



Maryland Department of Agriculture

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Agriculture | Maryland's Leading Industry
Office of Marketing, Animal Industries and Consumer Services
Food Quality Assurance Program

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Maryland Produce Safety Program Produce Safety Rule Partial Exemption – Commercial Processing Crops

The Maryland Produce Safety Program has adopted the U.S. Food and Drug Administration's (FDA) Produce Safety Rule through Maryland legislation that was effective July 1, 2019. The Maryland Department of Agriculture (MDA) will be conducting outreach, education, registration, inspection and enforcement activities for the Produce Safety Rule. Information on individual farms collected through this program will not be shared with any entities or persons outside of the MDA unless it is part of an active food borne illness outbreak investigation. All data collected concerning farms is shared with FDA as aggregate data only. If you have questions concerning your exemption status, please review the Maryland Department of Agriculture "Produce Safety Rule Exemptions and Compliance Dates Fact Sheet" or contact MDA at (410) 841-5769 or produce.safety@maryland.gov. **Note: File this form with the Maryland Department of Agriculture to be excluded from the inventory of farms required to fully comply with the Produce Safety Rule.**

Name of Farm

Name of person filing

Telephone

Email

Mailing address

Mailing City, State and Zip Code

Farm Location Address(s)

I/we acknowledge the following:

- I/we **only** grow produce that receives commercial processing that adequately reduces the presence of microorganisms of public health significance.
- I/we will disclose in documents accompanying the produce, in accordance with the practice of the trade, that the food is "not processed to adequately reduce the presence of microorganisms of public health significance".
- FDA will not be enforcing the written assurances provisions in this rule requiring growers to obtain documentation of the commercial processing from their buyer(s) while it reconsiders options for the assurance requirements. I/we will comply with future requirements once FDA has reconsidered and issued assurance requirements.
- I/we will notify MDA if our partially exempt status changes.

Filers Signature: _____

Date: _____

Filers Title: _____

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