

**National Produce Safety Partnership Program****Produce Program Workbook**

The program workbook will serve as your project plan that communicates what activities you plan to conduct within the applicable budget period, as well as key accomplishments and activities your program has conducted.

A new workbook is required to be used and maintained for each budget period of the Produce Safety CAP (Years 1-5). The workbook must be completed and submitted in FSDX **May 1**, detailing plans for the upcoming budget period, and **Sept 1**, detailing accomplishments from the prior budget period. The workbook is a living document and may also be referenced during other monitoring activities (e.g. midyear monitoring calls). Please save the file locally in an excel format before upload into FSDX. Use the File Naming Convention: state abbreviation\_grant number last 4\_YYYYMMDD\_Document Title (Example: AL\_1234\_20270901\_Workbook).

Within the workbook, you will see where we have indicated cumulative vs. annual information. Free text boxes within each tab allows recipients to describe budget period planned activities and accomplishments that can be utilized for RPPR submission.

**User Tips:**

It may be helpful to transfer data from prior budget period to populate upcoming budget period, by completing the following steps: "save as" and update the file name from the previous year's workbook to the new budget period (new year) to maintain information into the next year.

When entering text in a text box, use "Alt+Enter" to start a new line if desired. When a print to pdf is desired, you must expand rows to display all text before printing. It is important to have this text visible otherwise it will not display text after printing to pdf.

Some tables throughout the workbook have hidden rows to accomodate additional data entry. To unhide additional rows in these tables, highlight the number to the left of the last row of table and row below, right click>Unhide. To re-hide empty rows highlight their number on the left, right click>Hide.

Some worksheets throughout the workbook have hidden 'reserve sections' in the event that additional data is requested. FDA will provide further instructions if a reserve section needs to be utilized.

|                                                             |        |
|-------------------------------------------------------------|--------|
| <b>Recipient Agency</b>                                     |        |
| <b>State or Territory</b>                                   | Select |
| <b>Last 4 Digits of Federal Award Identification Number</b> |        |
| <b>Program TRACK</b>                                        | Select |
| <b>Authority (PATH B-FDA or PATH C-State)</b>               | Select |
| <b>Data Submission OPTION</b>                               | Select |

|                                   |           |
|-----------------------------------|-----------|
| <b>Project Period Start Date</b>  | 7/1/2027  |
| <b>Project Period End Date</b>    | 6/30/2032 |
| <b>Budget Period</b>              | Select    |
| <b>Applicable Submission Date</b> | Select    |

|                       |  |
|-----------------------|--|
| <b>Date of Update</b> |  |
|-----------------------|--|

|                                             |  |
|---------------------------------------------|--|
| <b>Principal Investigator (PI)*</b>         |  |
| <b>PI Email</b>                             |  |
| <b>PI Phone</b>                             |  |
| <b>Person(s) Responsible for Submission</b> |  |

|                                                      |        |
|------------------------------------------------------|--------|
| <b>Is your Contact spreadsheet current in FSDX?*</b> | Select |
|------------------------------------------------------|--------|

\*Note any necessary changes to PI information above or key personnel should be communicated as described in your NOA.

**National Produce Safety Partnership Program**

**Objective 1: Produce Regulatory Program Standards (PRPS) Enrollment**

This objective is applicable to **TRACK 1** recipients only.

The PRPS supports the development of risk-based produce regulatory programs by establishing a uniform basis for measuring and improving the performance of these programs in the United States. By achieving and sustaining conformance of these program standards, federal and state produce regulatory programs can better direct their regulatory activities toward reducing risk and produce-related incidents.

The PRPS comprise ten standards which establish foundations for the critical elements that serve as an objective framework to evaluate and improve components of a produce regulatory program. These elements cover the produce program's regulatory foundation, training, inspection program, auditing, produce-related illness, outbreak and emergency response, enforcement program, outreach activities, program resources, program assessment, and laboratory support. Achieving and sustaining conformance with the PRPS will require comprehensive self-assessment on the part of a program and will encourage continuous improvement and innovation.

|                                                         |        |
|---------------------------------------------------------|--------|
| Indicate the date of PRPS enrollment:                   |        |
| Do you have an assessment scheduled?                    | Select |
| If yes, indicate the date your assessment is scheduled. |        |
| What assessment interval are you in?                    | Select |

## National Produce Safety Partnership Program

### Objective 2: Program Administration

**All Program PATHs and TRACKs:** This objective includes elements of program administration needed to support the recipient's project. Unless specified otherwise, the goals and requirements under this objective are applicable to all recipients.

**Staffing Matrix- 2(b): Report Current Status**

If a position is vacant, name as vacant. Do not include subaward work personnel in this section.

[illegible]

To unhide additional rows: highlight all the grey row numbers to the left, starting with the last row of table plus the next row below it, right click>Unhide. To re-hide empty rows highlight their number on the left, right click>Hide.

| Produce Program Staffing Vacancies - 2(b): Report Current Status |     |
|------------------------------------------------------------------|-----|
| 1                                                                | 2   |
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| 93                                                               | 94  |
| 95                                                               | 96  |
| 97                                                               | 98  |
| 99                                                               | 100 |

|                                                |        |
|------------------------------------------------|--------|
| Are all your produce program positions filled? | Select |
|------------------------------------------------|--------|

[illegible]

To unhide additional rows: highlight all the grey row numbers to the left, starting with the last row of table plus the next row below it, right click>Unhide. To re-hide empty rows highlight their number on the left, right click>Hide.

Succession Planning: TRACK 2 (Applicable to PATH B and C) - 2(b): Report Current

| Status                                                                 |           |
|------------------------------------------------------------------------|-----------|
| Have you developed and implemented a program succession plan?          | Select    |
| If yes, briefly describe your program succession plan.                 | Free text |
| If no, what else do you need to complete your program succession plan? | Free text |

| Staff Training Needs - 2(c): Report Current Status |                |
|----------------------------------------------------|----------------|
| Course:                                            | Number Needed: |
| FD226                                              |                |
| FD227                                              |                |
| FD327                                              |                |
| FD336                                              |                |
| FD337                                              |                |
| free text                                          |                |
| free text                                          |                |

To unhide additional rows: highlight all the grey row numbers to the left, starting with the last row of table plus the next row below it, right click>Unhide. To re-hide empty rows highlight their number on the left, right click>Hide

|                                         |
|-----------------------------------------|
| Subawards - 2(b): Report Current Status |
|-----------------------------------------|

| Subaward Name | CAP Funded Deliverables (Check all that Apply)                                                                                                                                                                                                                                                                                                                                             | If "Other", indicate Deliverable | How often do you monitor the subaward? | Date of the most recent monitoring activity with your subaward? | Is the subaward meeting deliverables? | If the subaward is not meeting deliverables, provide additional information (including plan to address) |
|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------|-----------------------------------------------------------------|---------------------------------------|---------------------------------------------------------------------------------------------------------|
| Free Text     | <input type="checkbox"/> PSA Grower Training<br><input type="checkbox"/> Publications/Factsheets<br><input type="checkbox"/> Topic Focused Webinars<br><input type="checkbox"/> QIRs<br><input type="checkbox"/> Technical Assistance- On-farm<br><input type="checkbox"/> Technical Assistance- Remote<br><input type="checkbox"/> Inventory Activities<br><input type="checkbox"/> Other | Free text                        | Free text                              | Free text                                                       | Select                                | Free text                                                                                               |
| Free Text     | <input type="checkbox"/> PSA Grower Training<br><input type="checkbox"/> Publications/Factsheets<br><input type="checkbox"/> Topic Focused Webinars<br><input type="checkbox"/> QIRs<br><input type="checkbox"/> Technical Assistance- On-farm<br><input type="checkbox"/> Technical Assistance- Remote<br><input type="checkbox"/> Inventory Activities<br><input type="checkbox"/> Other | Free text                        | Free text                              | Free text                                                       | Select                                | Free text                                                                                               |
| Free Text     | <input type="checkbox"/> PSA Grower Training<br><input type="checkbox"/> Publications/Factsheets<br><input type="checkbox"/> Topic Focused Webinars<br><input type="checkbox"/> QIRs<br><input type="checkbox"/> Technical Assistance- On-farm<br><input type="checkbox"/> Technical Assistance- Remote<br><input type="checkbox"/> Inventory Activities<br><input type="checkbox"/> Other | Free text                        | Select                                 | Free text                                                       | Free text                             | Free text                                                                                               |

To unhide additional rows: highlight all the grey row numbers to the left, starting with the last row of table plus the next row below it, right click>Unhide. To re-hide empty rows highlight their number on the left, right click>Hide.

## MOUs - 2(b): Report Current Status

| MOU Entity Name | MOU Purpose |
|-----------------|-------------|
| Free Text       | Free Text   |
| Free Text       | Free Text   |
| Free Text       | Free Text   |

To unhide additional rows: highlight all the grey row numbers to the left, starting with the last row of table plus the next row below it, right click>Unhide. To re-hide empty rows highlight their number on the left, right click>Hide.

### Contracts - 2(b): Report Current Status

| Contracted Entity | Contracted Services | Is contractor meeting deliverables? | If the contractor is not meeting deliverables, provide additional information (including plan to address) |
|-------------------|---------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Free Text         | Free text           | Select                              | Free text                                                                                                 |
| Free Text         | Free text           | Select                              | Free text                                                                                                 |
| Free Text         | Free text           | Select                              | Free text                                                                                                 |

To unhide additional rows: highlight all the grey row numbers to the left, starting with the last row of table plus the next row below it, right click>Unhide. To re-hide empty rows highlight their number on the left, right click>Hide

| Meeting or Conference Attendances - 2(d): Report Cumulative |     |
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[illegible]

To unhide additional rows: highlight all the grey row numbers to the left, starting with the last row of table plus the next row below it, right click>Unhide. To re-hide empty rows highlight their number on the left, right click>Hide.

| Authority and Regulation Updates and Changes - 2(g)/2(i): Report Current Status |
|---------------------------------------------------------------------------------|
|                                                                                 |

|                                                                                |           |
|--------------------------------------------------------------------------------|-----------|
| Are there plans to update regulations or change your jurisdiction's authority? | Select    |
| If yes, please explain the proposed update/change and timeline:                | free text |

Authority Statutes and Admin Regulations: TRACK 1 and TRACK 2 (Applicable to PATH C and in some PATH B instances) - 2(i): Report Current Status

[illegible]

To unhide additional rows: highlight all the grey row numbers to the left, starting with the last row of table plus the next row below it, right click>Unhide. To re-hide empty rows highlight their number on the left, right click>Hide.

**Written Procedures: TRACK 2 (Applicable to PATH B and C) - 2(I): Report Current Status**

|                                                                                                                                                                                                                                                            |        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| Have you conducted an evaluation of legal authority identifying/evaluating how your state's legal authority and regulatory provisions correspond to the sections of the Federal Food, Drug, and Cosmetic Act (FD&C) and Code of Federal Regulations (CFR)? |        |
| *If no or in progress, indicate your plans in the planned activities section below.                                                                                                                                                                        | Select |
| Date of most recent evaluation                                                                                                                                                                                                                             |        |

|                                                                                                                                                                                                                                                                 |        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| <p>Do you have an established and written training plan for staff that addresses coursework, field training, and continuing education to adequately perform their work? *If no or in progress, indicate your plans in the planned activities section below.</p> | Select |
| Date of most recent review                                                                                                                                                                                                                                      |        |

|                                                                                                                             |        |
|-----------------------------------------------------------------------------------------------------------------------------|--------|
| Do you have a written outreach plan?<br>*If no or in progress, indicate your plans in the planned activities section below. | Select |
| Date of most recent review                                                                                                  |        |

|                                                                                                                                    |        |
|------------------------------------------------------------------------------------------------------------------------------------|--------|
| Do you have written inventory procedures?<br>*If not or in progress, indicate your plans in the planned activities section below.  | Select |
| Date of most recent review                                                                                                         |        |
| Do you have written inspection procedures?<br>*If not or in progress, indicate your plans in the planned activities section below. | Select |
| Date of most recent review                                                                                                         |        |

|                                                                                                                                                                                    |        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| Do you have written compliance and enforcement procedures appropriate to your program PATH?<br>*If no or in progress, indicate your plans in the planned activities section below. | Select |
| Date of most recent review                                                                                                                                                         |        |

|                                                                                                                           |        |
|---------------------------------------------------------------------------------------------------------------------------|--------|
| Do you have written procedures for your jurisdiction's incident response?                                                 |        |
| "If no or in progress, indicate your plans in the planned activities box below."                                          | Select |
| Do you use PRIPS Standard 5 as the framework for your jurisdiction's incident response activities and written procedures? | Select |
| <u>Provide a link to your incident response</u>                                                                           |        |

| Information Sharing - 2(f): Report Current Status |                    |                   |
|---------------------------------------------------|--------------------|-------------------|
| Do you have a current 2088 agreement?             | Date of Expiration | Name of Signatory |
| Select                                            |                    | free text         |

**Electronic System(s) Utilized - 2(e) / 4(g): Report Current Status**

|                            |          |                                            |
|----------------------------|----------|--------------------------------------------|
| <b>Data Managed:</b>       | Software | If "Other" provide name of software system |
| Inventory                  | Select   | free text                                  |
| Inspectional Work Planning | Select   | free text                                  |
| Inspections                | Select   | free text                                  |
| Compliance and Enforcement | Select   | free text                                  |
| Outreach                   | Select   | free text                                  |

**Planned Activities and Accomplishments Related to Objective 2: Report Cumulative** (This is a free text space allowing you to provide a detailed narrative of your planned and accomplished activities that are not captured above). To expand the height of each row: highlight the row(s) you want to expand and hover between two of them to see the double sided arrow icon, once you see the double arrow: click and drag down to increase the height of the box.

| Planned Activity | Status | Accomplishments Related to the Planned Activity | NOFO Reference | Check all applicable to this activity | Applicable Budget Period |
|------------------|--------|-------------------------------------------------|----------------|---------------------------------------|--------------------------|
| Free text        | Select | Free text                                       | 2(a)           | <input type="checkbox"/>              | Select                   |
|                  |        |                                                 | 2(b)           | <input type="checkbox"/>              |                          |
|                  |        |                                                 | 2(c)           | <input type="checkbox"/>              |                          |
|                  |        |                                                 | 2(d)           | <input type="checkbox"/>              |                          |
|                  |        |                                                 | 2(e)           | <input type="checkbox"/>              |                          |
|                  |        |                                                 | 2(f)           | <input type="checkbox"/>              |                          |
|                  |        |                                                 | 2(g)           | <input type="checkbox"/>              |                          |
|                  |        |                                                 | 2(h)           | <input type="checkbox"/>              |                          |
|                  |        |                                                 | 2(i)           | <input type="checkbox"/>              |                          |
|                  |        |                                                 | 2(j)           | <input type="checkbox"/>              |                          |
|                  |        |                                                 | 2(k)           | <input type="checkbox"/>              |                          |
|                  |        |                                                 | 2(l)           | <input type="checkbox"/>              |                          |
| Free text        | Select | Free text                                       | 2(m)           | <input type="checkbox"/>              | Select                   |
|                  |        |                                                 | 2(n)           | <input type="checkbox"/>              |                          |
|                  |        |                                                 | 2(o)           | <input type="checkbox"/>              |                          |
|                  |        |                                                 | 2(p)           | <input type="checkbox"/>              |                          |
|                  |        |                                                 | 2(q)           | <input type="checkbox"/>              |                          |
|                  |        |                                                 | 2(r)           | <input type="checkbox"/>              |                          |
|                  |        |                                                 | 2(s)           | <input type="checkbox"/>              |                          |
|                  |        |                                                 | 2(t)           | <input type="checkbox"/>              |                          |
|                  |        |                                                 | 2(u)           | <input type="checkbox"/>              |                          |
|                  |        |                                                 | 2(v)           | <input type="checkbox"/>              |                          |
|                  |        |                                                 | 2(w)           | <input type="checkbox"/>              |                          |
|                  |        |                                                 | 2(x)           | <input type="checkbox"/>              |                          |
| Free text        | Select | Free text                                       | 2(y)           | <input type="checkbox"/>              | Select                   |
|                  |        |                                                 | 2(z)           | <input type="checkbox"/>              |                          |
|                  |        |                                                 | 2(aa)          | <input type="checkbox"/>              |                          |
|                  |        |                                                 | 2(ab)          | <input type="checkbox"/>              |                          |
|                  |        |                                                 | 2(ac)          | <input type="checkbox"/>              |                          |
|                  |        |                                                 | 2(ad)          | <input type="checkbox"/>              |                          |
|                  |        |                                                 | 2(ae)          | <input type="checkbox"/>              |                          |
|                  |        |                                                 | 2(af)          | <input type="checkbox"/>              |                          |
|                  |        |                                                 | 2(ag)          | <input type="checkbox"/>              |                          |
|                  |        |                                                 | 2(ah)          | <input type="checkbox"/>              |                          |
|                  |        |                                                 | 2(ai)          | <input type="checkbox"/>              |                          |
|                  |        |                                                 | 2(aj)          | <input type="checkbox"/>              |                          |
| Free text        | Select | Free text                                       | 2(ak)          | <input type="checkbox"/>              | Select                   |
|                  |        |                                                 | 2(al)          | <input type="checkbox"/>              |                          |
|                  |        |                                                 | 2(am)          | <input type="checkbox"/>              |                          |
|                  |        |                                                 | 2(an)          | <input type="checkbox"/>              |                          |
|                  |        |                                                 | 2(ao)          | <input type="checkbox"/>              |                          |
|                  |        |                                                 | 2(ap)          | <input type="checkbox"/>              |                          |
|                  |        |                                                 | 2(aq)          | <input type="checkbox"/>              |                          |
|                  |        |                                                 | 2(ar)          | <input type="checkbox"/>              |                          |
|                  |        |                                                 | 2(as)          | <input type="checkbox"/>              |                          |
|                  |        |                                                 | 2(at)          | <input type="checkbox"/>              |                          |
|                  |        |                                                 | 2(au)          | <input type="checkbox"/>              |                          |
|                  |        |                                                 | 2(av)          | <input type="checkbox"/>              |                          |

National Produce Safety Partnership Program

Objective 3: Outreach Program

All Program PATHs and TRACKs: This objective is intended to provide opportunities for outreach and technical assistance on the Produce Safety Rule and the jurisdiction's produce regulatory program to produce farms, prioritizing PSR covered farms. In line with the Executive Order, 'Establishing the President's Make America Healthy Again Commission', outreach activities under this cooperative agreement provide an opportunity to promote safe farming practices that minimize human pathogens and protect a key component of healthy diets by ensuring the safety of fresh produce in commerce.

Produce Safety Alliance (PSA) Grower Training - 3(c): Report Cumulative

| Budget period      | Number of planned PSA Grower Trainings | Number of accomplished PSA Grower Trainings | Number of attendees completed PSA grower training: | Number of farms completed PSA grower training: |
|--------------------|----------------------------------------|---------------------------------------------|----------------------------------------------------|------------------------------------------------|
| Year 1 (2027-2028) |                                        |                                             |                                                    |                                                |
| Year 2 (2028-2029) |                                        |                                             |                                                    |                                                |
| Year 3 (2029-2030) |                                        |                                             |                                                    |                                                |
| Year 4 (2030-2031) |                                        |                                             |                                                    |                                                |
| Year 5 (2031-2032) |                                        |                                             |                                                    |                                                |

Known number of (non-exempt) covered farms in your jurisdiction that still need PSA grower training or equivalent: Report Current Status

Technical Assistance Activities - 3(c): Report Cumulative

On-Farm Readiness Reviews (OFRR):

| Budget period      | Anticipated number of OFRRs | Number of accomplished OFRRs | How many were conducted on produce farms supplying covered produce directly to schools and/or other institutions serving vulnerable populations (e.g. hospitals and long-term care facilities)? |
|--------------------|-----------------------------|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Year 1 (2027-2028) |                             |                              |                                                                                                                                                                                                 |
| Year 2 (2028-2029) |                             |                              |                                                                                                                                                                                                 |
| Year 3 (2029-2030) |                             |                              |                                                                                                                                                                                                 |
| Year 4 (2030-2031) |                             |                              |                                                                                                                                                                                                 |
| Year 5 (2031-2032) |                             |                              |                                                                                                                                                                                                 |

On-Farm Technical Assistance (TA):

| Budget period      | Anticipated number of On-Farm Technical Assistances | Number of accomplished On-Farm Technical Assistances | How many were conducted on produce farms supplying covered produce directly to schools and/or other institutions serving vulnerable populations (e.g. hospitals and long-term care facilities)? |
|--------------------|-----------------------------------------------------|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Year 1 (2027-2028) |                                                     |                                                      |                                                                                                                                                                                                 |
| Year 2 (2028-2029) |                                                     |                                                      |                                                                                                                                                                                                 |
| Year 3 (2029-2030) |                                                     |                                                      |                                                                                                                                                                                                 |
| Year 4 (2030-2031) |                                                     |                                                      |                                                                                                                                                                                                 |
| Year 5 (2031-2032) |                                                     |                                                      |                                                                                                                                                                                                 |

Remote Technical Assistance (TA):

| Budget period      | Anticipated number of Remote Technical Assistances | Number of accomplished Remote Technical Assistances | How many were conducted remotely for produce farms supplying covered produce directly to schools and/or other institutions serving vulnerable populations (e.g. hospitals and long-term care facilities)? |
|--------------------|----------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Year 1 (2027-2028) |                                                    |                                                     |                                                                                                                                                                                                           |
| Year 2 (2028-2029) |                                                    |                                                     |                                                                                                                                                                                                           |
| Year 3 (2029-2030) |                                                    |                                                     |                                                                                                                                                                                                           |
| Year 4 (2030-2031) |                                                    |                                                     |                                                                                                                                                                                                           |
| Year 5 (2031-2032) |                                                    |                                                     |                                                                                                                                                                                                           |

Educational Materials Planned and Completed - 3(f): Report Cumulative

| Target Completion Date | Type of Project | Project Name | General Description of Project | Delivery Method | Host organization | Point Of Contact | Regional Collaboration | Is this project included in your approved budget? | Total Cost of Project (Estimate) | Will this material be used by produce farms supplying covered produce directly to schools and/or other institutions serving vulnerable populations (e.g. hospitals and long-term care facilities)? | Status of Project | Date Completed | Did you include the Funding Acknowledgement Statement? | Once completed, provide the link or location to the finished product |
|------------------------|-----------------|--------------|--------------------------------|-----------------|-------------------|------------------|------------------------|---------------------------------------------------|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----------------|--------------------------------------------------------|----------------------------------------------------------------------|
|                        | Select          | free text    | free text                      | Select          | Select            | free text        | free text              | Select                                            |                                  | Select                                                                                                                                                                                             | Select            |                | Select                                                 | free text                                                            |
|                        | Select          | free text    | free text                      | Select          | Select            | free text        | free text              | Select                                            |                                  | Select                                                                                                                                                                                             | Select            |                | Select                                                 | free text                                                            |
|                        | Select          | free text    | free text                      | Select          | Select            | free text        | free text              | Select                                            |                                  | Select                                                                                                                                                                                             | Select            |                | Select                                                 | free text                                                            |

To unhide additional rows: highlight all the grey row numbers to the left, starting with the last row of table plus the next row below it, right click>Unhide. To re-hide empty rows highlight their number on the left, right click>Hide.

Educational Gaps: Report Current Status

Has your program identified any educational gaps for produce farms in your jurisdiction?

Select

| Subpart | Description | Plans to address educational gap | Request Assistance from FDA |
|---------|-------------|----------------------------------|-----------------------------|
| Select  | free text   | free text                        | Select                      |
| Select  | free text   | free text                        | Select                      |
| Select  | free text   | free text                        | Select                      |

To unhide additional rows: highlight all the grey row numbers to the left, starting with the last row of table plus the next row below it, right click>Unhide. To re-hide empty rows highlight their number on the left, right click>Hide.

Tribal Lands - 3(a): Report Current Status

Do you have produce farms located on Tribal lands or owned by Tribes or Tribal entities in your state?

Have you received requests for outreach by Federally recognized Tribes or farms on Tribal lands?

Select

Select

FSMA Food Traceability Rule (FTR) - 3(d): Report Current Status

Do you choose to distribute FSMA Food Traceability Rule related education and informational materials during PSR inspections and/or any other in-person or virtual outreach activities?

Select

Planned Activities and Accomplishments Related to Objective 3: Report Cumulative

(This is a free text space allowing you to provide a detailed narrative of your planned and accomplished activities that are not captured above). To expand the height of each row: highlight the row(s) you want to expand and hover between two of them to see the double sided arrow icon, once you see the double arrow: click and drag down to increase the height of the box.

| Planned Activity | Status | Accomplishments Related to the Planned Activity | NOFO Reference | Check all applicable to this activity | Applicable Budget Period |
|------------------|--------|-------------------------------------------------|----------------|---------------------------------------|--------------------------|
| free text        | Select | free text                                       | 3(a)           | <input type="checkbox"/>              | Select                   |
|                  |        |                                                 | 3(b)           | <input type="checkbox"/>              |                          |
|                  |        |                                                 | 3(c)           | <input type="checkbox"/>              |                          |
|                  |        |                                                 | 3(d)           | <input type="checkbox"/>              |                          |
|                  |        |                                                 | 3(e)           | <input type="checkbox"/>              |                          |
|                  |        |                                                 | 3(f)           | <input type="checkbox"/>              |                          |
| free text        | Select | free text                                       | 3(a)           | <input type="checkbox"/>              | Select                   |
|                  |        |                                                 | 3(b)           | <input type="checkbox"/>              |                          |
|                  |        |                                                 | 3(c)           | <input type="checkbox"/>              |                          |
|                  |        |                                                 | 3(d)           | <input type="checkbox"/>              |                          |
|                  |        |                                                 | 3(e)           | <input type="checkbox"/>              |                          |
|                  |        |                                                 | 3(f)           | <input type="checkbox"/>              |                          |
| free text        | Select | free text                                       | 3(a)           | <input type="checkbox"/>              | Select                   |
|                  |        |                                                 | 3(b)           | <input type="checkbox"/>              |                          |
|                  |        |                                                 | 3(c)           | <input type="checkbox"/>              |                          |
|                  |        |                                                 | 3(d)           | <input type="checkbox"/>              |                          |
|                  |        |                                                 | 3(e)           | <input type="checkbox"/>              |                          |
|                  |        |                                                 | 3(f)           | <input type="checkbox"/>              |                          |
| free text        | Select | free text                                       | 3(a)           | <input type="checkbox"/>              | Select                   |
|                  |        |                                                 | 3(b)           | <input type="checkbox"/>              |                          |
|                  |        |                                                 | 3(c)           | <input type="checkbox"/>              |                          |
|                  |        |                                                 | 3(d)           | <input type="checkbox"/>              |                          |
|                  |        |                                                 | 3(e)           | <input type="checkbox"/>              |                          |
|                  |        |                                                 | 3(f)           | <input type="checkbox"/>              |                          |
| free text        | Select | free text                                       | 3(a)           | <input type="checkbox"/>              | Select                   |
|                  |        |                                                 | 3(b)           | <input type="checkbox"/>              |                          |
|                  |        |                                                 | 3(c)           | <input type="checkbox"/>              |                          |
|                  |        |                                                 | 3(d)           | <input type="checkbox"/>              |                          |
|                  |        |                                                 | 3(e)           | <input type="checkbox"/>              |                          |
|                  |        |                                                 | 3(f)           | <input type="checkbox"/>              |                          |

To unhide additional rows: highlight all the grey row numbers to the left, starting with the last row of table plus the next row below it, right click>Unhide. To re-hide empty rows highlight their number on the left, right click>Hide.

### Objective 3: Outreach Activities

All recipients must complete grey shaded cells. **TRACK 1:** Recipients must complete all cells associated including orange shaded columns if using this template to meet Standard 7, in place of Appendix 7.2 Outreach Activity and Self-Evaluation Worksheet (aligned with Appendix 7.2). Orange shaded cells are optional for **TRACK 2** recipients.

All recipients must complete grey shaded cells. **TRACK 1:** Recipients must complete all cells associated including orange shaded columns if using this template to meet Standard 7, in place of Appendix 7.2 Outreach Activity and Self-Evaluation Worksheet (aligned with Appendix 7.2). Orange shaded cells are optional for **TRACK 2** recipients.

To unhide additional rows: highlight all the grey row numbers to the left, starting with the last row of table plus the next row below it, right click>Unhide. To re-hide empty rows highlight their number on the left, right click>Hide.



National Produce Safety Partnership Program

Objective 4: Inspection Program- Inspections

All Program PATHs and TRACKs: This objective includes program elements for recipients to maintain an inspectional program for produce farms under their jurisdiction. This tab specifically focuses on inspectional activities.

|                                                                                               |  |
|-----------------------------------------------------------------------------------------------|--|
| Indicate the number of trained staff capable of performing produce inspections independently: |  |
|-----------------------------------------------------------------------------------------------|--|

|                                                                              |                                    |
|------------------------------------------------------------------------------|------------------------------------|
| Risk Based Routine Inspection Frequency - 4(i) / 4(j): Report Current Status |                                    |
| What do you use as your risk-based inspection frequency tool?                | If state developed tool, describe: |
| Select                                                                       | free text                          |

|                                                        |                      |
|--------------------------------------------------------|----------------------|
| Risk/Priority Classification for routine surveillance: | Inspection Frequency |
| free text                                              | free text            |
| free text                                              | free text            |
| free text                                              | free text            |
| free text                                              | free text            |
| free text                                              | free text            |

To unhide additional rows: highlight all the grey row numbers to the left, starting with the last row of table plus the next row below it, right click>Unhide. To re-hide empty rows highlight their number on the left, right click>Hide.

| Agency Coordination (Coordination Efforts with Other Agencies Regarding Farm Inspection Activities) - 4(f): Report Current Status |                |                      |                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------|---------------------------------------------------------|
| Agency Type                                                                                                                       | Name of Agency | Type of Coordination | Provide a brief description of coordination activities. |
| Select                                                                                                                            | free text      | Select               | free text                                               |
|                                                                                                                                   |                |                      |                                                         |
| Select                                                                                                                            | free text      | Select               | free text                                               |
|                                                                                                                                   |                |                      |                                                         |
| Select                                                                                                                            | free text      | Select               | free text                                               |
|                                                                                                                                   |                |                      |                                                         |
| Select                                                                                                                            | free text      | Select               | free text                                               |
|                                                                                                                                   |                |                      |                                                         |

To unhide additional rows: highlight all the grey row numbers to the left, starting with the last row of table plus the next row below it, right click>Unhide. To re-hide empty rows highlight their number on the left, right click>Hide.

| Inspection Work-planning Schedule - 4(b): Report Current Status               |                          |                                                                        |                          |
|-------------------------------------------------------------------------------|--------------------------|------------------------------------------------------------------------|--------------------------|
| What is your projected work-planning timeframe? (Months click all that apply) |                          | What are your primary inspection months? (Months click all that apply) |                          |
| January                                                                       | <input type="checkbox"/> | January                                                                | <input type="checkbox"/> |
| February                                                                      | <input type="checkbox"/> | February                                                               | <input type="checkbox"/> |
| March                                                                         | <input type="checkbox"/> | March                                                                  | <input type="checkbox"/> |
| April                                                                         | <input type="checkbox"/> | April                                                                  | <input type="checkbox"/> |
| May                                                                           | <input type="checkbox"/> | May                                                                    | <input type="checkbox"/> |
| June                                                                          | <input type="checkbox"/> | June                                                                   | <input type="checkbox"/> |
| July                                                                          | <input type="checkbox"/> | July                                                                   | <input type="checkbox"/> |
| August                                                                        | <input type="checkbox"/> | August                                                                 | <input type="checkbox"/> |
| September                                                                     | <input type="checkbox"/> | September                                                              | <input type="checkbox"/> |
| October                                                                       | <input type="checkbox"/> | October                                                                | <input type="checkbox"/> |
| November                                                                      | <input type="checkbox"/> | November                                                               | <input type="checkbox"/> |
| December                                                                      | <input type="checkbox"/> | December                                                               | <input type="checkbox"/> |

| Budget Period      | Enter covered farm inventory total from the May 1 reporting period. | Minimum number of routine inspections based on 20% of covered farm inventory (based upon the May 1 covered farm inventory data). This column is auto calculated. | Number of routine inspections planned for the applicable budget period? |
|--------------------|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Year 1 (2027-2028) | 0                                                                   | 0                                                                                                                                                                |                                                                         |
| Year 2 (2028-2029) | 0                                                                   | 0                                                                                                                                                                |                                                                         |
| Year 3 (2029-2030) | 0                                                                   | 0                                                                                                                                                                |                                                                         |
| Year 4 (2030-2031) | 0                                                                   | 0                                                                                                                                                                |                                                                         |
| Year 5 (2031-2032) | 0                                                                   | 0                                                                                                                                                                |                                                                         |

|                                                                                                      |           |
|------------------------------------------------------------------------------------------------------|-----------|
| Subpart M: Sprout Inspections - 4(d): Report Current Status                                          |           |
| Are you interested in conducting joint sprout inspections with FDA?                                  | Select    |
| Have personnel conducting joint sprout inspections with FDA completed FDA required training courses? | Select    |
| Does your jurisdiction conduct sprout inspections outside of this CAP?                               | Select    |
| If yes, which Agency and under what regulation(s)?                                                   | free text |

|                                                                                                               |                  |                                 |
|---------------------------------------------------------------------------------------------------------------|------------------|---------------------------------|
| Calibration Program - 4(e): Report Current Status                                                             |                  |                                 |
| Are you currently implementing a Produce Safety Calibration Program (in coordination with FDA) in your state? |                  | Select                          |
| If no, are you planning to implement a Produce Safety Calibration Program (in coordination with FDA)?         |                  | Select                          |
| Name                                                                                                          | Calibration Type | Date of most recent calibration |
| free text                                                                                                     |                  |                                 |
| free text                                                                                                     |                  |                                 |
| free text                                                                                                     |                  |                                 |
| free text                                                                                                     |                  |                                 |
| free text                                                                                                     |                  |                                 |

To unhide additional rows: highlight all the grey row numbers to the left, starting with the last row of table plus the next row below it, right click>Unhide. To re-hide empty rows highlight their number on the left, right click>Hide.

| Planned Activities and Accomplishments Related to Objective 4 (Inspections): Report Cumulative (This is a free text space allowing you to provide a detailed narrative of your planned and accomplished activities that are <b>not</b> captured above). To expand the height of each row: highlight the row(s) you want to expand and hover between two of them to see the double sided arrow icon, once you see the double arrow: click and drag down to increase the height of the box. |        |                                                 |                                                                              |                                                                                                                                                                                                                                                                                      |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------------------------------------------|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Planned Activity                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Status | Accomplishments Related to the Planned Activity | NOFO Reference                                                               | Check all applicable to this activity                                                                                                                                                                                                                                                | Applicable Budget Period |
| free text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Select | free text                                       | 4(b)<br>4(c)<br>4(d)<br>4(e)<br>4(f)<br>4(g)<br>4(h)<br>4(i)<br>4(j)<br>4(k) | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | Select                   |
| free text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Select | free text                                       | 4(b)<br>4(c)<br>4(d)<br>4(e)<br>4(f)<br>4(g)<br>4(h)<br>4(i)<br>4(j)<br>4(k) | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | Select                   |
| free text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Select | free text                                       | 4(b)<br>4(c)<br>4(d)<br>4(e)<br>4(f)<br>4(g)<br>4(h)<br>4(i)<br>4(j)<br>4(k) | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | Select                   |
| free text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Select | free text                                       | 4(b)<br>4(c)<br>4(d)<br>4(e)<br>4(f)<br>4(g)<br>4(h)<br>4(i)<br>4(j)<br>4(k) | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | Select                   |
| free text                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Select | free text                                       | 4(b)<br>4(c)<br>4(d)<br>4(e)<br>4(f)<br>4(g)<br>4(h)<br>4(i)<br>4(j)<br>4(k) | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | Select                   |

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National Produce Safety Partnership Program  
Objective 5: Compliance and Enforcement Program

All Program PATHs and TRACKs: This objective includes program elements for recipients to maintain a compliance and enforcement program for produce farms under their jurisdiction. It is recommended that all programs coordinate with local/state/federal agencies to utilize the compliance and enforcement action(s) that will result in the greatest protection of public health.

|                                                                                                                                 |        |
|---------------------------------------------------------------------------------------------------------------------------------|--------|
| PATH B (Operating Under FDA Authority) - 5(a): Report Current Status                                                            |        |
| Have you submitted your internal procedures to FDA OCE for review regarding the preliminary review of inspection documentation? | Select |
| If you have made updates to your internal procedures, have you resubmitted them for review?                                     | Select |
| Date internal procedure(s) were submitted for FDA review:                                                                       |        |

|                                                                                                                                                                 |        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| PATH C (Operating Under State Authority) - 5(b): Report Current Status                                                                                          |        |
| Do your procedures include a risk-based process to determine when a directed investigation, follow-up, or re-inspection is needed?                              | Select |
| Do your procedures include a framework for compliance and enforcement progressive actions, utilizing the current compliance and enforcement guidance available? | Select |

|                                                                                   |                          |
|-----------------------------------------------------------------------------------|--------------------------|
| What enforcement tools are available in your jurisdiction?: Report Current Status |                          |
| Enforcement Tool                                                                  | Check all that apply     |
| Advisory: Regulatory Meeting                                                      | <input type="checkbox"/> |
| Advisory: Warning / Regulatory Letter                                             | <input type="checkbox"/> |
| Administrative: Dispositions                                                      | <input type="checkbox"/> |
| Administrative: Embargo / Hold Order                                              | <input type="checkbox"/> |
| Administrative: License / Permit Suspension or Revocation                         | <input type="checkbox"/> |
| Administrative: Mandatory Recall (state authority)                                | <input type="checkbox"/> |
| Administrative: Stop Sale / Stop Use Order                                        | <input type="checkbox"/> |
| Fine / Monetary Penalty: Administrative Fine / Civil Penalty                      | <input type="checkbox"/> |
| Judicial: Seizure / Condemnation                                                  | <input type="checkbox"/> |
| Judicial: Injunction                                                              | <input type="checkbox"/> |
| Judicial: Criminal Referral                                                       | <input type="checkbox"/> |
| Follow-up / Re-inspection Authority                                               | <input type="checkbox"/> |
| None — defer to FDA for all compliance and enforcement                            | <input type="checkbox"/> |
| Other (describe below)                                                            | <input type="checkbox"/> |
| Other Enforcment Tools not indicated above                                        | free text                |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |        |                                                 |                |                                       |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------------------------------------------|----------------|---------------------------------------|--------------------------|
| Planned Activities and Accomplishments Related to Objective 5: Report Cumulative (This is a free text space allowing you to provide a detailed narrative of your planned and accomplished activities that are <u>not</u> captured above). To expand the height of each row: highlight the row(s) you want to expand and hover between two of them to see the double sided arrow icon, once you see the double arrow: click and drag down to increase the height of the box. |        |                                                 |                |                                       |                          |
| Planned Activity                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Status | Accomplishments Related to the Planned Activity | NOFO Reference | Check all applicable to this activity | Applicable Budget Period |
| free text                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Select | free text                                       | 5(a)           | <input type="checkbox"/>              | Select                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |        |                                                 | 5(b)           | <input type="checkbox"/>              |                          |
| free text                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Select | free text                                       | 5(a)           | <input type="checkbox"/>              | Select                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |        |                                                 | 5(b)           | <input type="checkbox"/>              |                          |
| free text                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Select | free text                                       | 5(a)           | <input type="checkbox"/>              | Select                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |        |                                                 | 5(b)           | <input type="checkbox"/>              |                          |
| free text                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Select | free text                                       | 5(a)           | <input type="checkbox"/>              | Select                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |        |                                                 | 5(b)           | <input type="checkbox"/>              |                          |
| free text                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Select | free text                                       | 5(a)           | <input type="checkbox"/>              | Select                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |        |                                                 | 5(b)           | <input type="checkbox"/>              |                          |
| free text                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Select | free text                                       | 5(a)           | <input type="checkbox"/>              | Select                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |        |                                                 | 5(b)           | <input type="checkbox"/>              |                          |

To unhide additional rows: highlight all the grey row numbers to the left, starting with the last row of table plus the next row below it, right click>Unhide. To re-hide empty rows highlight their number on the left, right click>Hide.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <div>National Produce Safety Partnership Program</div> <div>Objective 6: Response Activities</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
| <div>All Program PATHs and TRACKs: Each jurisdiction should have the capability to systematically detect, investigate, mitigate, document, and analyze produce-related incidents to stop, control and prevent hazards that are likely to result in a produce related illness, injury, or outbreak. Produce incidents include, but are not limited to, foodborne illness outbreaks, Laboratory Flexible Funding Model (LFFM) positive samples if the regulatory program is participating in an approved LFFM sampling plan, and significant weather events (e.g. flooding, wildfires). These capabilities can reside and be funded by other offices or agencies in the jurisdiction or may be headed by the produce program funded under this Cooperative Agreement. The expectation is that there is coordination across multiple offices and departments within a jurisdiction and there is not duplication of efforts or redundant funding allocated to have these capabilities.</div> |  |

|                                                                     |           |
|---------------------------------------------------------------------|-----------|
| Rapid Response Team (RRT) Information - 6(a): Report Current Status |           |
| Does your jurisdiction have an active RRT?                          | Select    |
| Identify the agency with a funded or voluntary RRT:                 | free text |
| How is your produce safety program engaged with the RRT?            | free text |
| If not engaged with the RRT, describe your plans to integrate:      | free text |

|                                                                                                                          |           |
|--------------------------------------------------------------------------------------------------------------------------|-----------|
| TRACK 2 and NO Rapid Response Team - 6(b): Report Current Status                                                         |           |
| If PRPS Standard 5 framework is not used, please briefly describe the procedure(s) your produce safety program utilizes. | free text |

|                                                                                                            |           |
|------------------------------------------------------------------------------------------------------------|-----------|
| Laboratory Flexible Funding Model (LFFM) Information - 6(d): Report Current Status                         |           |
| Is your produce safety program participating in an approved LFFM sampling plan for produce?                | Select    |
| If yes, what work did your produce safety program conduct under LFFM (e.g., coordination, sampling, etc.)? | free text |
| If no, are you interested in participating with LFFM in the future?                                        | Select    |

|                                                                            |                                                                                                        |                                                                                                     |                  |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|------------------|
| Staff Trained in Produce Response Activities - 6(c): Report Current Status |                                                                                                        |                                                                                                     |                  |
| Name of Staff Trained in Produce Response Activities                       | Courses completed (e.g., ER324, Aseptic Sampling, ER220, ICS Training, ASQ Root Cause Analysis, ER310) | Courses needed (e.g., ER324, Aseptic Sampling, ER220, ICS Training, ASQ Root Cause Analysis, ER310) | Role in response |
| free text                                                                  | free text                                                                                              | free text                                                                                           | free text        |
| free text                                                                  | free text                                                                                              | free text                                                                                           | free text        |
| free text                                                                  | free text                                                                                              | free text                                                                                           | free text        |
| free text                                                                  | free text                                                                                              | free text                                                                                           | free text        |
| free text                                                                  | free text                                                                                              | free text                                                                                           | free text        |

To unhide additional rows: highlight all the grey row numbers to the left, starting with the last row of table plus the next row below it, right click>Unhide. To re-hide empty rows highlight their number on the left, right click>Hide.

|                                                                                           |                                                  |                                                                               |                  |
|-------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------|------------------|
| Event Response Capabilities: Report Current Status                                        |                                                  |                                                                               |                  |
| Event Response Activity                                                                   | Does this capability EXIST in your jurisdiction? | Is your CAP Produce Program directly involved when this type of event occurs? | Additional Notes |
| Conduct a response investigation                                                          | Select                                           | Select                                                                        | free text        |
| Conduct a root cause anaylsis                                                             | Select                                           | Select                                                                        | free text        |
| Conduct for-cause product sampling                                                        | Select                                           | Select                                                                        | free text        |
| Coordinate with a servicing laboratory for product sample analysis                        | Select                                           | Select                                                                        | free text        |
| Conduct a for-cause environmental sampling                                                | Select                                           | Select                                                                        | free text        |
| Coordinate with a servicing laboratory for environmental sample analysis                  | Select                                           | Select                                                                        | free text        |
| Conduct a traceback/trace-forward investigation                                           | Select                                           | Select                                                                        | free text        |
| Issue public communications / consumer advisories                                         | Select                                           | Select                                                                        | free text        |
| Investigate an intrastate foodborne illness outbreak                                      | Select                                           | Select                                                                        | free text        |
| Coordinate with FDA on an interstate foodborne illness outbreak                           | Select                                           | Select                                                                        | free text        |
| Conduct a voluntary intrastate recall of produce                                          | Select                                           | Select                                                                        | free text        |
| Coordinate with FDA on a voluntary interstate recall of produce                           | Select                                           | Select                                                                        | free text        |
| Respond to natural events that may adulterate produce (e.g., flooding, wildfire, drought) | Select                                           | Select                                                                        | free text        |
| Respond to Reportable Food Registry (RFR) Reports involving produce                       | Select                                           | Select                                                                        | free text        |
| Conduct a post response after action review                                               | Select                                           | Select                                                                        | free text        |

|                                                                                                                                                                                                                          |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Event Response Tools Available: Report Current Status                                                                                                                                                                    |  |
| Do you have any additional enforcement tools available for event response (outbreak or other emergency response for produce) that are available to you in addition to the enforcement tools you provided in Objective 5? |  |
|                                                                                                                                                                                                                          |  |

|                                                                        |  |
|------------------------------------------------------------------------|--|
| Notable Outcomes Related to Response Activities: Report Current Status |  |
| free text                                                              |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |        |                                                 |                |                                       |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------------------------------------------|----------------|---------------------------------------|--------------------------|
| Planned Activities and Accomplishments Related to Objective 6: Report Cumulative (This is a free text space allowing you to provide a detailed narrative of your planned and accomplished activities that are <b>not</b> captured above). To expand the height of each row: highlight the row(s) you want to expand and hover between two of them to see the double sided arrow icon, once you see the double arrow: click and drag down to increase the height of the box. |        |                                                 |                |                                       |                          |
| Planned Activity                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Status | Accomplishments Related to the Planned Activity | NOFO Reference | Check all applicable to this activity | Applicable Budget Period |
| free text                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Select | free text                                       | 6(a)           | <input type="checkbox"/>              | Select                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |        |                                                 | 6(b)           | <input type="checkbox"/>              |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |        |                                                 | 6(c)           | <input type="checkbox"/>              |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |        |                                                 | 6(d)           | <input type="checkbox"/>              |                          |
| free text                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Select | free text                                       | 6(a)           | <input type="checkbox"/>              | Select                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |        |                                                 | 6(b)           | <input type="checkbox"/>              |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |        |                                                 | 6(c)           | <input type="checkbox"/>              |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |        |                                                 | 6(d)           | <input type="checkbox"/>              |                          |
| free text                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Select | free text                                       | 6(a)           | <input type="checkbox"/>              | Select                   |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |        |                                                 | 6(c)           | <input type="checkbox"/>              |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |        |                                                 | 6(d)           | <input type="checkbox"/>              |                          |
| free text                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Select | free text                                       | 6(a)           | <input type="checkbox"/>              | Select                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |        |                                                 | 6(b)           | <input type="checkbox"/>              |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |        |                                                 | 6(c)           | <input type="checkbox"/>              |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |        |                                                 | 6(d)           | <input type="checkbox"/>              |                          |

To unhide additional rows: highlight all the grey row numbers to the left, starting with the last row of table plus the next row below it, right click>Unhide. To re-hide empty rows highlight their number on the left, right click>Hide.

**National Produce Safety Partnership Program**  
**Program Successes, Challenges, and Feedback**

**All Program TRACKs and PATHs:** We strongly encourage receipts to use this opportunity to describe your successes, ongoing issues or challenges, and provide feedback to FDA for the budget period.

| Program Successes, Challenges, and Feedback: Report Current Status                                               |           |
|------------------------------------------------------------------------------------------------------------------|-----------|
| Describe successes for your jurisdiction's produce safety program for the applicable budget period:              | free text |
| List resources that have been helpful for your produce safety program for the applicable budget period:          | free text |
| Share any training topics that are needed for your staff to successfully conduct CAP work:                       | free text |
| Describe any ongoing issues/challenges your produce safety program encountered for the applicable budget period: | free text |
| Please provide areas where FDA can better assist you:                                                            | free text |