



Oneota Community Food Coop • 312 West Water Street • Decorah, Iowa • 52101 • 563.382.4666 • www.oneotacoop.com

## Retail Vendor Questionnaire - Other

Name of Business \_\_\_\_\_

Name of Producer/Owner \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Total acres farmed \_\_\_\_\_ Availability of promotional materials \_\_\_ YES \_\_\_ NO

Products to be purchased \_\_\_\_\_

Is an insurance liability required? \_\_\_\_\_ YES (Dollar amount \_\_\_\_\_) \_\_\_\_\_ NO

Is the facility licensed and inspected to process products? \_\_\_\_\_ YES \_\_\_\_\_ NO

Are there acceptable substitutes available if an order cannot be filled? \_\_\_\_\_ YES \_\_\_\_\_ NO

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### PRODUCT HANDLING

Are food grade packaging materials clean and stored in areas protected from pets, livestock, wild animals, pests and other contaminants? YES NO N/A

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### TRANSPORTATION

Is product loaded and stored to minimize physical damage and risk of contamination? YES NO N/A

Is the transport vehicle well maintained and clean? YES NO N/A

Are there separate designated areas in transport vehicle(s) for food products and non-food items? YES NO N/A

Are products kept cool during transit? YES NO N/A

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### FACILITIES

Is your kitchen or processing facility inspected by the state in which it resides? YES NO N/A

If so, we would like to request a copy of your certificate of completed inspection.

If not, do you have plans for inspection and certification in the future? YES NO N/A

If so, please indicate when you will be seeking certification. \_\_\_\_\_

Which of the following do you obtain potable water through? (please circle those that apply) CITY WELL

If potable water is obtained through a well, is it tested at least once per year and results kept on file?	YES	NO	N/A
Are food contact surfaces regularly washed and rinsed with potable water and then sanitized?	YES	NO	N/A
Are food grade packaging materials used?	YES	NO	N/A
Do workers have access to toilets and hand washing stations with proper supplies?	YES	NO	N/A
Are toilets and hand washing stations clean and regularly serviced?	YES	NO	N/A
Is a pest control program in place?	YES	NO	N/A

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### **WORKER HEALTH AND HYGIENE**

Is there an effective and ongoing worker food safety training program in place?	YES	NO	N/A
Are workers trained about hygiene practices and sanitation with signs posted to reinforce messages?	YES	NO	N/A
Are workers and visitors following good hygiene and sanitation practices?	YES	NO	N/A
Are smoking and eating confined to designated areas separate from product handling?	YES	NO	N/A
Are workers instructed not to work if they exhibit signs of infection - including fever, diarrhea, etc?	YES	NO	N/A
Do workers practice good hygiene by:			
- Wearing clean clothing and shoes?	YES	NO	N/A
- Changing soiled or contaminated aprons and gloves as needed?	YES	NO	N/A
- Keeping hair covered and restrained?	YES	NO	N/A
- Washing hands as required?	YES	NO	N/A
- Limiting bare hand contact with fresh products?	YES	NO	N/A
- Covering open wounds with clean bandages and effective barriers (such as finger cots)?	YES	NO	N/A

I confirm that the information provided above is accurate to the best of my knowledge.

Signature of Seller: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** If you have additional information you would like to provide, please use another sheet of paper.