



Washington
State Department of
Agriculture

Produce Safety Program
PO Box 42560
Olympia WA 98504
(360) 902-1848
producesafety@agr.wa.gov

Notice of Inspection and/or Sampling

☐ Inspection ☐ Sampling

Notice Given To		Date	Time
Farm Name		Farm Number(s)	
Site Address	Phone Number	Email	
City		State	Zip Code

Notice of Inspection and/or Sampling is hereby given pursuant to [chapter 15.135 RCW](#). Inspection and/or sampling is conducted for the purpose of determining compliance with the Produce Safety Rule ([21 CFR Part 112](#)). WSDA Produce Safety representatives may enter produce farms at reasonable times, and may take actions cited in [RCW 15.135.060](#) to verify compliance with the Produce Safety Rule.

Produce Safety Representative Signature	Produce Safety Representative Name and Title
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I, _____, give my permission to the WSDA Produce Safety representative to inspect our farm located at the site address noted above. In so doing, I certify that I am authorized to give consent for inspection of the above listed farm.

Farm Representative Signature	Farm Representative Name & Title
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Information collected by WSDA becomes a public record and may be disclosed unless exempted by federal or state law.