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| **ACE Agribusiness****Supplemental Application for Fruit and Vegetable Packers/Dealers** |
| **Applicant Name:**       | **Agent/ Broker:**  |
| **PLEASE COMPLETE THIS APPLICATION FOR ALL FRUIT AND VEGETABLE PACKERS / DEALERS** |
| **NOTE: Products and Completed Op will be excluded if the insured packs or ships green leafy vegetables. (Any Lettuce, Cabbage, Spinach, Kale…etc.)** |
|  **Yes No** |
| 1. Do you pack and/or ship “green leafy” vegetables? **(If yes, please see the note above.)**
 |  [ ]  [ ]   |
| 1. Is there a written worker safety procedure policy in place for packing and shipping operations?
 |  [ ]  [ ]   |
| 1. Do you provide continuing education to workers?
 |  [ ]  [ ]   |
| **Please explain all “No” answers for questions 4-12** |
| 1. Do you test all water used in the packing and washing process?
 |  [ ]  [ ]   |
| 1. Do you have backup generators or other contingency plans in case of power/refrigeration failure?
 |  [ ]  [ ]  |
| 1. If you use recycled water, do you test and sanitize the water prior to use?
 |  [ ]  [ ]   |
| 1. Do you test produce when it arrives from the field?
 |  [ ]  [ ]   |
| 1. Do you test produce prior to shipping it to the next destination after packing, processing or altering?
 |  [ ]  [ ]   |
| 1. Are tests performed for salmonella by an outside independent lab?
 |  [ ]  [ ]   |
| 1. Do tests follow suggested FDA, EPA or other accredited testing methodology?
 |  [ ]  [ ]   |
| 1. Do you test equipment and storage bin contact surfaces for contamination prior to shipping produce?
 |  [ ]  [ ]   |
| 1. Are animals prohibited inside the packing plant?
 |  [ ]  [ ]   |
| 1. Does your employee handbook include procedures for the following:
 |
|  [ ]  Hair Nets | [ ]  Hand washing prior to contact with food |
|  [ ]  Removal of all jewelry | [ ]  Approved sick days for workers in contact with food products |
|  [ ]  Gloves | [ ]  Light duty away from food products for workers with open wound injuries |
|  | [ ]  Removal of all objects from pockets |
|  Explain any items not checked:       |
| 1. For produce that requires temperature controls, what type(s) of refrigerants are used?
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| 1. Please explain any special government or industry programs or standards that you are participating in or attempting to qualify for participation in. What procedures are you implementing or have you implemented in regards to this/these programs?
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| 1. Have any of your products ever tested positive for contaminates such as E-coli, or Salmonella? Please describe your procedure for handling any positive tests for contaminates:
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| 1. Do you have controlled atmosphere rooms? If yes, explain:
 |
| Comments:       |
| Applicant Signature: Date:       |