

TAB 1

Nutrient Management

Included Records:

- Field/Tract ID Records
- Greenhouse Fertilization Records
- Field/Tract ID Fertilization Records
- Animal Manure or Litter Application Records

Field/Tract ID Records

Name of person or corporation to whom the license or authorization is to be issued: _____

Field/Tract ID	Address of the Farm or Place including County and Township or Legal Description	Global Positioning System Coordinates	FSA Farm Number	Number of Hemp Acres	Intended Purpose of Hemp: food, dietary, supplements, fiber production, other, etc.

Field/Tract Fertilization Records

Date of the Latest Soil Test: _____

Field/ Tract ID	Date of Fertilizer Application (MM/DD/YYYY)	Application Timing	Type of Fertilizer Applied (N-P-K)	Rate of Application (lbs./acre)	Date of last Lime Application (MM/DD/YYYY)	Rate of Lime (tons per acre)
		<input type="checkbox"/> Pre-plant <input type="checkbox"/> Transplanting <input type="checkbox"/> Side-dressing <input type="checkbox"/> Foliar Application				
		<input type="checkbox"/> Pre-plant <input type="checkbox"/> Transplanting <input type="checkbox"/> Side-dressing <input type="checkbox"/> Foliar Application				
		<input type="checkbox"/> Pre-plant <input type="checkbox"/> Transplanting <input type="checkbox"/> Side-dressing <input type="checkbox"/> Foliar Application				
		<input type="checkbox"/> Pre-plant <input type="checkbox"/> Transplanting <input type="checkbox"/> Side-dressing <input type="checkbox"/> Foliar Application				
		<input type="checkbox"/> Pre-plant <input type="checkbox"/> Transplanting <input type="checkbox"/> Side-dressing <input type="checkbox"/> Foliar Application				
		<input type="checkbox"/> Pre-plant <input type="checkbox"/> Transplanting <input type="checkbox"/> Side-dressing <input type="checkbox"/> Foliar Application				
		<input type="checkbox"/> Pre-plant <input type="checkbox"/> Transplanting <input type="checkbox"/> Side-dressing <input type="checkbox"/> Foliar Application				
		<input type="checkbox"/> Pre-plant <input type="checkbox"/> Transplanting <input type="checkbox"/> Side-dressing <input type="checkbox"/> Foliar Application				
		<input type="checkbox"/> Pre-plant <input type="checkbox"/> Transplanting <input type="checkbox"/> Side-dressing <input type="checkbox"/> Foliar Application				
		<input type="checkbox"/> Pre-plant <input type="checkbox"/> Transplanting <input type="checkbox"/> Side-dressing <input type="checkbox"/> Foliar Application				
		<input type="checkbox"/> Pre-plant <input type="checkbox"/> Transplanting <input type="checkbox"/> Side-dressing <input type="checkbox"/> Foliar Application				

*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 Records
- Sprayer Calibration Records

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 (MM/DD/YYYY)
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.						

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 and Operation Management

Included Records:

- Seed Selection and Transplanting Records
- Equipment and Transportation Cleaning Records

Seed Selection and Transplanting Records

*Required for Plants Produced and Purchased

Plant Population (Plants/acre): _____

Row Width: _____

Plant Spacing: _____

Greenhouse ID No*	Transplant Batch No.	Seeding Source	Seed Lot#	Variety Name	Date of Seeding (MM/DD/YYYY)	Country of Origin	Date of Transplanting (MM/DD/YYYY)
		<input type="checkbox"/> Grown <input type="checkbox"/> Purchased					
		<input type="checkbox"/> Grown <input type="checkbox"/> Purchased					
		<input type="checkbox"/> Grown <input type="checkbox"/> Purchased					
		<input type="checkbox"/> Grown <input type="checkbox"/> Purchased					
		<input type="checkbox"/> Grown <input type="checkbox"/> Purchased					
		<input type="checkbox"/> Grown <input type="checkbox"/> Purchased					
		<input type="checkbox"/> Grown <input type="checkbox"/> Purchased					
		<input type="checkbox"/> Grown <input type="checkbox"/> Purchased					
		<input type="checkbox"/> Grown <input type="checkbox"/> Purchased					
		<input type="checkbox"/> Grown <input type="checkbox"/> Purchased					
		<input type="checkbox"/> Grown <input type="checkbox"/> Purchased					
		<input type="checkbox"/> Grown <input type="checkbox"/> Purchased					

TAB 4

Harvest and Structure Management

Harvest
& Structure
Management

Included Records:

- Harvest and Drying Structure Management Records
- Drying Structure Inspection Information
(English & Spanish)
- Structure Inspection Log
- Post-Harvest Processing, Storage and Transportation

Drying Structure Inspection Information

Hanging hemp in barns or other curing structures can be very dangerous if proper precautions are not taken. Prior to harvest all structures should be inspected and evaluated for safety and prepared for hanging or drying.

Below are several steps to take as part of a Structure Safety Inspection.

Outside the Structure:

- Check for structural integrity by observing if the structure is leaning.
- Ensure that the structure is not showing any signs that it may not be able to withstand normal winds and weather events or the weight you will be placing on the rails.

Inside the Structure:

- Check structural supports like barn poles, beams and braces for decay, cracks, breaks or loose or broken braces.
- Space rails properly to allow for maximized worker safety and stability.
- Replace any rails that are broken or show signs of rotting, cracking, or splintering.
- Clear the structure of any insect nests such as bees, wasps, or hornets.
- In multi-tiered structures, create a clear and safe path for workers to climb to assigned rail.
- Remove any items off the floor of the structure that would cause harm to someone to fall on such as equipment and sharp objects.

Worker Safety Tips:

- Workers who will be working on rails above other workers should remove any loose items, such as tools, cell phones, pens, knives, and/or keys that may cause a hazard to those below.
- Workers should be wearing sturdy shoes that have tread and are not slippery.
- Ensure workers are not tired or under the influence of any substance before assigning them to upper rails in multi-tiered barn.
- Check often for signs of fatigue amongst workers who are working in the structures and make sure breaks are taken to reduce fatigue and muscle strain from repetitive bending and lifting. Have plenty of drinking water available.
- Workers should be properly trained in a language they can understand as to how to properly climb rails, handle hemp, etc.
- Instruct workers to keep three points of contact when climbing such as one hand and two feet or two hands and one foot.
- Workers should be aware of emergency protocol in the case of a fall or other accident.

Inspección de Graneros Curados

Colgar Tabaco en graneros u otras estructuras de curado puede ser muy peligroso si no se toman las precauciones correctas.

Todas las estructuras de cura deben ser inspeccionadas y evaluadas por seguridad y preparadas para almacenaje antes de recoger la cosecha.

A continuación, hay varios pasos a tomar como parte de la Inspección de Seguridad de los Graneros.

Fuera de la Estructura:

- Inspeccione la integridad de la estructura observando si la estructura esta inclinada.
- Asegúrese que el edificio no muestre algún síntoma que le impidiera soportar vientos normales y fenómenos meteorológicos o el peso que se colocara en los rieles.

Dentro de la Estructura:

- Inspeccione los soportes estructurales, como los postes del establo, vigas, y abrazaderas para ver si hay descomposición, grietas, roturas, o abrazaderas flojas o rotas.
- Deje los espacios apropiados para maximizar la seguridad y estabilidad de los trabajadores.
- Reemplace los rieles rotos o que muestren signos de estar podridos, agrietados o astillados.
- Limpie el establo de nidos de insectos como nidos de avispas, o avispones.
- En los establos de varios niveles, cree un camino claro para que los trabajadores usen los rieles asignados.
- Retire cualquier objeto del suelo del establo que pueda lastimar a alguien o caerse en algún equipo y objetos punzantes.

Consejos de seguridad para los trabajadores :

- Los trabajadores que están trabajando en rieles sobre otros trabajadores deben retirarse cualquier objeto que pueda ser peligroso para los que están abajo como, herramientas, celulares, lapiceros, cuchillos, y/o llaves.
- Los trabajadores deben usar zapatos resistentes que tengan suela y que no sean resbalosos.
- Verifique que los trabajadores no estén cansados o bajo la influencia de ninguna sustancia antes de asignarlos a los niveles más altos o a un establo de varios niveles.
- Verifique a menudo por síntomas de fatiga entre los trabajadores que están trabajando en el establo y asegúrese de que tengan descanso para reducir la fatiga y calambres musculares de tanto agacharse y levantarse. Mantenga suficiente agua disponible.
- Los trabajadores deben ser entrenados en un lenguaje que puedan entender como subir niveles, manipular el Tabaco, etc.
- Enseñe a los trabajadores a mantener tres puntos de contacto cuando suban, como una mano y los dos pies o, las dos manos y un pie.
- Los trabajadores deben conocer el protocolo de emergencia en caso de que se caiga o sufra otro accidente.

TAB 5

Non-Hemp Related Materials

Included Records:

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

Non-
Hemp
Related

Non-Hemp Related Materials (NHRM) Inspection Information

Non-hemp related material (NHRM) or foreign matter is a broad term that refers to all materials that are not hemp lamina and stem. This includes, but is not limited to soil particles, paper, string, metal fragments, hemp stalks, 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 NHRM is a critical aspect of GAP that begins at the farm level with elimination of NHRM sources and physical removal of all NHRM materials during on-farm hemp handling, storage and transport.

Below is a NHRM inspection checklist. Inspections should be done daily to ensure new sources of NHRM 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 hemp.
- 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 hemp 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 NHRM 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-hemp material when they see it on the market prep floor or near baling supplies.

Inspección NHRM

Materiales no relacionados con el cáñamo (NHRM) 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 NHRM es un aspecto crítico de GAP que empieza en la granja a nivel de eliminación de recursos NHRM y remoción física de todos los materiales NHRM durante el manejo, almacenamiento y transporte en la granja.

Adjunta se encuentra una lista de control de inspección de NHRM. Las inspecciones de deben hacer (al menos 1 o 2 veces por semana) para garantizar que las nuevas fuentes de NHRM 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 está 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 NHRM.
- En los entrenamientos/capacitaciones, pídale que solo usen las áreas designadas para comer, beber, y guardar artículos personales.
- Pídale 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 empaquetado.

TAB 6

Crop Protection Agent and Soil & Water Management

Included Records:

- CPA Inventory Records
- Rainfall Records
- Irrigation Records

TAB 7

Recruiting and Hiring Workers

Included Records:

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

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.

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.**

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 Sección 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, incluido 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.

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 (MM/DD/YYYY)	Parental Consent	Residence	Permanent Address
		<input type="checkbox"/> YES <input type="checkbox"/> NO		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		
		<input type="checkbox"/> YES <input type="checkbox"/> NO		

TAB 8

Workers Right & Responsibilities

Included Records:

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

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 Granjero 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 entendi6 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.		
20.		

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:

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

HOUSING TERMS AND CONDITIONS

TÉRMINOS Y CONDICIONES DE LA VIVIENDA

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

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

1. The housing is provided by

1. La vivienda la provee

Name _____

Nombre _____

Address _____
City & state / Zip code

Dirección _____
Ciudad y estado / Código Postal

2. Individual(s) in charge

2. Persona(s) encargada(s)

Name _____

Nombre _____

Address _____
City & state / Zip code

Dirección _____
Ciudad y estado / Código Postal

Phone _____

Teléfono _____

3. Mailing address of housing facility

3. Dirección de correo de la vivienda

Address _____
City & state / Zip code

Dirección _____
Ciudad y estado / Código Postal

Phone _____

Teléfono _____

4. Conditions of occupancy

4. Condiciones de ocupación

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

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
			<input type="checkbox"/> Valid Tags <input type="checkbox"/> Insurance If required: <input type="checkbox"/> State Safety Inspection, Date: _____ <input type="checkbox"/> Federal Safety Inspection, Date: _____
			<input type="checkbox"/> Valid Tags <input type="checkbox"/> Insurance If required: <input type="checkbox"/> State Safety Inspection, Date: _____ <input type="checkbox"/> Federal Safety Inspection, Date: _____
			<input type="checkbox"/> Valid Tags <input type="checkbox"/> Insurance If required: <input type="checkbox"/> State Safety Inspection, Date: _____ <input type="checkbox"/> Federal Safety Inspection, Date: _____
			<input type="checkbox"/> Valid Tags <input type="checkbox"/> Insurance If required: <input type="checkbox"/> State Safety Inspection, Date: _____ <input type="checkbox"/> Federal Safety Inspection, Date: _____
			<input type="checkbox"/> Valid Tags <input type="checkbox"/> Insurance If required: <input type="checkbox"/> State Safety Inspection, Date: _____ <input type="checkbox"/> Federal Safety Inspection, Date: _____

Driver Information

Driver's Name	Driver License Number	Driver License Expiration Date (MM/DD/YYYY)	Date on Doctor Certificate (if required) (MM/DD/YYYY)	If FLC or FLCE
				<input type="checkbox"/> Certificate <input type="checkbox"/> Authorized to transport (FLC Only) <input type="checkbox"/> Authorized to drive
				<input type="checkbox"/> Certificate <input type="checkbox"/> Authorized to transport (FLC Only) <input type="checkbox"/> Authorized to drive
				<input type="checkbox"/> Certificate <input type="checkbox"/> Authorized to transport (FLC Only) <input type="checkbox"/> Authorized to drive
				<input type="checkbox"/> Certificate <input type="checkbox"/> Authorized to transport (FLC Only) <input type="checkbox"/> Authorized to drive
				<input type="checkbox"/> Certificate <input type="checkbox"/> Authorized to transport (FLC Only) <input type="checkbox"/> Authorized to drive
				<input type="checkbox"/> Certificate <input type="checkbox"/> Authorized to transport (FLC Only) <input type="checkbox"/> Authorized to drive
				<input type="checkbox"/> Certificate <input type="checkbox"/> Authorized to transport (FLC Only) <input type="checkbox"/> Authorized to drive
				<input type="checkbox"/> Certificate <input type="checkbox"/> Authorized to transport (FLC Only) <input type="checkbox"/> Authorized to drive
				<input type="checkbox"/> Certificate <input type="checkbox"/> Authorized to transport (FLC Only) <input type="checkbox"/> Authorized to drive
				<input type="checkbox"/> Certificate <input type="checkbox"/> Authorized to transport (FLC Only) <input type="checkbox"/> Authorized to drive

Vehicle Inspection Log

	Vehicle _____	Vehicle _____	Vehicle _____	Vehicle _____	Vehicle _____
	Date _____ “✓”	Date _____ “✓”	Date _____ “✓”	Date _____ “✓”	Date _____ “✓”
Head Lights					
Stop Lights					
Taillights					
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:					

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

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](#).



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
_____	_____	_____	_____
(G)	(H)	(I)	(J)

Number of Days

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

Injury and Illness Types

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

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

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

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 _____

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 an 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 can 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 agrícolas.

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 como evaluaría la situación y usaría los recursos 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 emergencia o desastre.

2. Identifique Los Riesgos De Sus Actividades

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

Incendio D

Tornado

Huracán

Clima Inclemente (ej. conciencia de la presencia de rayos cuando se trabaja en los campos)

Inundación

Terremoto

Medico/Accidente

Explosiones

Biológico (ej. brote de enfermedad humana o animal)

Químico /Derrame de Material Peligroso y/o exposición Humana

3. Ponga en Marcha Procedimientos de Emergencia

Cuidadosamente evalúe como funciona su granja, determine la información, trabajadores, materiales y equipo que son necesarios para mantenerse operando despues de una emergencia o 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 Seguro y/o crear un plan de evacuación .
- Prepararse para emergencias medicas, teniendo cerca un botiquin de primeros auxilios y publicando los numeros de emergencia como 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 ubicados los tanques de gasolina o CPA's.
- Haga una lista de los equipos.
- Asegurese de tener una copia de seguridad de 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 evitar 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 la ultima revision:	

Se usara el siguiente sistema para advertir a los empleados que deben evacuar el lugar o area:	
La siguiente persona traera la lista de la granja al lugar de encuentro para contarlos a todos:	
Si se requiere una evacuación todos deben encontrarse en el siguiente lugar para ser contados:	

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

Servicio de Emergencia	Nombre	Telefono de Emergencia	Telefono de no Emergencia
Departamento de Bomberos			
Servicios de Emergencia Medica			
Departamento de Policias			
Agencia de Manejo de Emergencia			
Hospital			
Departamento de Salud Publica			
Autoridad Estatal del Ambiente			
Centro Nacional de Respuesta (EPA)			
Electricista			
Pbmero			
Contratista de Protecci6n de Incendios			
Limpieza 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. Si se reporta una emergencia medica, marque al 9-1-1 y pida una ambulancia

Proporcione la siguiente información :

- Numero y ubicación de la(s) víctima(s)
- Naturaleza de la lesión y enfermedad
- Si hay material peligroso
- Punto de acceso más cercano a la emergencia (entrada)

2. Alerta 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 víctima y traer el equipo de primeros auxilios a AED. Únicamente los entrenados deben proporcionar asistencia de primeros auxilios.

3. No mueva a la víctima a menos que la víctima se 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 exposición a los patógenos transmitidos por la sangre.

6. Reciba la ambulancia en la entrada más cercana o acceso de emergencia cercano, diríjale a la(s) víctima(s).

Lista de aquellos entrenados para suministrar primeros auxilios, CPR o para usar el desfibrilador externo automático (AED)

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

Ubicación de los equipos de primeros auxilios y el/los desfibriladores (es) automáticos (AEDs)

Ubicación de los equipos de primeros auxilios	
Ubicación del/los equipo (s) desfibrilador(es) automático(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. **Si se reporta un incendio, active la alarma (si está disponible y no ha sido previamente activada) para alertar a todos que deben evacuar.**
2. **Marque 9-1-1 para reportarlo al departamento de bomberos.**
Provea la siguiente información:
 - Nombre de la persona reportando el incendio
 - Número de teléfono para recibir llamadas
 - Nombre y dirección de la finca
 - Naturaleza del incendio
 - Ubicación del incendio (edificio, granero, campo, casa, equipo, etc.)
3. **Evacuar a las personas al área de reunión en el exterior.**
4. **Cuente a todas las familias y trabajadores en el área de reunión (use la lista de los individuos en la granja).**
5. **Reciba al departamento de bomberos cuando lleguen; informe al comandante si todos han sido contados y si hay heridos.**
6. **De un informe de la naturaleza de la emergencia y las acciones a seguir.**
7. **Provea un diseño 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 avise a todos que se vayan al refugio**

Ubicación de 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 para dirigir a las personas a los 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:	<input type="checkbox"/> Verbal Discussion <input type="checkbox"/> Training Video(s) <input type="checkbox"/> 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:
<input type="checkbox"/> Emergency Response Procedures <input type="checkbox"/> General Farm Safety & Safe Operation of Farm Equipment and Machinery <input type="checkbox"/> First Aid <input type="checkbox"/> Heat Illness & Heat Illness Prevention <input type="checkbox"/> Use of Personal Protective Equipment (PPE) <input type="checkbox"/> Pesticide Safety [includes the storage, handling, application and disposal of agrochemicals and the Recognition of Restricted Entry Interval (REI)] <input type="checkbox"/> Hygiene and Sanitation Measures <input type="checkbox"/> Cultivation <input type="checkbox"/> Harvesting <input type="checkbox"/> Proper Baling and Market Separation <input type="checkbox"/> Prevention of NHRM (Non-Hemp Related Materials) <input type="checkbox"/> Market Preparation <input type="checkbox"/> GAPC Worker Rights and Responsibilities	<input type="checkbox"/> Procedimientos en caso de emergencia <input type="checkbox"/> Seguridad general en la granja y seguridad de equipos y maquinaria <input type="checkbox"/> Primeros Auxilios <input type="checkbox"/> Enfermedades causadas por calor y prevención de enfermedades por calor <input type="checkbox"/> Uso de equipos de protección personal <input type="checkbox"/> Seguridad de Pesticidas [incluye el almacenamiento, manipulación, aplicación y eliminación de agroquímicos y el Reconocimiento del Intervalo de Entrada Restringido (REI)] <input type="checkbox"/> Medidas de Salud e Higiene <input type="checkbox"/> Cultivación <input type="checkbox"/> Cosecha <input type="checkbox"/> Empacado adecuado y separación del mercado <input type="checkbox"/> Prevención del NHRM <input type="checkbox"/> Preparacion para venta/mercado <input type="checkbox"/> Derechos y responsabilidades de GAPC para los trabajadores

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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