

ERFM Farm or Business Inspection Report

Farm or Business name: _____ Phone: () _____

Inspector name(s): _____ Inspection date & time: _____

Representatives of farm or business present during inspection _____

Primary Address: (Please list all farm or business addresses that are to be inspected – include land/property that is rented or owned)

Street address: _____

City: _____ Zip code: _____

Total # of acres or square feet used to produce products: _____ Rent or own? (please circle)

Total # of greenhouses and square feet _____ Rent or own? (please circle)

(Please list addresses of all other owned or rented properties that will be used in production of your products. Use additional page if necessary.)

Street address: _____

City: _____ Zip code: _____

Total # of acres or square feet used to produce products: _____ Rent or own? (please circle)

Total # of greenhouses and square feet _____ Rent or own? (please circle)

What other sales outlets do you have for your products? _____

What percentage of your farm or business's total sales occurs at the ERFM? _____

Attach drawing of farm or business showing field or facility sizes with indication of number of rows, beds, benches, greenhouse square footage, etc. Include production and storage facilities. Indicate which products are produced in each area with labeling or add a listing of products with reference to the accompanying the drawing.

List equipment used in production, processing and storage of your products (Attach extra sheet if needed.)

PRODUCT LISTING: All products that you propose to sell or currently are selling at the ERFM. Indicate the general timeframe of when products will be brought to market. Provide a reasonable approximation of the volume or yield of each product that you plan to sell at the ERFM. Any additional or supplemental information must be attached and noted below.

ITEM	DATE TO SELL	VOLUME/YIELD	INSPECTOR NOTES
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

- 7. _____
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- 25. _____
- 26. _____
- 27. _____
- 28. _____
- 29. _____
- 30. _____

*** add additional sheet if necessary ***

Additional ERFM member notes/comments: _____

Overall Observation by ERFM inspector(s): _____

Were photos provided or taken? Please attach. _____

Farmer or Business Signature: _____ Date: _____

ERFM Inspector(s) Signature: _____

DATE: _____