

Farmers' Market Vendor Audit Form

Farmers' Market Name:				
Street Address:		City:		Zip Code:
Vendor Name:			AG-L#	
Licensed Vendor Street Address:		Vendor City and ZIP		Vendor Phone:
Vendor Email:				
Livestock allowed at market? Y / N		Convenient Restrooms Provided? Y / N		
Domestic animals allowed at market? Y / N		Potentially Hazardous Foods Available? Y / N (Foods Requiring temperature Control for Safety)		
Product Types	Approved Source and Exemptions Comments	Lic. Type	Inspection Details	Y / N
Bakery			License Posted?	
			Licensed Scale?	
Processed Foods Prepackaged			Food Approved Source?	
			Food Properly Labeled?	
Seafood (Fish & Shellfish)			Hand-washing Station Provided?	
			Safe Handling Practices?	
Meat & Poultry			Safe Food Temperatures?	
			Food Display, Wrapped/Covered?	
Fresh Fruits & Vegetables			Cross Contamination Prevented?	
Honey (licensed or exempted)			Safe Sampling Practices? NA	
Eggs (farm or lic)			Food Temperatures	
			<u>Food</u>	<u>° Fahrenheit</u>
Native American Exemption			•	
Dairy Products			•	
NPHF < \$2000 Exemption			•	
Months of participation in the market (circle those that apply below)				
Jan Feb March April May June July Aug Sept Oct Nov Dec				
Enforcement Actions Taken				
Comments:				
Rec'd by:		ODA Inspector:		Phone:
				Date: