

**Produce Safety Cooperative Agreement Program**  
**Program Report Form**

**Path B and C must complete all tabs. Path A must complete all tabs except Obj5, Obj6, and Obj7.**

Save this form locally and often using "StateAbbrev\_last4 digits FAIN#\_YYYYMMDD\_Produce Program Report" filename.

All information should be reported for the current budget period.

Once you have completed all applicable sections for your award upload the Program Effectiveness Template to your ORAPP folder. Please email your OP Project Manager to notify them that you have completed your submission in ORAPP.

**Recipient Name** *(Select)*

Select

**State**

Select Recipient Name

**Federal Award Identification Number**

Select Recipient Name

**Program Path**

Select Recipient Name

**Report Frequency**

Select

**Report Author (if not PI)**

**Date Completed**

**Project Period Start Date**

7/1/2021

**Project End Date**

6/30/2026

**Budget Period Start Date**

7/1/2022

**Budget Period End Date**

6/30/2023

Principal Investigator (PI)

PI Email

PI Phone


If Yes, please enter applicable updates below.

Is your contact and admin spreadsheet current in ORAPP?

Select
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**The information below applies only to requirements of the Paperwork Reduction Act of 1995.**

The burden time for this collection of information is estimated to average 36.67 hours per response, including the time to review instructions, search existing data sources, gather and maintain the data needed and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to the address to the right:

*"An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB number."*

Department of Health and Human Services  
Food and Drug Administration  
Office of Operations  
Paperwork Reduction Act (PRA) Staff  
[PRASStaff@fda.hhs.gov](mailto:PRASStaff@fda.hhs.gov)

**DO NOT SEND YOUR COMPLETED FORM TO THIS PRA STAFF EMAIL ADDRESS.**

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**Program Rep  
Objective 1. Assessm**

When entering text it is OK to exceed the visible field space with your response. U

<b>Assessment and Planning Status</b>	<b>Current Status</b>
What is the status of your written Assessment?	Select
What is the status of your written Project Plan?	Select

**Does your Written Assessment:**

Identify covered produce commodities that are common to your jurisdiction?
Identify common farming conditions and practices in your jurisdiction?
Identify unique farming conditions and practices in your jurisdiction?
Review your farm inventory data?
Develop an organizational structure and infrastructure needed to fulfill CAP objectives?
Identify partners and collaborators that support your produce program?
Assess your state or territories capabilities to respond to produce related events within the jurisdiction?



**Program Report Form**  
**Objective 2. Program Administration**

When entering text it is OK to exceed the visible field space with your response. Use "Alt+Enter" for a new line if desired.

a. Are produce program positions filled?

Select

If no, which positions need to be filled and when will you fill the position(s)?

b. Staff training:

	Number of current staff that have completed:	Number of current staff awaiting completion of:
Training Course FD226		
Training Course FD326		
Training Course FD225		

c. Please share any topics that are needed for your staff to successfully conduct CAP work, but have not been covered in existing courses:

d. Personnel conducting CAP work (do not include subaward personnel here):

	Last Name, First Name	Title	Primary CAP Role	Explain any additional CAP roles and responsibilities	Percent of time funded by the CAP
1			Select		
2			Select		
3			Select		
4			Select		
5			Select		
6			Select		
7			Select		
8			Select		
9			Select		
10			Select		
11			Select		
12			Select		
13			Select		
14			Select		

15		Select		
16		Select		
17		Select		
18		Select		
19		Select		
20		Select		

**f. List key accomplishments of subawards (a subaward is a monetary award for the subrecipient to carry out part of the project).**

	Subaward Entity	Funding Amount	Met Expected Deliverables	Key Accomplishments	Areas of Work: Select "Yes" for all that apply:				
					Inventory Development	Education	Outreach	Technical Assistance	Other
1			Select						
2			Select						
3			Select						
4			Select						
5			Select						

If no subawards are listed above, please select a drop down option:

N/A - Subawards are reported above

**g. List and describe MOU(s) established:**

MOU Entity	Purpose of MOU
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

If no MOUs listed above, please select a drop down option:

N/A - MOUs are listed above

**h. List of contracts established:**

**A contract is a legal instrument to purchase property or services needed to carry out the project.**

	Contractor Entity	Funding Amount	Met Expected Outcomes	Property or services purchased
1			Select	
2			Select	
3			Select	
4			Select	
5			Select	
6			Select	
7			Select	
8			Select	
9			Select	
10			Select	

If no contracts are listed above, please select a drop down option:

N/A - Contracts are listed above



**Program Rep**  
**Objective 3. Education, Outrea**

When entering text it is OK to exceed the visible field space with your response. U

a. Describe, list, and quantify your education activities (other than the resources/materials used (examples include trainings, workshops,

Empty text input area for education activities.

b. Describe, list, and quantify your outreach activities conducted at event booths, presentations, advertisements, etc.):

Empty text input area for outreach activities.

c. Describe, list, and quantify your on farm and/or remote technical reviews):

Empty text input area for on farm and/or remote technical reviews.

d. Do applicable items include the current Funding Acknowledge

e. Please share any training/knowledge gaps that you feel exist f



f. Known number of (non-exempt) covered farms in your jurisdic  
(PSA) Grower Training or equivalent:

How many remainin

**Report Form  
on Outreach, and Technical Assistance**

Use "Alt+Enter" for a new line if desired.

(including on-farm trainings, field visits, and other activities such as on-farm PSA grower trainings) for farms using CAP funds and other resources (e.g., grants, etc.):

[Empty text box for reporting outreach and technical assistance activities]

and resources/materials used (examples include mailers, brochures, etc.):

[Empty text box for reporting resources and materials used]

Technical assistance activities (other than on farm readiness training):

[Empty text box for reporting technical assistance activities]

ment Statement?

or produce farms in your jurisdiction:

tion that still need Produce Safety Alliance

g courses do you estimate needing to host:

**Program Rep**  
**Objective 4. Far**

When entering text it is OK to exceed the visible field space with your response. U

a. What electronic system do you currently use for your farm inv

If this is not your final system, describe the electronic system you  
implementation:

b. Based on your efforts to develop your farm inventory to date,  
current verified farm inventory:

c. Would you consider your farm inventory to be still in the deve  
phase?

If your inventory is in the development phase, when and how wi

d. Do you have a written procedure for farm inventory verificatic

e. Do you have a written procedure for farm inventory maintena

f. Does your inventory system capture all categories of produce f

g. Do you use a registration for inventory purposes?

If yes, please explain below:

h. If your inventory development and verification efforts include resources/materials used:

i. How many inventory verification visits have been conducted th

**Report Form**  
**Form Inventory**

Use "Alt+Enter" for a new line if desired.

Inventory data:

jurisdiction plans to use and timeline for

how complete and accurate is your

development phase or in the maintenance

Select

If you transition to a maintenance phase?

on?

nce activities?

farms with produce sales?

on farm visits please describe your visits and the

his budget period?



**Program Re**  
**Objective 5. Inspectional Program E**

When entering text it is OK to exceed the visible field space with your response. U

- a. Number of trained produce inspectors:
- b. What is the average number of inspections per each inspector
- c. Do you use the FDA Produce Assignment to guide planning and  
If no, explain:

- d. Do you use the PDAT for risk based inspection prioritization?
- e. Do you issue a Notice of Inspection or state equivalent?
- f. Do you issue the FDA 4056 or a state equivalent at the close of
- g. Are you directly citing 21 CFR 112 citations, when applicable?
- h. Do you complete the Produce Farm Inspection Summary Repo
- i. Do you have a written process for making a final inspection clas
- j. What electronic system do you use to capture inspection data?

[Redacted]

k. Number of known (non-exempt) covered farms that have not

l. After all initial inspections are completed, what is your inspecti

[Redacted]

m. Are you conducting produce safety rule inspections using fun  
If yes, explain:

[Redacted]

n. Do you conduct joint sprout inspections with FDA under this C

o. Does your state conduct sprout inspections outside of this CAI  
If yes, under what regulation do you conduct these sprout inspec

[Redacted]

**Report Form**  
**Development (Path B and Path C)**

Use "Alt+Enter" for a new line if desired.

in a CAP year (July 1 - June 30)

and conducting inspections?

for each inspection?

report or state equivalent for each inspection?

classification?

,

received an initial PSR inspection:

on frequency and prioritization plan?

ds other than CAP funds?

AP?

o?

ctions?

**Program Rep**  
**Objective 6. Compliance and Enf**

When entering text it is OK to exceed the visible field space with your response. U

a. Select current authority used for enforcement of the Produce

b. Is your authority to conduct PSR inspections and enforcement  
If Yes, please indicate and describe the proposed change and tim

c. Do you have internal procedures to conduct the preliminary re  
determine a final inspection classification and deciding next step  
enforcement action(s) as needed?

If no, what is your timeline to develop a procedure?

d. **(Path C only)** Do you have a framework established for conduc  
progressive actions?

If no, what is your timeline to develop a framework?



**Report Form**  
**Enforcement (Path B and Path C)**

Use "Alt+Enter" for a new line if desired.

Safety Rule:

subject to change?

Baseline:

Review of inspection documentation to  
be used for conducting compliance and

Reporting for compliance and enforcement

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**Objective 7. Produce Related Event Response Plan**

When entering text it is OK to exceed the visible field space with your response. U

a. Based on your completed Assessment (see Objective 1), does your state have the capability to systematically detect, investigate, and produce related incidents to stop, control and prevent hazards that cause illness, injury or outbreak.

If No, what are the capability gaps?

b. Do you anticipate needing additional funding under this CAP in order to enhance your response capabilities?

**Report Form**  
**Planning and Implementation (Path B and Path C)**

Use "Alt+Enter" for a new line if desired.

your jurisdiction (e.g. any agency or entity  
investigate, mitigate, document and analyze  
that are likely to result in a produce related

Select

[Empty text area]

in order to develop and implement produce

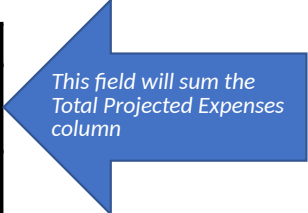
Select

**Program Report Form**  
**Budget Reporting**

When entering a short description for Expense Items 12-15. "Other # [Replace only bracketed text]" delete **only** the bracketed text i.e. "Other 1 User entered description"

When entering text it is OK to exceed the visible field space with your response. Use "Alt+Enter" for a new line if desired.

Expenses	Total Budgeted	Spent	Remaining
1 Total Budget	\$0	\$0	\$0
2 Total Salary, Wages, and Fringe Benefits	\$0	\$0	\$0
3 Equipment	\$0	\$0	\$0
4 Travel	\$0	\$0	\$0
5 Materials and Supplies	\$0	\$0	\$0
6 Publication Costs	\$0	\$0	\$0
7 Consultant Services	\$0	\$0	\$0
8 ADP/Computer Services	\$0	\$0	\$0
9 Subawards/Contractual Costs	\$0	\$0	\$0
10 Equipment/Facility Rental/User Fees	\$0	\$0	\$0
11 Federal F&A (Indirect Costs)	\$0	\$0	\$0
12 Other 1 [Replace only bracketed text]	\$0	\$0	\$0



13	Other 2 [Replace only bracketed text]	\$0	\$0	\$0
14	Other 3 [Replace only bracketed text]	\$0	\$0	\$0
15	Other 4 [Replace only bracketed text]	\$0	\$0	\$0
16	<b>Additional Budget Comments:</b>  <i>(Use Alt+Enter for new line if desired)</i>			

**Program Rep**  
**Program Impleme**

When entering text it is OK to exceed the visible field space with your response. U

Describe any ongoing issues in the implementation of your jurisd

Describe successes in the implementation of your jurisdiction's p

A large, empty rectangular box with a light blue background and a black border, intended for listing resources.

List additional resources that have been helpful for your program



Please share any questions or concerns about the program over:

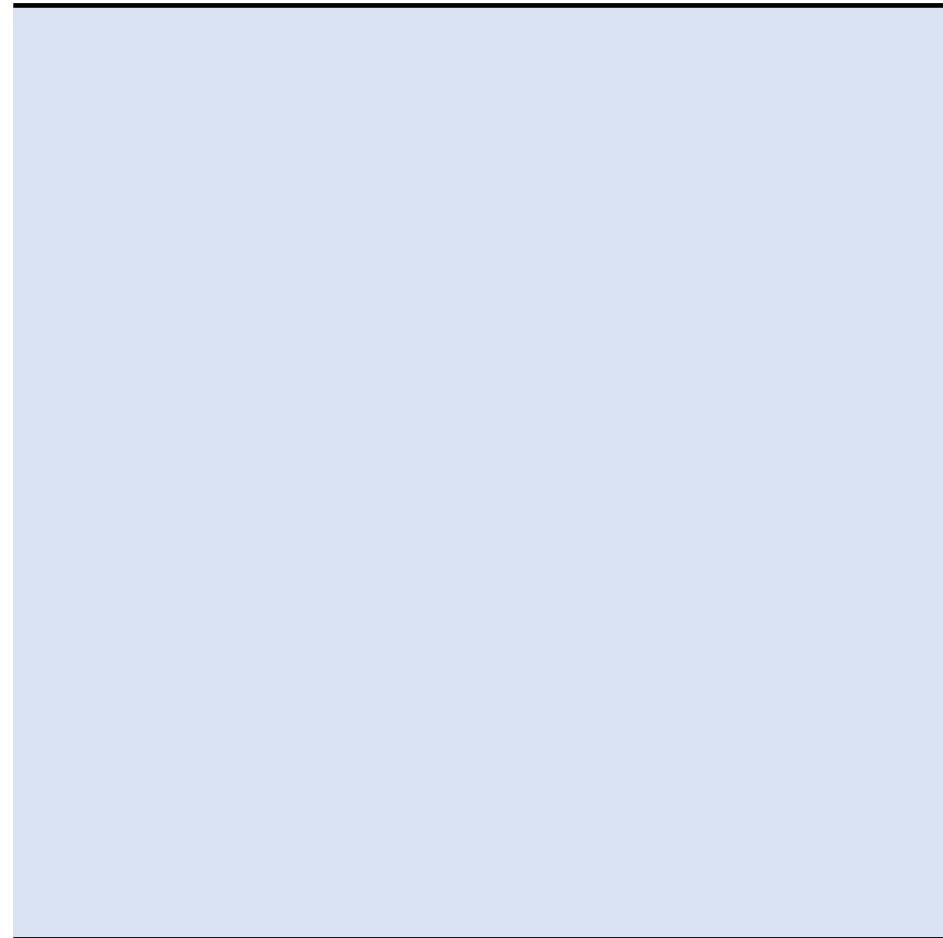




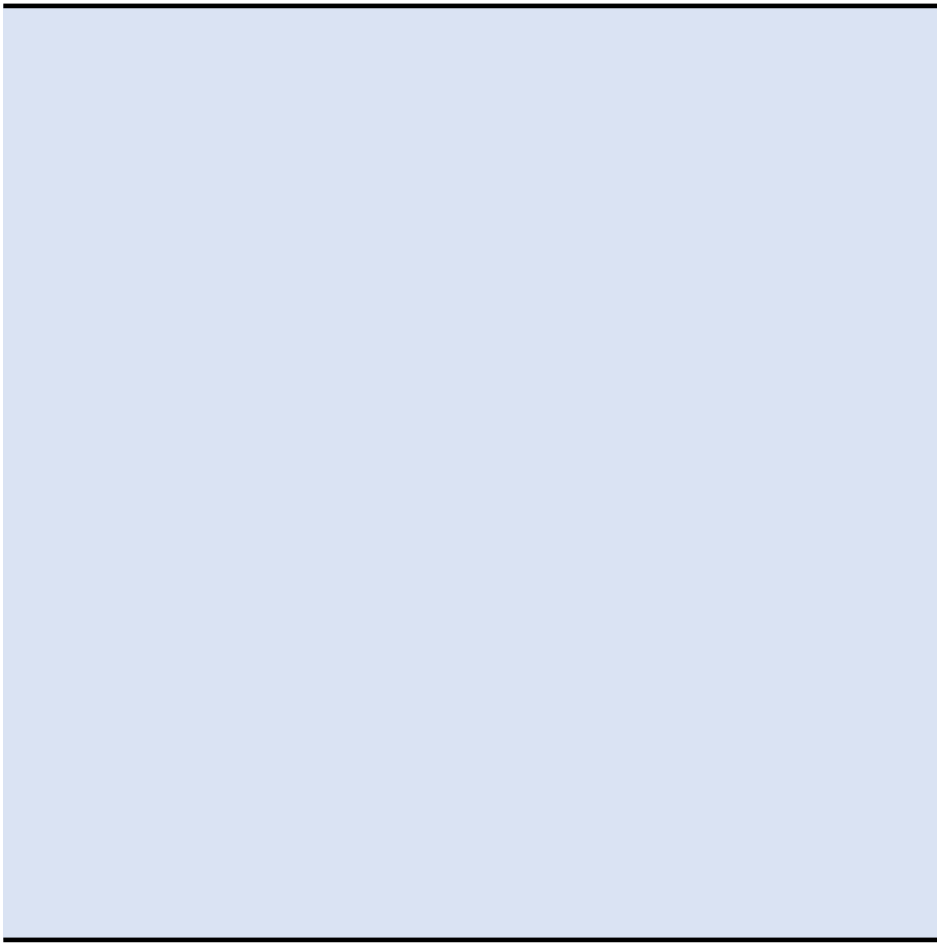
**Port Form**  
**ntion Feedback**

Use "Alt+Enter" for a new line if desired.

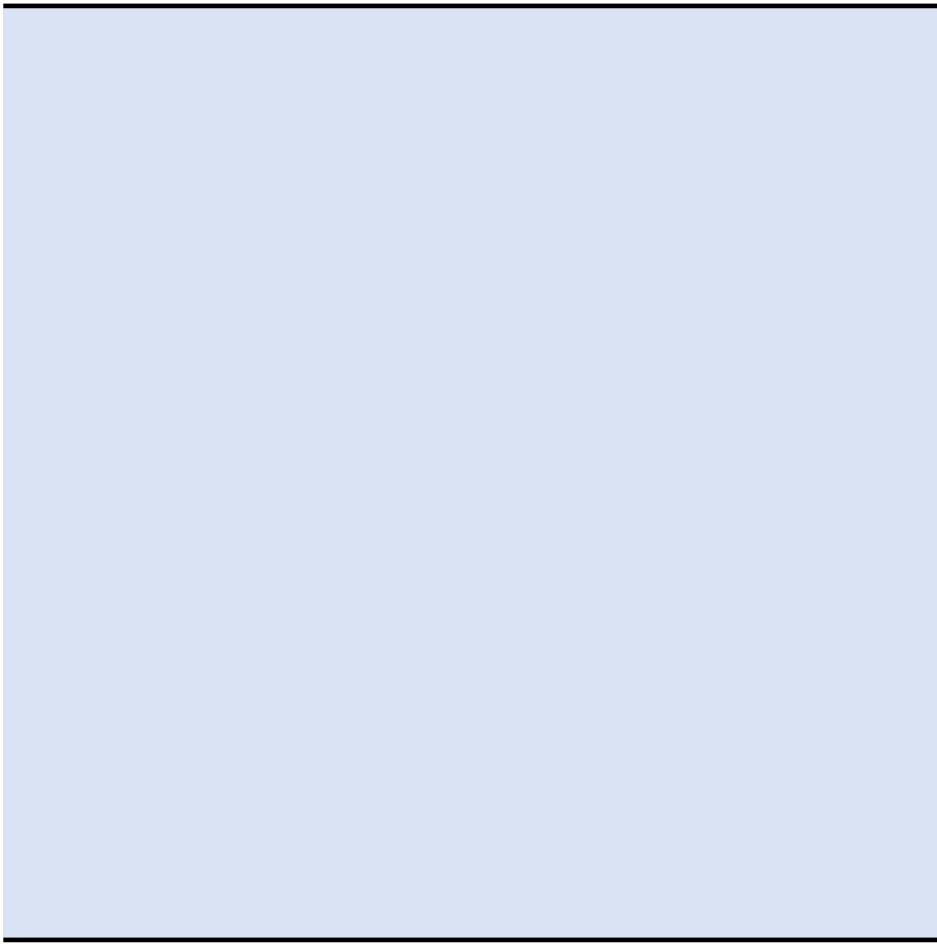
fiction's produce program:



produce program:



1's implementation:



all:

