



## **2. Monthly Pesticide Use Record**

**Name of Operation:**\_\_\_\_\_

**Each time you apply pesticide, please record it on the pesticide use report available online at:**

**<http://www.cdpr.ca.gov/docs/enforce/prenffrm/prenf183.pdf>**

**(a copy is included in the Food Safety Binder)**















## 10. Mock Recall Record

Name of Operation: \_\_\_\_\_

See food safety plan for Mock Recall procedures.

Date(s) of recall: \_\_\_\_\_

Harvest date of recalled product: \_\_\_\_\_

Product recalled: \_\_\_\_\_

Total number of cases shipped: \_\_\_\_\_

Names of customers (wholesale/retailer) contacted that received shipment and total number of cases sent.

- 1.
- 2.
- 3.
- 4.

Summary of Customer Recall forms: (Total number of cartons still in retailers control and disposition of remaining product that cannot be recalled (total sold, reshipment (to whom) and total destroyed)

