## Handler Questionnaire - Farmers' Market

## A. Operations

1)	What crops do you handle (broad categories):
2)	What are your top 3 leafy green crop(s):  Arugula Head cabbage Chard Cilantro Cress Dandelion Endigia Endive, escarole & Belgian endive Kale Head lettuce Leaf lettuce Romaine lettuce Mâche Mizuna Parsley Radicchio Spinach Spring mix Tat soi Winter purslane
3)	In which category below are your company's annual receipts?  □ < \$7,000,000  □ ≥ \$7,000,000
4)	What percentage of your annual receipts is attributable to leafy greens crops?
5)	Estimate the annual shipment volume (ctn or lb) of your primary leafy green crop.
6)	Does your company have its own growing operation? If yes, where?

## **B.** Food Safety

1) Does this farmers' market have food safety requirements? If so, please describe them.

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- 2) Do you have other food safety practices in your operation?
  - ...test your water? ...type of irrigation used?

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- 3) Can you estimate how much your food safety practices cost annually (per carton)?
- 4) Do you require your growers to implement any food safety practices? If so, what are they and how do you enforce these requirements?