

Approved Supplier- Farm Audit

Grower/ Farm Name:	
Location:	
Date:	
Grower Liaison/ MD Representative Name:	

General Orchard Practices				
1.	Is an on- farm approved supplier program maintained? (e.g. Freshcare)	Yes	No	
2.	Is a farm record keeping and documentation system in place?	Yes	No	
3.	Are farm buildings and harvest equipment well- maintained?	Yes	No	
4.	Do domestic animals graze in harvest section of the orchard, if yes, how long between removal of animals & harvest?	Yes	No	
5.	Are measures in place to control pests and disease? Are records kept of monitoring and actions taken?	Yes	No	
6.	Are harvest containers inspected before use and cleaned as necessary	Yes	No	
7.	Do all staff handling NIS observe hygienic practices?	Yes	No	
8.	Are there measures in place to reduce the risk of contamination of the NIS from glass or other foreign matter?	Yes	No	
9.	Is drying & storage equipment kept clean and in good working order?	Yes	No	
10.	Are pesticides label directions and withholding periods observed?	Yes	No	
11.	Has spray equipment been recently calibrated? Please provide date:	Yes	No	

Additional comments:

I, MD Staff Member, confirm that the above farm complies with the requirements outlined in the Macadamias Direct Approved Supplier Program.

Signature: