FLUE CURED RECORDS

2026

TAB 1

Operation and Nutrient Management

Included Records:

- Operation Records
- Flue Cured Barn Inventory
- Dark Fire: Source of Wood Used in Curing
- Field/Tract ID Records
- Greenhouse Fertilization Records
- Field/Tract ID Fertilization Records
- Animal Manure or Litter Application Records

Additional documents may be requested. See GAPC Certification Compliance Guide.

Operation Records

Contact Information

Farm Address: _____

City: _____ State: _____ Zip: _____

County: _____

Phone: _____

Email Address: _____

Primary Grower Name: _____

Grower ID: _____ Grower Date of Birth: ____/____/____

Training Date: _____

Associated Grower Name: _____

Grower ID: _____ Grower Date of Birth: ____/____/____

Training Date: _____

Associated Grower Name: _____

Grower ID: _____ Grower Date of Birth: ____/____/____

Training Date: _____

Associated Grower Name: _____

Grower ID: _____ Grower Date of Birth: ____/____/____

Training Date: _____

Associated Grower Name: _____

Grower ID: _____ Grower Date of Birth: ____/____/____

Training Date: _____

Operation Records

Total Tobacco Acres: _____

Tobacco Type	Total Acres	Tobacco Type	Total Acres
Flue-cured		Maryland	
Organic Flue-cured		Wisconsin	
Burley		Cigar	
Dark Air		Other: _____	
Dark Fired		Other: _____	

Farm Infrastructure	Type	Total Number
Flue-cured Curing Barns	Box Barns	
	Rack Barns	
	Insulated Barns	
	Barns on Insulated Concrete Pads	
Dark-fired Curing Barns		
Air-cured Curing Barns		
Outdoor Air-cured Curing Structures*		
Storage Facilities	Open	
	Enclosed	
Stripping Facilities (Air and Fire Only)		
Sand Reels/Tumblers (Flue Only)		
Leaf Loaders (Flue Only)		
Mechanical Tobacco Harvesters		
Percentage of Crop Mechanically Harvested (0-100%)		

* For outdoor curing structures, give total stick capacity for Total Number

Curing Information for Flue-Cured Tobacco
Pounds of Tobacco Cured per Gallon of Fuel:

Flue Cured Barn Inventory

Barn Manufacturer	Year Model	Type of Fuel	Rack or Box Barn	Do barn(s) have curing controls?	Total Number of this Barn Type
		LP Natural Gas Diesel Wood Other, please specify ________________	Rack, how many per barn? ____________ Box, how many per barn? ____________	Yes No	
		LP Natural Gas Diesel Wood Other, please specify ________________	Rack, how many per barn? ____________ Box, how many per barn? ____________	Yes No	
		LP Natural Gas Diesel Wood Other, please specify ________________	Rack, how many per barn? ____________ Box, how many per barn? ____________	Yes No	
		LP Natural Gas Diesel Wood Other, please specify ________________	Rack, how many per barn? ____________ Box, how many per barn? ____________	Yes No	
		LP Natural Gas Diesel Wood Other, please specify ________________	Rack, how many per barn? ____________ Box, how many per barn? ____________	Yes No	

Dark Fire: Source of Wood Used in Curing

Type of Wood Source for Curing Fuel	Name of Business or Individual	City	State
Sawmill/By-Products Other, please specify_____			
Sawmill/By-Products Other, please specify_____			
Sawmill/By-Products Other, please specify_____			
Sawmill/By-Products Other, please specify_____			
Sawmill/By-Products Other, please specify_____			

Field/Tract ID Records

Field / Tract ID	Farm Name or Location	County	FSA Number	Tobacco Acres	Latest Soil Testing Date	Date of Last Lime Application	Rate of Lime (tons/acre)

Greenhouse Fertilization Records

Greenhouse ID Number	Transplant Batch Number	Date (MM/DD/YYYY)	Types of Fertilizer	Rate (per 1,000/gallons)

Field/Tract Fertilization Records

Field/Tract ID*	Date (MM/DD/YYYY)	Application Timing	Analysis (N-P-K)	Rate of Application (lbs./acre)	K20 from Muriate, if applied after December 31 (lbs./acre)	Muriate of Potash Date of Application
		☐ Pre-plant ☐ Transplanting ☐ Side-dressing ☐ Foliar Application				
		☐ Pre-plant ☐ Transplanting ☐ Side-dressing ☐ Foliar Application				
		☐ Pre-plant ☐ Transplanting ☐ Side-dressing ☐ Foliar Application				
		☐ Pre-plant ☐ Transplanting ☐ Side-dressing ☐ Foliar Application				
		☐ Pre-plant ☐ Transplanting ☐ Side-dressing ☐ Foliar Application				
		☐ Pre-plant ☐ Transplanting ☐ Side-dressing ☐ Foliar Application				
		☐ Pre-plant ☐ Transplanting ☐ Side-dressing ☐ Foliar Application				
		☐ Pre-plant ☐ Transplanting ☐ Side-dressing ☐ Foliar Application				
		☐ Pre-plant ☐ Transplanting ☐ Side-dressing ☐ Foliar Application				
		☐ Pre-plant ☐ Transplanting ☐ Side-dressing ☐ Foliar Application				
		☐ Pre-plant ☐ Transplanting ☐ Side-dressing ☐ Foliar Application				
		☐ Pre-plant ☐ Transplanting ☐ Side-dressing ☐ Foliar Application				
		☐ Pre-plant ☐ Transplanting ☐ Side-dressing ☐ Foliar Application				
		☐ Pre-plant ☐ Transplanting ☐ Side-dressing ☐ Foliar Application				

*Field/Tract ID from Tab 1 Operation & Nutrient Management Records Page 5

Animal Manure or Litter Application Records

Date(s) Animal Manure Tested for Nutrient Content: _____

Field/Tract ID*	Date (MM/DD/YYYY)	Type of Manure	Rate

*Field/Tract ID from Tab 1 Operation & Nutrient Management Records Page 1

TAB 2

IPM & CPA

Included Records:

- Scouting Records
- CPA Applicator License Information
- CPA Information Records
- Greenhouse CPA Records
- Field/Tract CPA & Sucker Control Records
- Sprayer Calibration Records

Additional documents may be requested. See GAPC Certification Compliance Guide.

Scouting Records

Field Scouting Dates (MM/DD/YYYY)	Field/Tract ID*	Pest Identified During Scouting	Level of Infestation of Pest Identified	Corrective Actions Taken (Include Date of Action)	Follow-up on Pest Control Practices to Determine the Effectiveness of Actions Taken

*Field/Tract ID from Tab 1 Operation & Nutrient Management Records Page 5

CPA Applicator License Information

List all the applicators and license numbers used on your farm operation below. If pesticide applicator is not licensed, list the license number of the licensed supervisor.

Reference Number	Applicator Name	The state the most commonly used Pesticide License issued from	License Number	The Expiration Date of the Most Commonly used Pesticide License
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

CPA Information Records

Save Time: The Federal record keeping regulations require the certified private applicator to record the brand/product name and the U.S. Environmental Protection Agency (EPA) registration number of the federally restricted-use pesticide (RUP) he/she applies. You will be able to save time by listing the brand/product name, EPA registration number, and active ingredient(s) of the pesticides you apply on this page and then entering the corresponding number(s) to complete your CPA records.

Reference Number	Brand Name	EPA Registration Number	Active Ingredient	REI (Hours)	Label on File "✓"	SDS on File "✓"
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						

Greenhouse CPA Records

Greenhouse ID Number	Transplant Batch Number	Date (MM/D/YYY)	Applicator*	Brand / Product Name or Reference Number**	Reason for Application	Rate / 1,000 sq. ft.***	Total Application	Start / Finish Time

*Applicator or reference number from Tab 2 IPM and CPA Page 2
**CPA Information Records from Tab 2 IPM and CPA Page 3
***Total Amount of Product Used per 1000ft2 (indicate unit: oz., lb., pt., qt., gal.)

Field/Tract CPA and Sucker Control Records

Field/ Tract ID*	Date (MM/DD/YYYY)	Applicator**	Reason for Application	Brand / Product Name or Reference Number	Rate / Acre ****	Total Application	Size of Area Treated	Start / Finish Time	Method of Application
									☐ Hand ☐ Sprayer
									☐ Hand ☐ Sprayer
									☐ Hand ☐ Sprayer
									☐ Hand ☐ Sprayer
									☐ Hand ☐ Sprayer
									☐ Hand ☐ Sprayer
									☐ Hand ☐ Sprayer
									☐ Hand ☐ Sprayer
									☐ Hand ☐ Sprayer
									☐ Hand ☐ Sprayer
									☐ Hand ☐ Sprayer
									☐ Hand ☐ Sprayer
									☐ Hand ☐ Sprayer
									☐ Hand ☐ Sprayer
									☐ Hand ☐ Sprayer
									☐ Hand ☐ Sprayer
									☐ Hand ☐ Sprayer
									☐ Hand ☐ Sprayer

*Field/Tract ID from Tab 1 Operation & Nutrient Management Page 5
**Applicator or reference number from Tab 2 IPM and CPA Page 2
***CPA Information Records from Tab 2 IPM and CPA Page 3
****Total Amount of Product Used (indicate unit: oz., lb., pt., qt., gal.)

Sprayer Calibration Records

The effectiveness of any pesticide depends upon the proper application and placement of the chemical. The purpose of calibration is to ensure that your chemical application machinery is uniformly applying the correct amount of material over a given area. Although you may have the right chemical mixture, it is still possible to apply the wrong amount.

	Date Calibrated (MM/DD/YYYY)	Date Calibrated (MM/DD/YYYY)	Date Calibrated (MM/DD/YYYY)	Date Calibrated (MM/DD/YYYY)	Date Calibrated (MM/DD/YYYY)
Sprayer Brand and Model					
Sprayer Type					
Nozzle Type and Size					
Pressure					
Speed (mph)					
Throttle (rpm)					
Tractor Model					
Tractor Gear					
Spray Volume (gal/ac)					

TAB 3

Crop Management

Included Records:

- Seed Selection Records
- Transplanting and Topping Records
- Weed Prevention Program

Additional documents may be requested. See GAPC Certification Compliance Guide.

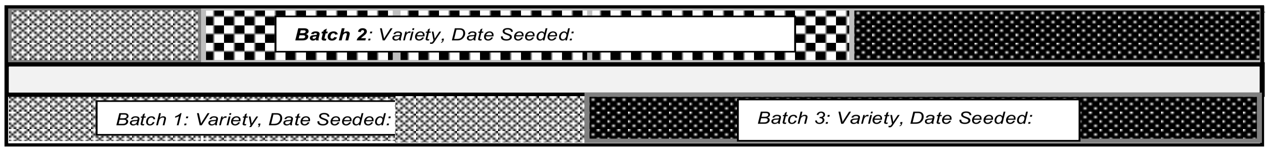
Seed Selection Records

*Required for Plants Produced and Purchased

Variety Selection: Please list the resources or sources of information used to make variety selection decisions: ______________________________

____

____



Transplant Batch No.: The transplant batch number is created by you and is used to identify each separate batch of transplants used in your operation. A separate number should be given to each batch of transplants of the same source, variety, lot number, and seeded at the same time in the same greenhouse. See diagram above of greenhouse bed.

Greenhouse ID No*	Transplant Batch No.	Seeding Source	Variety Name	Seed Lot #	LC Variety (Burley & Dark ONLY)	Date of Seeding (MM/DD/YYYY)
		☐ Grown ☐ Purchased			☐ Yes ☐ No	
		☐ Grown ☐ Purchased			☐ Yes ☐ No	
		☐ Grown ☐ Purchased			☐ Yes ☐ No	
		☐ Grown ☐ Purchased			☐ Yes ☐ No	
		☐ Grown ☐ Purchased			☐ Yes ☐ No	
		☐ Grown ☐ Purchased			☐ Yes ☐ No	
		☐ Grown ☐ Purchased			☐ Yes ☐ No	
		☐ Grown ☐ Purchased			☐ Yes ☐ No	
		☐ Grown ☐ Purchased			☐ Yes ☐ No	
		☐ Grown ☐ Purchased			☐ Yes ☐ No	
		☐ Grown ☐ Purchased			☐ Yes ☐ No	

*This Greenhouse ID number is created by you and is used to identify each separate greenhouse used in your operations.

Transplanting and Topping Records

Plant Population (Plants/acre): _____ Row Spacing: _____ Plant Spacing in Row: _____

Field/Tract ID*	Transplanting Date (MM/DD/YYYY)	Transplant Batch Number**	Date of Topping (MM/DD/YYYY)	Topping Height (approximate number of leaves left)

* Field/Tract ID from Tab 1 Operation & Nutrient Management Page 5
** Transplant Batch No. from Tab 3 Crop Management Page 1

Program for Preventing Weed Seed Contamination of Harvested Leaf (Palmer Amaranth, other Pigweed, Ragweed, Grasses)

Herbicides used _____

Number of Cultivations _____ Control of weeds in field borders _____

Preharvest scouting and cleanup practices _____

Other (hand hoeing, etc.) _____

TAB 4

Curing & Barn Management — Flue

Included Records:

- Flue Curing Facility Records
- Flue Harvesting and Curing Records

Additional documents may be requested. See GAPC Certification Compliance Guide.

Flue Curing Facility Records

GAP Connections Certification -- Barn Testing Report

Farmer or Farm Name: _____ Testing Entity: _____

Signature of Barn Tester: _____ Date of Testing: _____

Barn Location: _____ CO2 Meter Make: _____

Probe Number: _____ Probe Calibration Date: _____

Total Number of Barns Tested: _____

Number of Barns Passing: _____

How is barn temperature and /or humidity in curing barns monitored? _____

CO_2 Measurements

Barn ID Number	Barn Make and Model	Heat Exchanger Brand	Initial Reading	Final Reading	Barn Status Pass / Fail

Flue Curing Facility Records (Retest Report)

GAP Connections Certification -- Barn (RETEST) Report

Farmer or Farm Name: _____ Testing Entity: _____

Signature of Barn Tester: _____ Date of Testing: _____

Barn Location: _____ CO2 Meter Make: _____

Probe Number: _____ Probe calibration date: _____

Total Number of Barns Tested: _____

Number of Barns Passing: _____

How is barn temperature and /or humidity in curing barns monitored? _____

CO_2 Measurements

Barn ID Number	Barn Make and Model	Heat Exchanger Brand	Initial Reading	Final Reading	Barn Status Pass / Fail

Flue Harvesting and Curing Records

Field/Tract ID**	Harvest Date (MM/DD/YYYY)	Method of Harvesting	Stalk Position	Barn ID	Fuel Source	Bale ID Number(s)
					☐ LP ☐ Fuel Oil ☐ Natural Gas ☐ Other ________	
					☐ LP ☐ Fuel Oil ☐ Natural Gas ☐ Other ________	
					☐ LP ☐ Fuel Oil ☐ Natural Gas ☐ Other ________	
					☐ LP ☐ Fuel Oil ☐ Natural Gas ☐ Other ________	
					☐ LP ☐ Fuel Oil ☐ Natural Gas ☐ Other ________	
					☐ LP ☐ Fuel Oil ☐ Natural Gas ☐ Other ________	
					☐ LP ☐ Fuel Oil ☐ Natural Gas ☐ Other ________	
					☐ LP ☐ Fuel Oil ☐ Natural Gas ☐ Other ________	
					☐ LP ☐ Fuel Oil ☐ Natural Gas ☐ Other ________	
					☐ LP ☐ Fuel Oil ☐ Natural Gas ☐ Other ________	
					☐ LP ☐ Fuel Oil ☐ Natural Gas ☐ Other ________	
					☐ LP ☐ Fuel Oil ☐ Natural Gas ☐ Other ________	
					☐ LP ☐ Fuel Oil ☐ Natural Gas ☐ Other ________	
					☐ LP ☐ Fuel Oil ☐ Natural Gas ☐ Other ________	

*Field/Tract ID from Tab 1 Operation & Nutrient Management Records Page 5

TAB 5

Non-Tobacco Related Materials

Included Records:

- NTRM Inspection Information (English & Spanish)
- NTRM Inspection Log

Additional documents may be requested. See GAPC Certification Compliance Guide.

NTRM Inspection Information

Non-tobacco related material (NTRM) or foreign matter is a broad term that refers to all materials that are not tobacco lamina and stem. This includes, but is not limited to: soil particles, paper, string, metal fragments, tobacco stalks and suckers, plastics, foam materials, wood, grasses, weeds, oils and burlap fibers, as well as gloves and other personal protection equipment.

Providing a product that is free of all forms of NTRM is a critical aspect of GAP that begins at the farm level with elimination of NTRM sources and physical removal of all NTRM materials during on-farm tobacco handling, storage and transport.

Below is a NTRM inspection checklist. Inspections should be done routinely to ensure new sources of NTRM are addressed as soon as possible.

- □ Clean all market prep facilities. Starting the season with a clean facility will make it easier to maintain throughout the entire season.
- □ Create designated break areas with space to store gloves, jackets, tools, drinks, or food. These areas should be the only space workers are allowed to eat, drink, and take breaks from market prep activities.
- □ Ensure trash cans are emptied regularly, secured to prevent tipping, and in areas easily accessible to employees when they are on breaks.
- □ Check facilities for bird's nest or roosting birds to prevent feathers and bird waste from getting in tobacco.
- □ Ensure all the tools used in the market preparation area are in good condition and have handles made of wood or metal.
- □ Check and replace any materials used to cover tobacco if fraying or tears are present. When possible use a non-plastic tarp such as canvas or similar quality material.
- □ Check to make sure the wagon, trailer, or truck used to transport the tobacco is clean and free from any oil or chemical spills.

Worker Training Tips:

- Remind your workers everyday verbally and with posted posters to think about NTRM prevention.
- In training, ask them to use only the designated break areas for eating, drinking, and storage of other personal items.
- Ask them to pick up and place in a trash can any trash or non-tobacco material when they see it on the market prep floor or near baling supplies.

Inspección NTRM

Materiales no relacionados al Tabaco (NTRM) o material ajeno al mismo es un término amplio que refiere a todos los materiales que no son el vástago o la lámina del tabaco. Esto incluye, pero no se limita a: partículas del suelo, papel, tiras, fragmentos metálicos, tallos y retoños de tabaco, plásticos, materiales de goma espuma, madera, pastos, hierba mala, aceites y fibras de jute, así como guantes y otros equipos de protección personal.

Proveer un producto libre de todas las formas de NTRM es un aspecto critico de GAP que empieza en la granja a nivel de eliminación de recursos NTRM y remoción física de todos los materiales NTRM durante el manejo, almacenamiento y transporte en la granja.

Adjunta se encuentra una lista de control de inspección de NTRM. Las inspecciones de deben hacer (al menos 1 o 2 veces por semana) para garantizar que las nuevas fuentes de NTRM se aborden lo antes posible.

- □ Limpiar las instalaciones de preparación del mercado. Empezar la temporada con unas instalaciones limpias hará el proceso de mantenimiento más fácil durante toda la temporada.
- □ Crear áreas designadas para descansos con espacio para guardar guantes, chaquetas/chamarras, herramientas, bebidas, o comida. Estas áreas deben ser el único lugar donde los empleados puedan comer, beber, y tomar descansos fuera de las áreas de preparación del mercado.
- □ Asegurar que los botes de basura sean vaciados con regularidad, asegurados para evitar que se volteen, y estar en áreas accesibles para los trabajadores cuando están descansando.
- □ Verifique las instalaciones para observar si hay nidos de pájaros, para prevenir que las plumas y desechos de los mismos caigan sobre el tabaco.
- □ Asegúrese que todas las herramientas que se usan en el área de la preparación del mercado estén en buenas condiciones y tengan mangos hechos de madera o metal.
- □ Observe y reemplace cualquier material usado para cubrir el tabaco si esta deshilachado o rajado. Cuando sea posible use lonas que no sean plásticas, como telas o materiales similares de calidad.
- □ Verifique que el vagón, tráiler o camión usado para transportar el Tabaco está limpio y libre de cualquier derrame de aceite o productos químicos.

Consejos de Capacitación para el Personal:

- Recuérdele a los trabajadores cada día verbalmente y con carteles para pensar cómo prevenir NTRM.
- En los entrenamientos/capacitaciones, pídales que solo usen las áreas designadas para comer, beber, y guardar artículos personales.
- Pídales que recojan y pongan - basura o materiales no relacionados al tabaco en los receptáculos provistos cuando lo vean en el piso del área de preparación del mercado o cerca de los suministros de empacado.

NTRM Inspection Log
Regisstro de Inspección NTRM

Date **Fecha** (MM/DD/YYYY)	**Who did the Inspection?** **¿Quién hizzo la inspección?**	**Areas Inspected** ***(ex: market prep facilities, baling equipment, break areas)*** **Areas Inspeccionadas** ***(ej: instalaciones de preparación del Mercado, equipos de emaque, áreas de descanso)***	**Comments** ***(ex: No new sources of NTRM, added a trash can in break area)*** **Comentarios** ***(ej: No hay nuevas fuentes de NTRM, se agregó un bote de basura al área de descanso)***

TAB 6

Agrochemical Storage and Soil & Water

Included Records:

- CPA Inventory Records
- Rainfall Records
- Irrigation Records
- Crop Rotation Records

Additional documents may be requested. See GAPC Certification Compliance Guide.

CPA Inventory Records

Reference Number*	Brand Name / Product / Common Name	Storage Area	Amount

*CPA Information Records from Tab 2 IPM and CPA Page 3

Rainfall Records

Rainfall records can be kept daily, weekly or monthly.

Field/Tract ID*	Date (MM/DD/YYYY)	Amount of Precipitation	Crop Condition

*Field/Tract ID from Tab 1 Operation & Nutrient Management Records Page 5

Irrigation Records

Irrigation records can be kept daily, weekly or monthly.

Field/ Tract ID*	Date (MM/DD/YYYY)	Source of Irrigation Water	Application Type	Amount Applied	Crop Condition before Irrigating

*Field/Tract ID from Tab 1 Operation & Nutrient Management Records Page 5

Crop Rotation Records

		20__			20__			20__			20__		
Field/ Tract ID*	Field HEL (Yes/No)	Crop	Tillage Type**	Cover Crop	Crop	Tillage Type**	Cover Crop	Crop	Tillage Type**	Cover Crop	Crop	Tillage Type**	Cover Crop

*Field/Tract ID from Tab 1 Operation & Nutrient Management Records Page 5
** Tillage type indicates one of the following: conventional, strip-till, or minimum till

TAB 7

Recruiting and Hiring Workers

Included Records:

- Labor Numbers
- DOL Template Terms & Conditions of Employment (DOL WH-516)
- Worker Abandonment & Termination Record
- Non-Immediate Family Minors Working Record

Additional documents may be requested. See GAPC Certification Compliance Guide.

Labor Numbers

Include all individuals that provide any labor in tobacco on the operation regardless of whether they are directly hired by the grower or indirectly hired by others such as Farm Labor Contractors or other third parties. Include any part-time or seasonal employees who may only work during peak time.

Hired Labor in Tobacco (non-immediate family labor)	Full-time[1]	Seasonal[2]	Daily[3]	Tasked-based[4]	Labor Exchange[5]	Total
A. H-2A workers hired directly[6]						=
B. H-2A workers hired indirectly[7]						=
C. Migrant[8] Non-H-2A workers hired directly						=
D. Migrant Non-H-2A workers hired indirectly						=
E. All other hired labor hired directly (non-immediate family, local[9], non-H-2A, non-migrant)						=
F. All other hired labor hired indirectly (non-immediate family, local, non-H-2A, non-migrant)						=
Immediate Family Labor in Tobacco	**Full-time**	**Seasonal**	**Daily**	**Tasked-based**	**Labor Exchange**	**Total**
G. Immediate Family (spouse, children, stepchildren, foster children, parents, stepparents, foster parents, brothers, and sisters)						=
Total workforce on your farm in tobacco (add A through G)						

[1] Full-Time: Works all 12 months.
[2] Seasonal: Works less than 12 months and is aligned with crop season, when crop season is done workers are done.
[3] Daily: Employed to complete a task or tasks over a fixed number of hours in a day.
[4] Task-Based: Employed to complete a task or tasks without consideration of time; piece rate work is an example of this.
[5] Labor Exchange/Volunteer: Labor exchange/volunteer labor are individuals that are not immediate family or apprenticeship/vocational labor that work on the operation for no compensation (volunteer) or for no compensation AND an exchange of labor to help on their farm (labor exchange).
[6] Hired Directly: H-2A workers are hired directly by grower or with the assistance of a personal attorney, approved H-2A agent, or approved H-2A agricultural association (i.e. NCGA, AWMA, VAGA, National Ag Consultants, and KY Farmers Aid).
[7] Hired Indirectly: H-2A workers are hired by a third-party such as a FLC or H-2ALC to work on grower's operation.
[8] Migrant: An individual who is employed in agricultural employment of a seasonal or other temporary nature, and who is required to be absent overnight from his permanent place of residence.
[9] Local: Workers engaged in agriculture who commute daily from their permanent residence.

Migrant and Seasonal Agricultural Worker Protection Act

U.S. Department of Labor
Wage and Hour Division

U.S. Wage and Hour Division

OMB NO: 1235-0002
Expires: 10/31/2023

Worker Information—Terms and Conditions of Employment

1. Place of employment: _____

2. Period of employment: From _____ To _____

3. Wage rates to be paid: $ _____ per Hour Piece Rate $_____ per _____

4. Crops and kinds of activities: _____

5. Transportation or other benefits, if any: _____

_____

Charge(s) to workers, if any: _____

6. Workers' compensation insurance provided: Yes ☐ No ☐

Name of compensation carrier: _____

Name and address of policyholder(s): _____

_____

Person(s) and phone number(s) of person(s) to be notified to file claim: _____

_____

Deadline for filing claim: _____

7. Unemployment compensation insurance provided: Yes ☐ No ☐

8. Other benefits: _____ Charge(s) _____

9. For migrant workers who will be housed, the kind of housing available and cost, if any: _____

_____

Charge(s) _____

10. List any strike, work stoppage, slowdown, or interruption of operation by employees at the place where the workers will be employed. (*If there are no strikes, etc., enter* "*None*"):

_____

_____

11. List any arrangements that have been made with establishment owners or agents for the payment of a commission or other benefits for sales made to workers. (*If there are no such arrangements, enter* "*None*"):

_____

_____

Name of Person(s) Providing This Information: _____

Note: The Department of Labor–Wage and Hour Division makes this form available in certain other languages to enable employers to satisfy the requirement that the terms and conditions of employment be disclosed in a language common to the workers. Contact the nearest office of the Wage and Hour Division to obtain such forms.

While completion of Form WH516 is optional, it is mandatory for Farm Labor Contractors, Agricultural Employers, and Agricultural Associations to disclose employment terms and conditions in writing to migrant and day-haul workers upon recruitment, and to seasonal workers other than day-haul workers upon request when an offer of employment is made to respond to the information collection contained In 29 CFR §§ 500.75-500.76. This optional form may be used to disclose the required information. Thereafter, any migrant or seasonal worker has the right to have, upon request, a written statement provided to him or her by the employer, of the information described above. This optional form may also be used for this purpose.

We estimate that it will take an average of 32 minutes to complete this collection of information, including the time to review instructions, search existing data sources, gather and maintain the data needed, and complete and review the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, Room S3502, 200 Constitution Avenue NW, Washington, D.C. 20210. ***Do NOT send the completed form to this office***.

Persons are not required to respond to this information unless it displays a currently valid OMB number.

Ley Para La Protección de Obreros Agrícolas Migratorios y Temporeros

Departamento de Trabajo de EEUU
Sección de Horas y Sueldos

U.S. Wage and Hour Division

OMB No.: 1235-0002
Vence: 10/31/2023

Información Sobre el Obrero -Términos y Condiciones de Empleo

1. Lugar de empleo: _____

2. Período de empleo: De _____ a _____

3. Tasas de salarios a pagar: $ _____ por hora Pago a destajo $ _____ por _____

4. Cultivos y tipos de actividades: _____

5. Transporte u otros beneficios, si los hay: _____

_____

Gastos con cargo a los obreros, si los hay: _____

6. Seguro de Indemnización para obreros que se provee: Sí ☐ No ☐

Nombre de la compañía de seguros: _____

Nombre y dirección del (de los) asegurado(s): _____

_____

Persona(s) y número de teléfono de la(s) persona(s) a notificar para presentar reclamación: _____

_____

Fin de plazo para presentar reclamación: _____

7. Seguro de indemnización por desempleo que se provee: Sí ☐ No ☐

8. Otros beneficios: _____ Gasto(s) _____

9. En el caso de que los obreros migratorios necesiten alojamiento, el tipo de alojamiento disponible y el costo, si lo hay: _____

_____

Cargo(s): _____

10. Enumere cualquier huelga, paro de trabajo, retraso o interrupción de las operaciones por parte de los empleados en el lugar donde se empleará a los obreros. (Si no hay huelgas, etc., indique "Ninguna").

_____

_____

11. Indique cualquier acuerdo o convenio que se haya hecho con los propietarios del establecimiento o con los agentes para el pago de una comisión u otros beneficios por ventas hechas a los obreros. (Si no hay ningún acuerdo o convenio, indique "Ninguno"):

_____

_____

Nombre de la(s) persona(s) que proporciona(n) esta información: _____

Nota: La Sección de Horas y Sueldos del Departamento de Trabajo pone a la disposición este formulario en otros idiomas para permitirles a los empresarios que cumplan con el requisito de notificación de los términos y las condiciones en un idioma que sea común a los obreros. Póngase en contacto con la oficina más cercana de la Seccion de Horas y Sueldos para obtener dichos formularios.

Mientras que rellenar el Formulario WH-516 es opcional, se exige que los Contratistas de Trabajo Agrícola, los Empresarios Agrícolas y las Asociaciones Agrícolas les revelen los términos y las condiciones de empleo por escrito a los obreros migratorios y a los jornaleros de cargas al ser reclutados, y a obreros temporeros aparte de jornaleros de cargas a petición cuando se hace una oferta de empleo para responder a la compilación de información contenida en 29 CFR §§ 500.75 – 500.76. Se puede usar este formulario opcional para revelar la información exigida. De allí en adelante, cualquier obrero(a) migratorio(a) u obrero(a) temporero tiene derecho a recibir, a petición, una declaración escrita proveída a él/ella por el empresario con la información descrita arriba. También se puede usar este formulario opcional para este propósito.

Se calcula que se tomará un promedio de 32 minutos para rellenar toda esta compilación de información, incluído el tiempo para repasar las instrucciones, buscar las fuentes de datos existentes, recolectar y mantener los datos necesarios y rellenar y repasar la compilación de la información. Si tiene algún comentario con respecto a este cálculo de obligación o cualquier otro aspecto de esta compilación de información. inclusive recomendaciones para reducir esta carga, envíelos a Administrator, Wage and Hour Division, Room S-3502. 200 Constitution Avenue, N.W., Washington, D.C. 20210.

NO Envíe a Esta Oficina el Formulario Con la Información.

No es necesario responder a esta información a menos que tenga un número válido de OMB.

Worker Abandonment & Termination Record

Worker Name	Reason for Termination	Documentation

Non-Immediate Family Minors (Under Age 18) Working on Farm Record

U.S. Certification: Hired workers under 18 are restricted from Department of Labor (DOL) Hazardous Tasks (For a list See Certification Standards Appendix 1 List A)

International Certification: Hired workers under 18 are restricted from International Restricted Tasks (For a list See Certification Standards appendix 1 List B)

Full Name	Date of Birth	Parental Consent	Residence	Permanent Address
		☐ YES ☐ NO		
		☐ YES ☐ NO		
		☐ YES ☐ NO		
		☐ YES ☐ NO		
		☐ YES ☐ NO		
		☐ YES ☐ NO		
		☐ YES ☐ NO		
		☐ YES ☐ NO		
		☐ YES ☐ NO		

TAB 8

Workers Right & Responsibilities and Worker Concern Helpline

Included Records:

- Worker Concern Process Documentation (English & Spanish)
- Anti-Discrimination Policy (English & Spanish)

Additional documents may be requested. See GAPC Certification Compliance Guide.

Worker Concern Process Documentation

Grower ID #	
Grower Name	
Farm Name	
Trainer(s)	
Year	

- Information on the Worker Rights and Responsibilities and Worker Concern Helpline poster was shared with you and is posted in a place that is visible to all workers.

You understand the following on this farm:

- □ The Grower is committed to providing a safe working environment for you and satisfy your legal rights while you are on this farm.
- □ A method is available for workers to notify the Grower, orally and in writing, of any concern related to the terms or conditions of work.
- □ The Grower will investigate concerns brought forth by workers and provide notice to the workers, if known, of how the concern will be or was addressed. At the request of the workers, an informal meeting between the Growers and workers will be held to address the concern.
- □ If you raise a concern with Grower and are not satisfied with the resolution or handling of the issue, you are encouraged to call the GAP Connections Worker Concern Helpline or legal authority to voice and address the concern.

The Grower has discussed the following with you concerning the Worker Concern Helpline:

- □ If you believe that your legal rights are not being met while working on this farm, and you are not comfortable discussing the issue with someone on this farm, please feel free to call this helpline.
- □ Using this helpline will not limit any rights you currently have under U.S. Law, nor limit your ability to share a legal concern you may have with any other person or organization.
- □ That the source of any information you provide will be treated as confidential.
- □ If you call this helpline and share a concern, the service provider of this helpline will contact you within two weeks to provide an update.
- □ You may also choose to remain anonymous when you report your concern.
- □ If you prefer to remain anonymous, the service provider of this helpline will give you a number to call in two weeks, so you can receive an update.
- □ If at any time you feel you are being retaliated against for calling the helpline, you should call the helpline again and share this with the helpline operator.

Documento Para El Proceso De Quejas

ID del Granjero #	
Nombre del Granjero	
Nombre de la Granja	
Entrenador(es)	
Año	

- Se le entrego un poster con información de los Derechos y Responsabilidades de los Trabajadores y Línea de Ayuda de Quejas para Trabajadores y esta publicado en un lugar visible a todos.

Entiende lo siguiente en esta Granja:

- □ El Granjero está comprometido a proveer un ambiente seguro de trabajo para usted y satisfacer sus derechos legales mientras se encuentre en la granja.
- □ Hay un método disponible para notificar al Granjero, oralmente y por escrito, de cualquier queja relacionada a los términos o condiciones de trabajo.
- □ El Granjero investigará la queja presentada por el trabajador y notificará a los trabajadores, si se conoce, como se manejará su queja. A petición de los trabajadores, se hará una reunión entre el Granjero y los trabajadores para tratar la queja.
- □ Si usted levanta una queja con el Granjero y no esta satisfecho con la resolución o manejo del problema, se le recomienda que llame a la Línea de Ayuda de Quejar para Trabajadores de GAP Connections o la autoridad legal para expresar y tratar su queja.

El Grannjero ha discutido con usted lo siguiente a cerca de la Linea de Ayuda para Trabajadores:

- □ Si usted cree que sus derechos legales no están siendo respetados mientras trabaja en esta granja, y usted no se siente cómodo discutiendo sus problemas con alguien en esta granja, por favor siéntase en la libertad de llamar a esta línea de ayuda.
- □ Usar la línea de ayuda no limitara los derechos que tiene bajo las leyes de los Estados Unidos, y tampoco limita su habilidad para compartir una queja legal que tenga con alguna otra persona u organización.
- □ Que la fuente de cualquier información que usted aporte será tratada confidencialmente.
- □ Si usted llama a la línea de ayuda y comparte una queja, el proveedor de la línea de ayuda le contactara dentro de un plazo de dos semanas para actualizarle.
- □ Usted también puede escoger mantenerse anónimo cuando reporte su queja.
- □ Si usted prefiere mantenerse anónimo, el proveedor de la línea de ayuda le dará un numero de teléfono al que podrá llamar en dos semanas para recibir una actualización.
- □ Si en algún momento siente que se están tomando represalias hacia usted por llamar a la línea de ayuda, usted debe llamar a la línea de ayuda otra vez y compartir esto con el operador de la línea de ayuda.

Worker Concern Process Documentation
Documento Para El Proceso De Quejas

Sign below if you understand the Worker Concern Process being used on this farm.

Firme abajo si usted entendió el Proceso de Quejas para Trabajadores usado en esta granja.

Printed Name (Nombre Impreso)	Signature (Firma)	Date (Fecha) (MM/DD/YYYY)
1 .		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		

Anti-Discrimination Policy

*_____ is an equal opportunity employer and makes all employment decisions without regard to race, color, age, religion, sex, disability, genetic information, national origin, and other situations protected by federal, state, or local laws.

*_____ is free of unlawful discrimination, harassment, and retaliation.

These protections apply to all terms and conditions of employment, including but not limited to; compensation, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, benefits, training, harassment, and retaliation.

*_____ seeks to comply with all applicable federal, state, and local laws related to discrimination.

Employees who believe that they have been subjected to discrimination, harassment, or retaliation should promptly bring the matter to the attention of *_____ or the Worker Concern Helpline managed by Clear Voice 1(800) 638-0325 for an equitable resolution.

*_____ makes decisions concerning employment based strictly on an individual's qualifications and ability to perform the job under consideration, the comparative qualifications and abilities of other applicants or employees, and the individual's past performance, or previous experience.

Employees who believe that an employment decision has been made that does not conform with *_____ commitment to equal opportunity, you should promptly bring the matter to the attention of *_____ or the Worker Concern Helpline managed by Clear Voice 1(800) 638-0325 for an equitable resolution.

There will be no retaliation against any employee who files a complaint in good faith, even if the result of the investigation produces insufficient evidence to support the complaint.

*INSERT FARM NAME OR GROWER NAME

Política de No Discriminación

*_____ es un empleador de oportunidades equitativas y hace todas las decisiones de empleo sin importar la etnicidad, color, edad, religión, sexo, discapacidades, información genética, nacionalidad, y otras situaciones protegidas por las leyes locales, estatales y federales.

* _____ está libre de discriminación ilegal, acoso y represalias. Estas protecciones se aplican para todos los términos y condiciones de empleo, incluyendo, pero no limitado a; compensación, contratación, colocación, promoción, despidos, reducción de personal, revisión, transferencia, permisos para ausentarse, beneficios, y entrenamiento, acoso, y represalias.

*_____ busca cumplir con las leyes locales, estatales y federales relacionadas a la discriminación.

* Los empleados que crean que has sido sometidos a discriminación, acoso, o represalias debe dar aviso inmediatamente a *_____ o a la Línea de Ayuda para Asuntos de los Trabajadores administrada por Clear Voice 1(800) 638-0325 para una resolución equitativa.

*_____ toma decisiones en cuanto a empleo basado estrictamente en las calificaciones individuales y las capacidades de realizar un trabajo bajo consideración, las calificaciones comparativas y habilidades de otros aplicantes o empleados, y actuaciones pasadas del individuo, o experiencia previa.

Los empleados que crean que se ha tomado una decisión de empleo que no está de acuerdo con el compromiso de * _____ de oportunidades equitativas, debe reportar el asunto lo más pronto posible a o a la Línea de Ayuda para Asuntos de los Trabajadores administrada por Clear Voice 1(800) 638-0325

*_____ para una resolución equitativa.

No habrá represalias en contra de ningún empleado que presente una queja en buena fe, inclusive si el resultado de la investigación no tiene suficientes pruebas que apoyen la queja.

*NOMBRE DE LA GRANJA O AGRICULTAR

TAB 9

Housing, Sanitation and Transportation

Included Records:

- DOL Template Housing Terms & Conditions (DOL WH-521)
- Vehicle Information Records
- Driver Information Records
- Vehicle Inspection Log
- Field Sanitation Inspection Log

Additional documents may be requested. See GAPC Certification Compliance Guide.

U.S. Department of Labor
Wage and Hour Division

Departamento de Trabajo de EE UU
Sección de Horas y Sueldos

U.S. Wage and Hour Division

OMB No. 1235-0002
Expires/Se caduca: 10/31/2023

HOUSING TERMS AND CONDITIONS

Important Notice to Migrant Agricultural Worker: The Migrant and Seasonal Agricultural Worker Protection Act requires the furnishing of the following information.

1. The housing is provided by

Name _____

Address _____
City & state / Zip code

_____

2. Individual(s) in charge

Name _____

Address _____
City & state / Zip code

_____

Phone _____

3. Mailing address of housing facility

Address _____
City & state / Zip code

_____

Phone _____

4. Conditions of occupancy

Who may live in housing facility
Charges made for housing (if none, so state)
Meals provided (if none, so state)
Charges for utilities (if none, so state)
Other charges. if any
Other conditions of occupancy

TÉRMINOS Y CONDICIONES DE LA VIVIENDA

Aviso Importante Para Obreros Agrícolas Migratorios: La Ley Para la Protección de Obreros Migratorios y Temporeros exige que se provea la información siguiente.

1. La vivienda la provee

Nombre _____

Dirección _____
Ciudad y estado / Código Postal

_____

2. Persona(s) encargada(s)

Nombre _____

Dirección _____
Ciudad y estado / Código Postal

_____

Teléfono _____

3.Dirección de correo de la vivienda

Dirección _____
Ciudad y estado / Código Postal

_____

Teléfono _____

4. Condiciones de ocupación

Quién puede habitar la vivienda
Cargos hechos por proporcionar la vivienda (Si no los hay, declárelo)
Comidas proporcionadas (si no las hay, declárelo)
Cargos por servicios(luz, agua, gas) (si no los hay, declárelo)
Otros cargos, si los hay
Otras condiciones de ocupación

Vehicle Information

Vehicle	Make/Model	Year	Annual Checklist
			☐ Valid Tags ☐ Insurance If required: ☐ State Safety Inspection, Date: ___________ ☐ Federal Safety Inspection, Date: _________
			☐ Valid Tags ☐ Insurance If required: ☐ State Safety Inspection, Date: ___________ ☐ Federal Safety Inspection, Date: _________
			☐ Valid Tags ☐ Insurance If required: ☐ State Safety Inspection, Date: ___________ ☐ Federal Safety Inspection, Date: _________
			☐ Valid Tags ☐ Insurance If required: ☐ State Safety Inspection, Date: ___________ ☐ Federal Safety Inspection, Date: _________
			☐ Valid Tags ☐ Insurance If required: ☐ State Safety Inspection, Date: ___________ ☐ Federal Safety Inspection, Date: _________

Driver Information

Driver's Name	Driver License Number	Driver License Expiration Date	Date on Doctor Certificate (if required)	If FLC or FLCE
				☐ Certificate ☐ Authorized to transport (FLC Only) ☐ Authorized to drive
				☐ Certificate ☐ Authorized to transport (FLC Only) ☐ Authorized to drive
				☐ Certificate ☐ Authorized to transport (FLC Only) ☐ Authorized to drive
				☐ Certificate ☐ Authorized to transport (FLC Only) ☐ Authorized to drive
				☐ Certificate ☐ Authorized to transport (FLC Only) ☐ Authorized to drive
				☐ Certificate ☐ Authorized to transport (FLC Only) ☐ Authorized to drive
				☐ Certificate ☐ Authorized to transport (FLC Only) ☐ Authorized to drive
				☐ Certificate ☐ Authorized to transport (FLC Only) ☐ Authorized to drive
				☐ Certificate ☐ Authorized to transport (FLC Only) ☐ Authorized to drive

Vehicle Inspection Log

	Vehicle _____	Vehicle _____	Vehicle _____	Vehicle _____	Vehicle _____
	Date _____ "✓" (MM/DD/YYYY)	Date _____ "✓" (MM/DD/YYYY)	Date _____ "✓" (MM/DD/YYYY)	Date _____ "✓" (MM/DD/YYYY)	Date _____ "✓" (MM/DD/YYYY)
Head Lights					
Stop Lights					
Tail Lights					
Back up Lights					
Hazard Warning Lights					
Turn Signals					
Brakes (free of leaks and parking brake functional)					
Windshield (free of cracks)					
Windshield Wipers (operational)					
Floors/Sides (passenger compartment free of openings or defects)					
Seats (securely fastened)					
Exiting Capability (properly functioning door handles and latches)					
Fire Extinguishers					
Flares/Reflectors/Lanterns					
Tires (tread and equal size)					
Steering (safe and accurate)					
Horn					
Ventilation (Windows operational)					
Mirrors (full vision of sides and rear)					
Fuel System (free of leaks, cap secure)					
Exhaust System (free of leaks, discharge away from passenger compartment)					
Comments:					
Maintenance:					

Field Sanitation Log

For operations with eleven (11) or more workers, employed during the past twelve months, at any one time, engaged in hand-labor operations. Grower must provide proof of purchase or rental of hand washing facilities. In the case where the grower owns the Field Sanitation (porta potty and/or hand washing) or the Field Sanitation has been returned to a rental business, the Field Sanitation Log can be used as documentations to meet the Field Sanitation Certification Standard.

Date of Service (MM/DD/YYYY)	By: (Initials of person)	Cleaned/ Serviced "✔"	Potable Water & Soap "✔"	Paper Towels "✔"	Toilet Paper "✔"	Trash Emptied "✔"

TAB 10

Worker Training and Farm Safety

Included Records:

- OSHA Form 300, Form 300A, and Form 301
- How to Prepare for an Emergency or Disaster (English & Spanish)
- Emergency Response Plan (English & Spanish)
- Farm Roster (English & Spanish)
- List of Important Numbers (English & Spanish)
- In Case of Medical Emergency (English & Spanish)
- In Case of a Fire Emergency (English & Spanish)
- In Case of Severe Weather/Tornado Sheltering (English & Spanish)
- Worker Safety Training Records
- Worker Crop Integrity Training Records

Additional documents may be requested. See GAPC Certification Compliance Guide.

OSHA's Form 300 (Rev. 04/2004)

Log of Work-Related Injuries and Illnesses

Note: *You can type input into this form and save it.* Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader. In addition, the forms are programmed to auto-calculate as appropriate.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 20 ___

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

Please Record:
- *Information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid.*
- *Significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional.*
- *Work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12.*

Reminders:
- *Complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.*
- *Feel free to use two lines for a single case if you need to.*
- *Complete the 5 steps for each case.*

Establishment name ______________________

City ______________ State ________

Step 1. Identify the person			Step 2. Describe the case			Step 3. Classify the case — SELECT ONLY ONE circle based on the most serious outcome:				Step 4. Enter the number of days the injured or ill worker was:		Step 5. Select one column: (M)					
								Remained at Work					Illness				
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness (e.g., 2/10)	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other record-able cases (J)	Away from work (K)	On job transfer or restriction (L)	Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)
Reset			___ / ___ month / day			○	○	○	○	___ days	___ days	○	○	○	○	○	○
Reset			___ / ___ month / day			○	○	○	○	___ days	___ days	○	○	○	○	○	○
Reset			___ / ___ month / day			○	○	○	○	___ days	___ days	○	○	○	○	○	○
Reset			___ / ___ month / day			○	○	○	○	___ days	___ days	○	○	○	○	○	○
Reset			___ / ___ month / day			○	○	○	○	___ days	___ days	○	○	○	○	○	○
Reset			___ / ___ month / day			○	○	○	○	___ days	___ days	○	○	○	○	○	○
Reset			___ / ___ month / day			○	○	○	○	___ days	___ days	○	○	○	○	○	○
Reset			___ / ___ month / day			○	○	○	○	___ days	___ days	○	○	○	○	○	○
Reset			___ / ___ month / day			○	○	○	○	___ days	___ days	○	○	○	○	○	○
Reset			___ / ___ month / day			○	○	○	○	___ days	___ days	○	○	○	○	○	○
					Page totals ▶	0	0	0	0	0	0	0	0	0	0	0	0
												Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Add a Form Page

OSHA's Form 300A (Rev. 04/2004)

Summary of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it.
Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader.

Year 20 ___

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types

Total number of . . . (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Establishment information

Your establishment name _____

Street _____

City _____ State _____ Zip _____

Industry description (*e.g., Manufacture of motor truck trailers*)

_____

North American Industrial Classification (NAICS), if known (e.g., 336212)

Employment information *(If you don't have these figures, see the Worksheet on the next page to estimate.)*

Annual average number of employees _____

Total hours worked by all employees last year _____

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

_____ _____
Company executive Title

Phone _____ Date _____

Reset

OSHA's Form 301 (Rev. 04/2004)

Injury and Illness Incident Report

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the free Adobe PDF Reader. In addition, the forms are programmed to auto-calculate as appropriate.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* and the accompanying *Summary,* these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy the printout or insert additional form pages in the PDF, and then use as many as you need.

Completed by _____

Title _____

Phone _____ **Date** _____
Month Day Year

Information about the employee

1) Full name _____

2) Street _____

City _____ **State** _____ **ZIP** _____

3) Date of birth _____
Month Day Year

4) Date hired _____
Month Day Year

5) ○ **Male** ○ **Female**

Information about the physician or other health care professional

6) Name of physician or other health care professional

_____

7) If treatment was given away from the worksite, where was it given?

Facility _____

Street _____

City _____ **State** _____ **ZIP** _____

8) Was employee treated in an emergency room?
○ **Yes**
○ **No**

9) Was employee hospitalized overnight as an in-patient?
○ **Yes**
○ **No**

Information about the case

10) **Case number from the *Log*** _____ *(Transfer the case number from the Log after you record the case.)*

11) **Date of injury or illness** _____
Month Day Year

12) **Time employee began work** (HH:MM) _____ ○ **AM** ○ **PM**

13) **Time of event** (HH:MM) _____ ○ **AM** ○ **PM** ○ **Check if time cannot be determined**

*** Re fields 14 to 17:** Please do not include any personally identifiable information (PII) pertaining to worker(s) involved in the incident (e.g., no names, phone numbers, or Social Security numbers).

14)* *What was the employee doing just before the incident occurred?* Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. *Examples:* "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."

15)* *What Happened?* Tell us how the injury occurred. *Examples:* "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."

16)* *What was the injury or illness?* Tell us the part of the body that was affected and how it was affected. *Examples:* "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."

17)* What object or substance directly harmed the employee? *Examples:* "concrete floor"; "chlorine"; "radial arm saw." *If this question does not apply to the incident, leave it blank.*

18) ***If the employee died, when did death occur?*** **Date of death** _____
Month Day Year

Add a Form Page

Reset

How to Prepare for an Emergency or Disaster

Growers can follow these steps below and use the provided Emergency Disaster Plan template to prepare for unexpected emergencies or disasters on their farming operations.

1. Plan carefully.
2. Identify the risks on your operation.
3. Put emergency procedures in place.
4. Create a communication plan.
5. Practice for all kinds of emergencies.

1. Plan Carefully

Planning includes considering man-made and natural disasters. Decide how you will assess the situation and use available resources to take care of yourself, family, workers and property in the case of an emergency or disaster. It is also important to review insurance policies annually to ensure they meet your coverage needs in case of an emergency or disaster.

2. Identify the Risks on your Operation

Determine which disasters are most common in your area including but not limited to:

Fire
Tornado
Hurricane
Severe Weather (i.e. awareness of the presence of lightening when working in fields)
Flooding
Earthquake
Medical/Accident
Explosions
Biological (i.e. human or animal disease outbreak)
Chemical/Hazardous Material Spill and/or Human Exposure

3. Put Emergency Procedures in Place

Carefully assess how the farm functions, determine the information, workers, materials and equipment that are necessary to keep operating after an emergency or disaster. The following are suggestions to help in preparing emergency procedures.

- ☐ Create a list of important numbers for emergency services, utilities, service providers, medical providers, veterinarians, insurance companies, etc.
- ☐ Identify a safe shelter and/or create an evacuation plan.
- ☐ Prepare for medical emergencies by keeping first aid kits close by and by posting phone numbers for emergency responders such as police, EMS, fire department and others.
- ☐ Create a map or description of building site including utility lines and where CPA's or fuel tanks are located.
- ☐ Create a list of equipment.
- ☐ Ensure that you have a backup of payroll & accounting systems.
- ☐ Maintain storage of important paper documents (such as insurance policies) off site.
- ☐ Develop and maintain an Emergency Supply Kit.
- ☐ Equip buildings and facilities with safety and emergency gear such as fire extinguishers, smoke and heat detectors/alarms, flashlights and batteries, battery powered radios and weather radios and elevate equipment off the floor to avoid electrical hazards.

How to Prepare for an Emergency or Disaster

4. Create a Communication Plan

Communication is important tool in your emergency plan. A communication plan helps ensure everyone knows how to reach each other and where to meet in an emergency. Mobile phones and computers could be unreliable during or after a disaster, as well as, electricity could be disrupted.
Plan for extended disruptions and carefully examine which utilities are vital to the operation. Talk with service providers about potential alternatives and identify back-up options such as portable generators. Have a written copy of all phone numbers and email address of workers and family on the farm and decide on a safe and familiar place for workers and family on the farm to go for protection or to reunite. Identify the following meet up places:

- Indoor - If you live in an area where tornadoes, hurricanes or other weather can happen, make sure everyone knows where to go for protection.
- In the Neighborhood - A place where everyone can meet if there is a fire or other emergency and need to leave the residence or farm.
- Outside of the Neighborhood -A place to meet if a disaster happens and everyone is not able to get back to the home or farm.
- Outside of your Town or City - A place to meet when everyone is outside of the neighborhood and outside of your town/city locations are in an evacuation area.

5. Practice for All Kinds of Emergencies

The best method of preparation for a disaster is to talk to your employees. A good plan is only as good as the workers' awareness and understanding of the plan.

- ☐ Conduct education and training for workers and family on the farm with information on disaster preparedness skills.
- ☐ Plan to conduct evacuation drills and other emergency exercises together.
- ☐ Talk with first responders, emergency managers, community organizations and utility providers so they are aware and familiar with the farm and include them in emergency/disaster drills on the farm.
- ☐ Annually review the farm emergency/disaster plan and update as the changes occur.
- ☐ Make sure employees are trained annually and new employees are familiar with the plan.

The following pages are templates that can be used by growers to prepare for an emergency or disaster. Post these pages where workers can view them easily or have them in a location where all workers know where they are and an access them at any time.

FOR MORE INFORMATION ON DISASTER OR EMERGENCY PREPAREDNESS GO TO WWW.READY.GOV

Como Prepararse para una Emergencia o Desastre

Los productores pueden seguir los pasos siguientes y usar la plantilla proporcionada del Plan de Emergencia de Desastres para prepararse para las emergencias inesperadas o desastres en sus operaciones agricolas.

1. Planee cuidadosamente.
2. Identifique los riesgos en su operación.
3. Ponga en marcha procedimientos de emergencia.
4. Cree un plan de comunicación.
5. Practique ejercicios para todo tipo de emergencia.

1. Planee Cuidadosamente

Planear incluye considerar desastres naturales y creados por el hombre. Decida coma evaluaria la situación y usaria los recurses disponibles para cuidarse a si mismo, la familia, trabajadores, y propiedad en el caso de una emergencia o desastre. Tambien es importante revisar las políticas de seguro anualmente y asegurarse que cumpla con la cobertura necesaria en caso de una emergen-cia o desastre.

2. Identifique Los Riesqos De Sus Actividades

Determine cuales desastres son los mas comunes en su area incluyendo, pero no limitado a:

lncendio D
Tornado
Huracán
Clima lnclemente (ej. conciencia de la presencia de rayos cuando se trabaja en los campos)
Inundación
Terremoto
Medico/Accidente
Explosion es
Biológico (ej. brote de enfermedad humana o animal)
Quimico /Derrame de Material Peligroso y/o exposición Humana

3. Ponga en Marcha Procedimientos de Emergencia

Cuidadosamente evalue como funciona su granja, determine la información, trabajadore s, materiales y equipo que son necesarios para mantenerse operando despues de una emergenciao desastre. Las siguientes sugerencias le ayudaran a preparar procedimientos de emergencia.

Crear una lista de numeros importantes para servicios de emergencia, proveedores de servicios publicos , proveedores medicos, veterinarios, las compañías de seguros, etc.

- ☐ Identificar un refugio Segura y/o crear un plan de evacuación .
- ☐ Prepararse para emergencias medicas, teniendo cerca un botiquin de primeros auxilios y publicando los numeros de emergenciacomo la policia, EMS (Servicios de Emergencias medicas), departamento de bomberos y otros.
- ☐ Haga un mapa con la descripción del edificio incluyendo las lineas de los servicios publicos y donde se encuentran ubicadoslos tanques de gasolina o CPA's.
- ☐ Haga una lista de los equipos.
- ☐ Asegurese de tener una co pia de seguridadde los sistemas de nómina y contabilidad.
- ☐ Almacene documentos importantes fuera del sitio.
- ☐ Desarrolle y mantenga un Kit con Suministros de Emergencia.
- ☐ Equipe las instalaciones y edificios con equipos de seguridad como extinguidores de incendio, detectores/alarmas de calor e incendios, linternas y baterias, radios de baterias y radios del clima, y eleve todos los equipos del suelo para evrtar un peligro electrico.

Como Prepararse para una Emergencia o DeSastre

4. Haga un plan de emergencia

Comunicación es una herramienta importante en su plan de emergencia. Un plan de comunicación de emergencia le ayuda a asegurarse que todos sepan como llegar a los demas y donde reunirse en caso de una emergencia. Los telefonos celulares y las computadoras pueden ser poco confiables durante o despues de un desastre, tanto como, la electricidad puede fallar. Planee para la interrupción prolongada y cuidadosamente examine cuales servicios publicos son vitales para la operación. Hable con los proveedores de dichos servicios a cerca de alternativas e identifique opciones como generadores. Tenga una copia escrita con todos los numeros de telefonos y direcciones electrónicas de todos los trabajadores y familias en la granja y escoja un lugar seguro y familiar para los trabajadores y familias en la granja para reunirse y estar protegidos. Identifique los lugares de reunion :

- Interior - Si vive en un area de tornados, huracanes u otros climas pueden suceder, asegurese que todos sepan a donde ir por proteccion.
- En el vecindario - Un lugar d onde todos puedan encontrarse si hubiera un incendio u otra emergencia y necesitan evacuar la residencia o la granja.
- Fuera del vecindario - Un lugar donde encontrarse si pasara un desastre y no pueden regresar a la casa o la granja.
- Fuera del pueblo o ciudad - Un lugar donde encontrarse cuando todos estan fuera del vecindario y lugares fuera del pueblo/cuidad que esten en un area de evacuación.

5. Practique para todo tipo de emergencias

El mejor metodo de preparación para un desastre es hablar con sus empleados. Un buen plan solamente sera bueno si todos los trabajadores entienden y estan conscientes del plan.

- ☐ Eduque y entrene a los trabajadores y las familias en la granja para prepararlos con información y destrezas en desastres.
- ☐ Hagan ejercicios para conducir un plan de evacuación y otros ejercicios de emergencias juntos.
- ☐ Hable con los cuerpos de emergencias, jefes de emergencias, organizaciones comunitarias, proveedores.
- ☐ de servicios publicos para que ellos esten al tanto y conozcan la granja e incluyalos en los ejercicios de emergencia/desastres en la granja.
- ☐ Revise los planes de emergencia/desastres anualmente y actualicelos cuando ocurran
- ☐ cambios.
- ☐ Asegurese que sus empleados sean entrenados anualmente y que los nuevos empleados esten. familiarizados con el plan.

Las siguientes paginas son plantillas que pueden usar los granjeros para prepararse para una emergencia o desastre. Publique estas páginas donde los trabajadores pueden verlos facilmente, sepan dónde estan, y puedan acceder en cualquier momento.

PARA MAS INFORMACION EN PREPARACION DE DESASTRES O EMERGENCIA DIRIJASE A WWW.READY.GOV

Emergency Response Plan

Farm Name:	
Address:	
Telephone:	
Contact Name:	
Last Revision Date:	

Employees will be warned to evacuate the building, site, or area using the following system:	
Person who will bring the farm roster to the evacuation assembly area to account everyone:	
If an evacuation required, everyone should assemble at the following location for roll call:	

Plan de Respuesta de Emergencia

Nombre de la Finca:	
Direccion:	
Telefono:	
Responsable	
Fecha de laultima revision:	

Seusaraelsiguiente sistema para advertir a los empleados que deben evacuar el lugar oarea:	
La siguiente personatraera la lista de la granja al lugar de encuentro para contarlos a todos:	
Si serequiere una evacuación todos deben encontrarse en el siguiente lugar para ser contados:	

Farm Roster

Name	Phone	Is special assistance needed for this person (i.e. Person with disability)

Lista de la Granja

Nombre	Telefono	ISe necesita asistencia especial para esta persona (ej. persona con discapacidad)?

List of Important Numbers

Emergency Service	Name	Emergency Telephone	Non-Emergency Telephone
Fire Department			
Emergency Medical Service			
Police Department			
Emergency Management Agency			
Hospital			
Public Health Department			
State Environmental Authority			
National Response Center (EPA)			
Electrician			
Plumber			
Fire Protection Contractor			
Hazardous Materials Cleanup			
Cleanup/Disaster Restoration			

Lista de Numeros Importantes

Servicia de Emergencia	Nombre	Telefonode Emergencia	Telefonode no Emergencia
Departmento de Bomberos			
Servicios de Emergencia Medica			
Departamento de Policias			
Agenciade Manejo de Emergencia			
Hospital			
Departamento de Salud Publica			
Autoridad Estatal del Ambiente			
Centro Nacional de Respuesta (EPA)			
Electricista			
Pbmero			
Contratista de Protecci6n de Incendios			
Lipieza de Materiales Peligrosos			
Limpieza/Restauracion de Desastres			

In Case of Medical Emergency

1. **If a medical emergency is reported, dial 9-1-1 and request an ambulance.**

   Provide the following information:

   - Number and location of victim(s)
   - Nature of injury or illness
   - Hazards involved
   - Nearest emergency access point (entrance)

2. **Alert those trained (members of the medical response team if no one is trained on the farm) to respond to the victim's location and bring a first aid kit or AED. Only trained responders should provide first aid assistance.**
3. **Do not move the victim unless the victim's location is unsafe.**
4. **Control access to the scene.**
5. **Take "universal precautions" to prevent contact with body fluids and exposure to bloodborne pathogens.**
6. **Meet the ambulance at the nearest entrance or emergency access point; direct them to the victim(s).**

List of those trained to administer first aid, CPR, or use automated external defibrillator (AED)

Name	Contact Number(s)

Locations of first aid kits and automated external defibrillator(s) (AEDs)

Locations of First Aid Kits	
Locations of Automated External Defibrillator(s) (AEDs)	

In Caso de Una Emergencia Medica

1. Sise reporta umemergenciamedica, marque al 9-1-1 y pida una ambulancia
   Provea la siguiente información :
   - Numero y ubicación de la(s) victima(s)
   - Naturaleza de lalesión yenfermedad
   - Si hay material peligroso
   - Punto de accesomascercano a la emergencia (entrada)

2. Alerte a aquellos que han sido entrenados (miembros del equipo de respuesta medica sino ha sido entrenado ninguno en la granja) para responder al lugar donde se encuentra la victima y traer el equipo de primeros auxilios a AED. Unicamente los entrenados deben proporcionar asistencia de primeros auxilios.
3. No mueva a lavictimaa menos que lavictimase encuentre en un lugar inseguro.
4. Controle el acceso a la escena.
5. Tome las "precauciones universales" para prevenir el contacto con fluidos corporales y la exposicióna los patógenos trasmitidos por la sangre.
6. Recibaa laambulanciaen la entradamascercana o acceso de emergencia cercano, dirijale a la(s) victima(s).

Lista de aquellos entrenados para suministrar primeros auxilios, CPR o parar usa el desfibrilador externo automatico(AED)

Nombre	Nombre(s) y Numero(s) de los Responsables

Ubicaciónde los equipos de primeros auxilios y el/los desfibriladores (es)automatico(s)(AEDs)

Ubicaciónde los equipos de primeros auxilios	
Ubicacióndel/los equipo (s) destibrilador(es)automatico(s) **(AEDs)**	

In Case of a Fire Emergency

1. If a fire is reported, pull the fire alarm (if available and not already activated) to warn everyone to evacuate.
2. Dial 9-1-1 to alert the fire department.
   Provide the following information:
   - Name of person reporting fire
   - Telephone number for a return call
   - Farm Name and Street Address
   - Nature of fire
   - Fire location (building, barn, field, house equipment, etc.)
3. Evacuate people to a primary assembly area outside.
4. Account for all family and workers at the assembly area (use List of Individuals on the Farm).
5. Meet the fire department when they arrive and inform fire department commander if everyone has been accounted for and if there are any injuries.
6. Provide an update on the nature of the emergency and actions taken.
7. Provide building layout, map of site, etc. and other assistance as requested.

In Case of Severe Weather/Tornado Sheltering

1. Identify location of tornado shelter(s)
2. If a tornado warning is issued instruct everyone to move to shelter

Severe Weather/Tornado Shelter Locations

3. Assign someone the following responsibilities in advance of severe weather:

Shelter-in-place Team Assignments	Name
Person to monitor weather sources for updated emergency instructions and broadcast warning if issued by weather services	
Person(s) to direct people to designated tornado shelter(s)	

En caso de emergencia de incendio

1. **Sise reporta un incendio, active la alarma (siestadisponible y no ha sido previamente activada) para alertar a todos que debenevacuar.**
2. **Marque 9-1-1 para reportarlo al departamento de bomberos.**
   Provea la siguiente información:
   - Nombre de la persona reportando el incendio
   - Numero de telefono para recibir llamadas
   - Nombre y dirección de la finca
   - Naturaleza del incendio
   - Ubicaci6n del incendio (edificio, granero, campo, casa, equipo, etc.)
3. **Evacuar a las personas al area de reunion en el exterior.**
4. **Cuente a todas las familiasy trabajadores en el area de reunion (use la lista de los individuos en la granja).**
5. **Reciba al departamento de bomberos cuando lleguene informele al comandante si todos han sido contados y si heridas.**
6. **De un informe de la naturaleza de la emergencia y las acciones a seguir.**
7. **Provea un diseno del edificio, un mapa del sitio y cualquier otra asistencia requerida.**

En Caso de Clima Severo / Refugio de Tornado

1. **Identifique el/los refugio(s)**
2. **Si se emite una alerta de tornados aviselea todos que se vayan al refugio**

Ubicacionde Refugio de Tornado/Clima Severo

3. **Asigne con tiempo a alguien para las siguientes responsabilidades en caso de clima severo:**

Equipo Asignado para las tareas en el refugio	Nombre
Persona que monitorea las fuentes del clima para instrucciones actualizadas de emergencia y comunicar alertas si son emitidas por el servicio meteorológico	
Personas paradirigir a las personas alAos refugios de tornado(s)	

Worker Safety and Crop Integrity Training Records

Grower ID(s): **ID del Granjero #:**	
Grower Name(s): **Nombre del Granjero:**	
Source of Training: **Fuente de formación:**	☐ Verbal Discussion ☐ Training Video(s) ☐ Tailgate Training Kit(s)
Trainer(s): **Entrenador(es):**	
Year: **Año:**	

The following Training Topics have been presented and discussed:	**Se han presentado y se habló sobre los siguientes temas de entrenamiento:**
Emergency Response Procedures	Procedimientos en caso de Emergencia
General Farm Safety & Safe Operation of Farm Equipment and Machinery	Seguridad General en la granja y seguridad de equipos y maquinaria
First Aid	Primeros Auxilios
Heat Illness & Heat Illness Prevention	Enfermedades causadas por calor y prevención de enfermedades por calor
Use of Personal Protective Equipment (PPE)	Uso de equipos de protección personal
Pesticide Safety [including the storage, handling, application and disposal of agrochemicals and the Recognition of Restricted Entry Interval (REI)]	Seguridad de Pesticidas [incluye el almacenamiento, manipulación, aplicación y eliminación de agroquímicos y el Reconocimiento del Intervalo de Entrada Restringido (REI)]
Worker Protection Standards	Normas de Protección al Trabajador
Green Tobacco Sickness - Symptoms & Treatment	Enfermedad del Tabaco Verde
Barn Safety (Air & Fire-Cured Only)	Seguridad en los graneros
Carbon Monoxide Poisoning Prevention (Fire-Cured Only)	Prevención de intoxicación por monóxido de carbono
Grade Separation (Air & Fire-Cured Only)	Separación por grados
Proper Baling and Market Separation (Flue-Cured Only)	Empaquetado adecuado y separación para el mercado
NTRM (Non-Tobacco Related Materials) Prevention	Material No Relacionado con el Tabaco (MNRT)
GAPC Worker Rights and Responsibilities	Derechos y responsabilidades de los trabajadores agrícolas

By signing below, the employee agrees to having received this training and understands the material presented.

Al firmar a continuación, el empleado acepta haber recibido este entrenamiento y entiende el material presentado.

Printed Name (Nombre impreso)	Signature (Firma)	Date (Fecha) (MM/DD/YYYY)
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