

NEBRASKA PRODUCE FARM SURVEY

Please submit your completed survey to agr.produce.safety@nebraska.gov or mail to:

Nebraska Department of Agriculture, Produce Safety Program
P.O. Box 94757
Lincoln, NE 68509

Farm Name: _____ Contact: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

1. Do you grow, pack, harvest or hold produce? (check all that apply)

Grow Pack Harvest Hold (e.g. cooler, warehouse)

2. List all crops grown, packed, harvested or held on your farm.

3. What is your annual produce gross sales? (averaging previous 3 years)

Less than \$25k/yr \$25k-\$250k/yr \$250k-500k/yr
 More than \$500k/yr

4. Are your annual FOOD* sales more than \$500k? Yes No

5. What is your produce harvest season? (check all that apply)

Jan Feb Mar Apr May Jun
 Jul Aug Sept Oct Nov Dec

6. Where do you sell produce/food to and at what percentage?

(i.e. 100% farmers market) Mark all that apply.

_____ % Farmers Market/Roadside Stand	_____ % Broker/wholesaler
_____ % Commercial Processor	_____ % Directly to a Restaurant
_____ % Produce Auction	_____ % Retail Distribution Center
_____ % Directly to a Grocery Store	_____ % U-Pick/On-Farm Store
_____ % Other: _____	

7. Has someone on your farm completed the 8-hour Produce Safety Alliance (PSA) Grower Training?

Yes No

* "Food" defined here includes, but is not limited to: fruits; vegetables; fish; dairy products; eggs; raw agricultural commodities for use as food or components of food; animal feed, including pet food, food and feed ingredients and additives, including substances that migrate into food from food packaging and other articles that contact food; dietary supplements and dietary ingredients; infant formula; beverages; including alcoholic beverages and bottled water; live food animals; bakery goods; snack foods; candy; and canned foods.