

Grower : _____ Farm : _____
 Inspector : _____ Date : _____

What products does the farmer grow? (Please circle all that apply)

Fruit Vegetables Nuts Meat Eggs Dairy Fodder Grains Other _____

Markets

Where does the farmer sell produce?

Market Stall

Farm Gate

Local Wholesaler/Retailer

Other

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Specify : _____

Farm Appearance

Do the production areas look tidy and well organised?

(ie. no piles of rubbish, scrap vehicles/machinery, oil drums etc. scattered around) YES NO

Do the fields look alive – ie. can you see/ hear insect activity, birds etc.? YES NO

Suitable buffer zones around production areas YES NO In Progress

Would you feel happy about eating food from this farm? YES NO

Crop Rotations / Fallow areas

Does the farmer use crop rotation? YES NO

How does the farmer treat fallow areas? Specify : _____
 (eg.weedy fallow, animals, green manure)

Compost

Does the farmer use compost? YES NO

Is it made on farm?

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or brought in?

- Has the farmer asked the compost maker:

What is in the compost?

What temperature did it reach?

Made from : Animal/ manure based?

Vegetable based?

Mixture of both?

Added minerals or BD preps?

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Does the compost get hot in production? YES NO

Application Sheet composting?

Top dressing crop only?

Trench for crop?

Other

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Specify : _____

Specify how the farmer manages soil organic matter in any other way:

Fertiliser Management
 ('Complete and attach 'Input Record Sheet')

| | |
|--------------------------|--------------------------|
| Mineral applications? | <input type="checkbox"/> |
| Biodynamic preparations? | <input type="checkbox"/> |
| Foliar sprays? | <input type="checkbox"/> |
| Other? | <input type="checkbox"/> |

Specify : _____

Weed Management

What weeds are growing? _____

How does the farmer manage weeds? _____

Tillage

| | | | |
|------------|------------------------|-----------|-------|
| Mechanical | Tractor and implements | YES | NO |
| | Other | Specify : | _____ |
| Manual | | YES | NO |

Seeds and/or Planting Material

| | |
|-------------------------------------|--------------------------|
| Open – pollinated / Heirloom seed? | <input type="checkbox"/> |
| Seed Saving on farm? | <input type="checkbox"/> |
| Hybrid seed? | <input type="checkbox"/> |
| Purchased seedlings for transplant? | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

Source : _____

Source : _____

Source : _____

Specify : _____

Pest and Disease Management

Any new or ongoing problems regarding pest & disease? YES NO

If YES

Specify pest(s) / disease(s) : _____

Specify management : _____

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Post Harvest

Specify any post-harvest treatment of produce (washing, refrigeration, quick sale)

Value adding

Is any value adding done to produce? YES NO

If YES: Describe: _____

Environmental Management

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|---|-----|----|---|--|--|--|--|
| Remnant vegetation or other non-native habitat? | YES | NO | DETAILS: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> </table> | | | | |
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| Environmental rehabilitation work? | YES | NO | | | | | |
| Wildlife corridors? | YES | NO | | | | | |
| Enhancing/maintaining biodiversity? | YES | NO | | | | | |

National Organic Standard

Does the farmer have a copy? YES NO - to be done ASAP

Has the farmer read the relevant parts? YES NO - to be done ASAP

Describe your farming influences (eg. permaculture, holistic management etc)

Any general problems/issues (eg. water, employment, scheduling, etc)

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Big Wins - What improvements have been made in the last year?

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Feedback: Are there any comments from other farmers present?

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