Have you seen the Required Records Document Description?
If not, start with: Records Required by the FSMA Produce Safety Rule
(https://resources.producesafetyalliance.cornell.edu/documents/Records-Required-by-the-FSMA-PSR.pdf)

Qualified Exemption Review *Template*

Farm name and location: _____**Date:** _____

Total food sales (in addition to produce, these sales include all other food for humans, feed for animals, and sales of live food animals)

Year 1 (Sales year: _____) $_____
Year 2 (Sales year: _____) $_____
Year 3 (Sales year: _____) $_____

Average total food sales $_____ **A**
Inflation adjusted[1] threshold for (range) $_____ **B**
(*for example, B is $638,491 for 2021-2023)*

A must be smaller than **B** for eligibility

Sales to qualified end users (QEUs) (e.g. consumers anywhere, or grocery stores and restaurants within 275 miles or within the same state or Indian reservation)

Year 1 (Sales year: _____) $_____
Year 2 (Sales year: _____) $_____
Year 3 (Sales year: _____) $_____

Average food sales to QEUs $_____ **C**

Sales to non-QEUs (e.g. wholesale buyers)

Year 1 (Sales year: _____) $_____
Year 2 (Sales year: _____) $_____
Year 3 (Sales year: _____) $_____

Average food sales to non-QEUs $_____ **D**

C must be larger than **D**

Based on this information, this farm satisfies the criteria for a qualified exemption.

Reviewed by:_____**Title:** _____**Date**_____

Sales receipts must also be retained to support this record.

[1]FDA updates the inflation adjusted value (B) around April each year:
https://www.fda.gov/food/food-safety-modernization-act-fsma/fsma-inflation-adjusted-cut-offs

FSMA PSR Reference § 112.7(b) Confidential Record

Worker Training Record *Template*

Farm name and location:_____ **Date of training:** _____

Trainer: _____ **Training time:** _____

Topics Covered: _____

Training materials: Please attach any printed materials related to the training. Also reference any relevant SOPs or sections of the farm food safety plan that apply.

	Name of Worker(s)Trained (please print)	**Worker(s) Signature**
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____

Reviewed by:_____**Title:** _____ **Date:** _____

FSMA PSR reference § 112.30(b) Confidential Record

Modified from On-Farm Decision Tree Project: Worker Health, Hygiene, and Training—v14 7/16/2014 gaps.cornell.edu
E.A. Bihn, M.A. Schermann, A.L. Wszelaki, G.L. Wall, and S.K. Amundson, 2014

Agricultural Water Systems Inspection Record *Template*

§§ 112.42(a)(1-5) Requirements Relating to Agricultural Water Source or System

Farm name and location:

_____

__

Date and time of inspection: _____ Name:

_____

Purpose: To identify any conditions that are reasonably likely to introduce known or reasonably foreseeable hazards into or onto covered produce or food contact surfaces.

- Unsafe conditions: For conditions where water is not safe, or not of adequate sanitary quality for its intended use, immediately stop use and address the condition with a corrective measure. Documentation of corrective measures is required – see *Measures for Agricultural Water Management Record Template*
- § 112.42(b) requires adequate maintenance of the agricultural water system. Maintenance documentation can be useful but is not required for most conditions. If desired use a separate page to document maintenance actions.

Water source	**Nature of the source (e.g., ground, surface) and initial observations**	**Extent of control over water source. If not full control, explain why.**	**Describe hazards from adjacent and nearby land uses**

Water source	**Describe hazards introduced by other users (e.g., upstream)**	**Degree of protection from all identified hazards. Describe how protection is achieved.**	**Does inspection indicate water is unsafe? Yes/No***

FSMA PSR reference § 112.50(b)(1) Confidential Record

Agricultural Water Assessment *Template*

Farm name and location:

_____

_____

Agricultural water being assessed:

_____

Date: _____ **Time**: _____ **Initials**:

_____

Element	Factor evaluated	Observation/ condition	Assessment of how observation or condition could influence risk (use additional pages as needed)
Agricultural water system(s)	Location and nature of source	Recommendation: Create a map of water distribution system.	
	Type of distribution system		
	Degree of protection from possible sources of contamination listed in § 112.43(a)(1)(iii) and other subparts (e.g., § 112.52(a) and §§ 112.130 through 112.134)	*(other water users)*	
		(*on-farm animal impacts or other on-farm hazards*)	
		(off-farm uses)	
	Method of application		

Element	Factor evaluated	Observation/ condition	Assessment of how observation or condition could influence risk (use additional pages as needed)
Water Use	Timing of application to crop(s)		
Crop Characteristics	Adhesion, internalization	*Crop 1:*	
		Crop 2:	
Environmental Conditions	Rainfall, temperature, sunlight (UV)		
Other Factors	Testing results		

Written determination(s) for this agricultural water[1]:

- ☐ Water is not safe, or not of adequate sanitary quality for its intended use
- ☐ No reasonably foreseeable hazardous conditions limit this use of the water source
- ☐ One or more **off-farm uses** related to animal activity, application of BSAAO, human waste are reasonably likely to introduce pathogens to the water source
- ☐ One or more condition(s) **on-farm** are reasonably likely to introduce pathogens to the water source, or **off-farm** conditions **not** related to animal activity, BSAAO, or human waste

Reviewed by: _____ Title: _____

Date: _____

FSMA PSR Reference § 112.50(b)(2) Confidential Record

Measures for Agricultural Water Management *Template*

Farm name and location:

_____

_____

[1] For determinations other than "no reasonably foreseeable hazardous conditions limit this use" use the *Measures for Agricultural Water Management Template* to describe whether measures are reasonably necessary, and describe any measures taken in response

Date, Initials	Water Source	Water Use (Description)	Reason for Measures* (Including any Documentation)	Corrective or Mitigation Measure(s)** Implemented	Confirmation Steps (if applicable)***

* Such as, pre-harvest agricultural water assessment written determination; postharvest water test result shows presence of generic *E. coli*; water does not meet § 112.41 quality requirement
** Reference § 112.45 list of corrective measures and mitigation measures
*** Reference § 112.45(a)(1) “take adequate measures to determine if your changes were effective” when reinspection and making necessary changes is used as corrective measure

Reviewed by: _____Title: _____ Date: _____

Water Treatment Monitoring Record *Template*

Farm name and location:_____

Please see the food safety plan for overall water treatment procedures.

Date	Time	Water pH	Water Temperature	Turbidity	Sanitizer (name & rate)	Corrective Action Needed (yes or no)	Initials

*Not all of the above factors may need to be recorded. Refer to the product's label for specific use instructions.

Reviewed by: _____**Title:** _____

FSMA PSR reference § 112.50(b)(11) Confidential Record

Modified from On-Farm Decision Tree Project: Postharvest Water—v7 07/16/2014
E.A. Bihn, M.A. Schermann, A.L. Wszelaki, G.L. Wall, and S.K. Amundson, 2014 gaps.cornell.edu

Date: _____

Compost Treatment Record *Template*

Farm name and location: _____

Type of compost method: _____**Date piled:** _____**Date finished:** _____
Row number:_____

List all ingredients added to compost: _____

Use this record for on farm composting. Record the date piled, turning dates, and the temperatures maintained. Use one sheet for each pile or row.

Date Turned	Temp/Time Test Area 1	Temp/Time Test Area 2	Temp/Time Test Area 3	Temp/Time Test Area 4	Initials

Proper compost production requires a minimum temperature of 131ºF be maintained for 3 days using an enclosed system OR a temperature of at least 131ºF for 15 days using a windrow system, during which the materials must be turned 5 times (FSMA PSR § 112.54(b)).

Reviewed by:_____**Title:** _____
Date: _____

FSMA PSR reference § 112.60(b)(2) Confidential Record

Modified from On-Farm Decision Tree Project: Soil Amendments—v5 7/16/2014
E.A. Bihn, M.A. Schermann, A.L. Wszelaki, G.L. Wall, and S.K. Amundson, 2014 gaps.cornell.edu

Cleaning and Sanitizing Record *Template*

Farm name and location: _____

List the date, time, tool or equipment name, and method for each cleaning or sanitizing activity.

Date	Time	List tools/ equipment	Cleaned and/or Sanitized?	Method used	Cleaned By (initials)

Reviewed by:_____**Title:** _____
Date: _____

FSMA PSR reference § 112.140(b)(2) Confidential Record