select



Select	Select
Select	Select
Select	Select
Select	Select
Select	Select

If YES, list any FDA funded programs that are used to implement this capability (e.g. RRT, LFFM, etc.)	(Optional) Provide any additional information as needed
[Replace bracketed text with your response]	[Replace bracketed text with your response]
[Replace bracketed text with your response]	[Replace bracketed text with your response]
[Replace bracketed text with your response]	[Replace bracketed text with your response]





**(Optional) Provide any additional information as needed**

[Replace bracketed text with your response]

[Replace bracketed text with your response]

[Replace bracketed text with your response]

[Replace bracketed text with your response]

[Replace bracketed text with your response]

[Replace bracketed text with your response]

[Replace bracketed text with your response]

[Replace bracketed text with your response]

[Replace bracketed text with your response]

[Replace bracketed text with your response]







