

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	
4	
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6	
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8	
9	
10	
11	
12	
13	
14	
15	

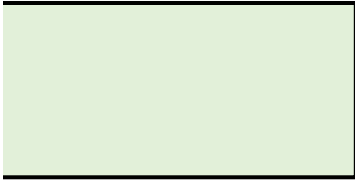
Produce Safety Cooperative Agreement Program
Assessment Template: Produce Program Resources

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. Click on "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.
A large white rectangular box with a thin black border, positioned below the yellow box.A small light grey rectangular box with a thin black border, positioned at the top of the block.
A large blue rectangular box with a thin black border, positioned below the light grey box.

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

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

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

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

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

and to produce related events associated with raw agricultural commodities invol

Within your STATE

Where does the notification come from?	If yes, what state agencies/division(s)/personnel roles are notified in your state?
[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]

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

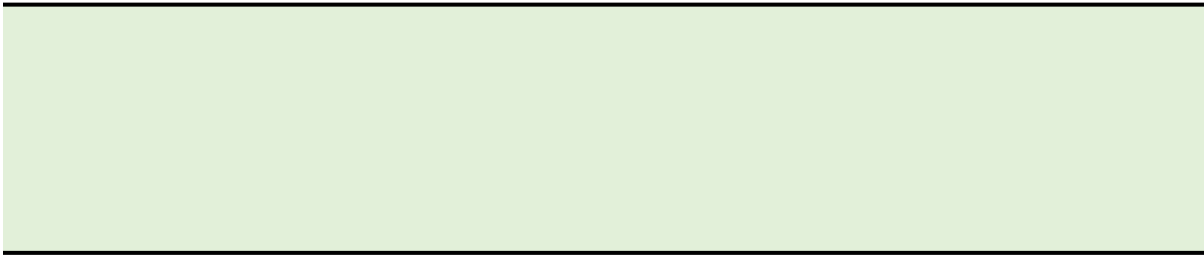
Produce Safety Cooperative Agreement Program
Assessment Template: Produce-Related Event Response

ving your state, and in your CAP Produce Program.

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

If YES, does the capability exist within your CAP produce program?	If YES, are policies or procedures are in place?
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

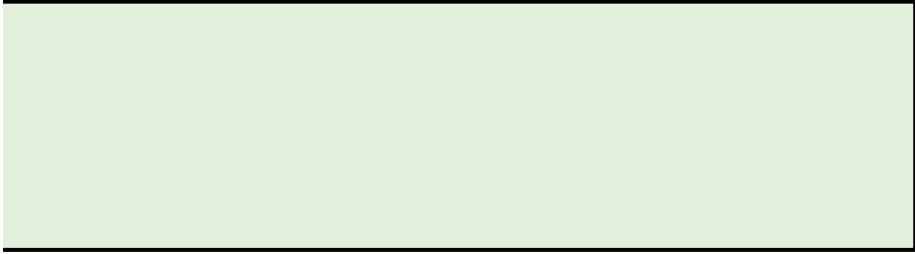
Select

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]

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