

Farm ID _____

Visit # _____

Date _____

Questionnaire Completed by _____

A. GENERAL farm and management information

A.1. Size of farm: _____ Acres

A.2. Has the farm ever been organic?

① YES →

② NO

From (month/year) _____ To (month/year) _____
 What National Organic Program certification agent did you use

A.3. What crops were grown on this farm in the previous 3 years (if needed use Interviewer guide in Appendix 1 as a reminder)?

A.4. What is your crop rotation cycle? _____

A.5. Was the field ever used for grazing?

① YES →

② NO

Field 1	Field 2	Field 3	Field 4
From (month/year) _____	From (month/year) _____	From (month/year) _____	From (month/year) _____
To (month/year) _____	To (month/year) _____	To (month/year) _____	To (month/year) _____

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A.6. Do you own your own farm equipment for all operations?

① YES

② NO →

① Borrow

② Lease/rent

③ Other _____

A.7. Do you clean farm equipment?

① YES

② NO

A.8. Do you have a staff year-round?

① YES, approximately _____

② NO

A.9. Do you have temporary workers?

① YES, approximately _____

② NO

A.10. Are portable toilets provided to staff/workers in the field?

① YES →

② NO

How far are the toilets from the work area where the workers are located?
List approximate distance _____

A.11. Do you train staff/workers to use portable toilets?

① YES

② NO

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A.12. Are there portable hand washing stations provided to staff/workers in the field?

- ① YES
② NO

A.13. Does the farm irrigate?

- ① YES
② NO
③ Weather dependent

i. What type of irrigation is used (if applicable)?

Field 1	Field 2	Field 3	Field 4
Drip	Drip	Drip	Drip
Overhead	Overhead	Overhead	Overhead
Spray	Spray	Spray	Spray
Flood	Flood	Flood	Flood
Other _____	Other _____	Other _____	Other _____

ii. What is the source of water for irrigation (circle all that apply)?

Field 1	Field 2	Field 3	Field 4
Pond	Pond	Pond	Pond
Well	Well	Well	Well
Municipal	Municipal	Municipal	Municipal
River/Stream/Creek	River/Stream/Creek	River/Stream/Creek	River/Stream/Creek
Man Made Reservoirs	Man Made Reservoirs	Man Made Reservoirs	Man Made Reservoirs
Other _____	Other _____	Other _____	Other _____

A.14. Do you use any wildlife control (circle all that apply)?

- ① YES →
② NO

Field 1	Field 2	Field 3	Field 4
Fences	Fences	Fences	Fences
Scarecrows	Scarecrows	Scarecrows	Scarecrows
Traps	Traps	Traps	Traps
Poison	Poison	Poison	Poison
Hunting	Hunting	Hunting	Hunting
Bombs, woodchuck	Bombs, woodchuck	Bombs, woodchuck	Bombs, woodchuck
Other _____	Other _____	Other _____	Other _____

A.15. The farm is located on what kind of terrain?

Field 1	Field 2	Field 3	Field 4
Flat	Flat	Flat	Flat
Valley	Valley	Valley	Valley
Sloped	Sloped	Sloped	Sloped
Steep	Steep	Steep	Steep
Hill	Hill	Hill	Hill
Don't know	Don't know	Don't know	Don't know

A.16. Does the farm have a buffer zone from neighbors, road ways, etc?

- ① YES
② NO

i. If yes, what type of buffer zone?

Field 1	Field 2	Field 3	Field 4
Fence	Fence	Fence	Fence
Tree Line	Tree Line	Tree Line	Tree Line
Ditch	Ditch	Ditch	Ditch
Shrubbery	Shrubbery	Shrubbery	Shrubbery
Other _____	Other _____	Other _____	Other _____
Don't know	Don't know	Don't know	Don't know

A.17. Is the field in the general proximity (within 10 mile radius) of any of the following? If so, approximately how close is the nearest:

	Field 1	Field 2	Field 3	Field 4
Dairy Farm				
Beef Farm				
Water Sources (running or standing)				
Landfill				
Residential				
Poultry Farm				
Swine Farm				
Forest				
Roadways				
Other				
Don't know				

B. CHANGEABLE management actions and routine surveillance**B.1. In what condition were the fields before planting of the spinach crop this season?**

Field 1	Field 2	Field 3	Field 4
Fallow	Fallow	Fallow	Fallow
Rotavated	Rotavated	Rotavated	Rotavated
Tilled	Tilled	Tilled	Tilled
Cover crop (type)	Cover crop (type)	Cover crop (type)	Cover crop (type)
Hay	Hay	Hay	Hay
Other _____	Other _____	Other _____	Other _____

B.2. When was the current spinach crop planted?

	Field 1	Field 2	Field 3	Field 4
Date				

B.3. During the period since our last visit to the farm or during the previous 2 months, whichever is shorter,**i. has the soil been tilled, rotavated or aerated?**

Field 1	Field 2	Field 3	Field 4
Yes, ___ days ago	Yes, ___ days ago	Yes, ___ days ago	Yes, ___ days ago
Not during this period	Not during this period	Not during this period	Not during this period
No, never	No, never	No, never	No, never
Don't know	Don't know	Don't know	Don't know

ii. has the farm irrigated its fields?

Field 1	Field 2	Field 3	Field 4
Yes, ___ days ago	Yes, ___ days ago	Yes, ___ days ago	Yes, ___ days ago
Not during this period	Not during this period	Not during this period	Not during this period
No, never	No, never	No, never	No, never
Don't know	Don't know	Don't know	Don't know

iii. has manure been applied to farm fields?

Field 1	Field 2	Field 3	Field 4
Yes, ___ days ago	Yes, ___ days ago	Yes, ___ days ago	Yes, ___ days ago
Not during this period	Not during this period	Not during this period	Not during this period
No, never	No, never	No, never	No, never
Don't know	Don't know	Don't know	Don't know

a. If yes, what was the source (circle all that apply)?

Field 1	Field 2	Field 3	Field 4
Dairy farm	Dairy farm	Dairy farm	Dairy farm
Feedlot	Feedlot	Feedlot	Feedlot
Swine farm	Swine farm	Swine farm	Swine farm
Poultry farm	Poultry farm	Poultry farm	Poultry farm
Other	Other	Other	Other
Don't know	Don't know	Don't know	Don't know

b. If yes, how long was the applied manure aged before spreading?

Field 1	Field 2	Field 3	Field 4
___ weeks	___ weeks ago	___ weeks	___ weeks
Don't know	Don't know	Don't know	Don't know

iv. has compost been applied to farm fields?

Field 1	Field 2	Field 3	Field 4
Yes, ___ days ago	Yes, ___ days ago	Yes, ___ days ago	Yes, ___ days ago
Not during this period	Not during this period	Not during this period	Not during this period
No, never	No, never	No, never	No, never
Don't know	Don't know	Don't know	Don't know

v. has chemical/synthetic fertilizer been applied to farm fields?

Field 1	Field 2	Field 3	Field 4
Yes, _____type _____days ago	Yes, _____type _____days ago	Yes, _____type _____days ago	Yes, _____type _____days ago
Not during this period	Not during this period	Not during this period	Not during this period
No, never	No, never	No, never	No, never
Don't know	Don't know	Don't know	Don't know

a. If yes, how was the fertilizer applied to the fields?

Field 1	Field 2	Field 3	Field 4
Fertigation	Fertigation	Fertigation	Fertigation
Foliar spray	Foliar spray	Foliar spray	Foliar spray
Ground application	Ground application	Ground application	Ground application
Other _____	Other _____	Other _____	Other _____

vi. have pesticides been applied to farm fields?

Field 1	Field 2	Field 3	Field 4
Yes, ___ days ago	Yes, ___ days ago	Yes, ___ days ago	Yes, ___ days ago
Not during this period	Not during this period	Not during this period	Not during this period
No, never	No, never	No, never	No, never
Don't know	Don't know	Don't know	Don't know

a. If yes, what was the type of pesticide applied?

Field 1	Field 2	Field 3	Field 4
Herbicide	Herbicide	Herbicide	Herbicide
Fungicide	Fungicide	Fungicide	Fungicide
Insecticide	Insecticide	Insecticide	Insecticide
Other _____	Other _____	Other _____	Other _____

b. If yes, how was the pesticide applied to fields?

Field 1	Field 2	Field 3	Field 4
Low volume spray	Low volume spray	Low volume spray	Low volume spray
High volume spray	High volume spray	High volume spray	High volume spray
Fog	Fog	Fog	Fog
Foliar	Foliar	Foliar	Foliar
Soil	Soil	Soil	Soil
Other _____	Other _____	Other _____	Other _____

vii. have domestic animals been observed in the farm fields?

Field 1	Field 2	Field 3	Field 4
Yes, ___species ___days ago	Yes, ___species ___days ago	Yes, ___species ___days ago	Yes, ___species ___days ago
Not during this period	Not during this period	Not during this period	Not during this period
No, never	No, never	No, never	No, never
Don't know	Don't know	Don't know	Don't know

viii. has wildlife been observed in the farm fields?

Field 1	Field 2	Field 3	Field 4
Yes, ___species ___days ago	Yes, ___species ___days ago	Yes, ___species ___days ago	Yes, ___species ___days ago
Not during this period	Not during this period	Not during this period	Not during this period
No, never	No, never	No, never	No, never
Don't know	Don't know	Don't know	Don't know

ix. have staff members/temporary workers been in the farm field?

Field 1	Field 2	Field 3	Field 4
Yes, staff ___days ago	Yes, staff ___days ago	Yes, staff ___days ago	Yes, staff ___days ago
Yes, workers ___days ago	Yes, workers ___days ago	Yes, workers ___days ago	Yes, workers ___days ago
Not during this period	Not during this period	Not during this period	Not during this period
No, never	No, never	No, never	No, never
Don't know	Don't know	Don't know	Don't know

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x. has training on food safety been provided to staff members/temporary workers?

- ① YES
- ② NO

xi. has any routine microbial testing been done on your farm?

- ① YES
- ② NO

a. Who requires it to be completed?

- ① Owner
- ② Fresh cut processing buyers
- ③ Retail buyers
- ④ Co-Op buyers
- ⑤ Other _____

b. What organisms were tested for and when; the results of the testing if known?

	Field 1		Field 2		Field 3		Field 4	
	date	result	date	result	date	result	date	result
Coliforms								
<i>E. coli</i> generic _____								
<i>E. coli</i> O157								
<i>E. coli</i> STEC								
<i>Listeria monocytogenes</i>								
<i>Salmonella</i>								
Other _____								

c. What was tested on the farm?

Area 1	Area 2	Area 3	Area 4
Produce	Produce	Produce	Produce
Irrigation Water	Irrigation Water	Irrigation Water	Irrigation Water
Spray Water	Spray Water	Spray Water	Spray Water
Soil	Soil	Soil	Soil
Equipment	Equipment	Equipment	Equipment

Appendix 1.**Interviewer guide****1. Crop Kind**

- | | | | |
|--|---|-------------------------------------|--|
| <input type="checkbox"/> Alfalfa | <input type="checkbox"/> Celery | <input type="checkbox"/> Mango | <input type="checkbox"/> Pumpkins |
| <input type="checkbox"/> Apples | <input type="checkbox"/> Cherries | <input type="checkbox"/> Melons | <input type="checkbox"/> Radish |
| <input type="checkbox"/> Arugula | <input type="checkbox"/> Corn (sweet) | <input type="checkbox"/> Nuts | <input type="checkbox"/> Red Leaf Lettuce |
| <input type="checkbox"/> Baby Leaf Lettuce | <input type="checkbox"/> Cucumbers | <input type="checkbox"/> Oats | <input type="checkbox"/> Romaine Lettuce |
| <input type="checkbox"/> Barley | <input type="checkbox"/> Endives | <input type="checkbox"/> Onions | <input type="checkbox"/> Spinach |
| <input type="checkbox"/> Beans | <input type="checkbox"/> Escarole | <input type="checkbox"/> Oranges | <input type="checkbox"/> Spring Mix |
| <input type="checkbox"/> Beats | <input type="checkbox"/> Garlic | <input type="checkbox"/> Papaya | <input type="checkbox"/> Sprouted Seeds |
| <input type="checkbox"/> Berries | <input type="checkbox"/> Green Leaf Lettuce | <input type="checkbox"/> Peaches | <input type="checkbox"/> Squash |
| <input type="checkbox"/> Broccoli | <input type="checkbox"/> Green Onions | <input type="checkbox"/> Peas | <input type="checkbox"/> Tomatoes |
| <input type="checkbox"/> Buttered Lettuce | <input type="checkbox"/> Herbs | <input type="checkbox"/> Peppers | <input type="checkbox"/> Turnip |
| <input type="checkbox"/> Cabbage | <input type="checkbox"/> Iceberg Lettuce | <input type="checkbox"/> Pineapples | <input type="checkbox"/> Wheat |
| <input type="checkbox"/> Chard | <input type="checkbox"/> Kale | <input type="checkbox"/> Potatoes | <input type="checkbox"/> Other (please list below) |