FSMA ANNUAL INSPECTION FORM

Assessor/Sampler's Name	Date/Time	Rain Within Last Week Yes No	
Farm/Ranch/Block	Source Type Surface Ground	Amount of Rainfall (in)	
GPS Lat/Long	Irrigation Type Sprinkler Drip Micro	Furrow Flood Other	
PSR Covered Crop(s)	If "Other", specify:		
SECTION 1: SOURCE INSPECTION	<i>Record your observations in the source section(s) that apply to your operation.</i>		
A. CANAL (Surface)			
Delivery Type	Intake Condition		
Gate Pump Box Other	No Maintenance Needed Maintenance Needed		
If "Other", specify:	Action taken:		
Structure Type (1/4 mile upstream)	Turbidity	Sample Point Location	
Lined Riprap Earthen Mix Other	Clear Cloudy Muddy	Canal Pump Valve	
If "Other", specify:	Filtration Prior to Irrigation Yes No	Algae Yes No	
Observations & Notes	Filtration Material Sand (media) Mesh Screen Other		
B. WELL (Ground)			
Backflow Prevention Yes No	Casing Intact Yes No		
If "No", action taken:	If "No", action taken:		
Well Depth (ft)	Filtration Prior to Irrigation Yes No		
Wellhead covered Yes No	Filtration Material Sand (media) Mesh Scre	en Other Screen	
Well Cap Intact	Burrows/Nests		
Yes No	Yes No		
If "No", action taken:	If "Yes", location and action tak	en:	

Observations & Notes

C. POND OR RESERVOIR (Surface)

Use Primary Secondary	Treated Yes No	Frequency Weekly	Monthly	Seasonally
Source (pumped from) Surface Water Canal Turnout Ground	If "Yes", substance:			
Lined Yes No	Algae Yes No			
Lined Material Concrete Fabric Mix N/A	% Full 25 50 75 1	100		

C. POND OR RESERVOIR (Surface) CONT.

Breaks/Leaks in Pipes	Backflow Prevention
Yes No	Yes No
If "Yes", action taken:	If "No", action taken:
Filtration	Sample Point Location
Yes No	Reservoir Spigot/Valve Other
Filtration Material Sand (media) Mesh Screen Other	Fenced Yes No

Observations & Notes

SECTION 2: ENVIRONMENTAL ASSESSMENT	For Section 1:A users, look within ¼ mile upstream and 50 yards to either side of the sample point; for Section 1:B or C, look 100 yards in every direction around the source. Record your observations here.	
Wildlife Yes No If "Yes", specify:	Domestic Animals Yes No If "Yes", specify:	
Feces Present Yes No	Standing Water Yes No	Location of Standing Water:
Manure Composting Yes No	If "Yes", action taken:	
Upstream Potential HazardsCanal MaintenanceBridgeLivestockDairyPoultryWaste TreatmentConfluenceResidential (septic)Manure IrrigationGeneral description(s) & distance(s) from source:	Nearby Land UsesResidentialPoultryWaste TreatmentSilageLivestockDairyManure IrrigationPSR-coveredCrop(s)PSR-exempt Crop(s)General description(s) & distance(s) from source:	

Observations & Notes

SECTION 3: WATER DISTRIBUTION	Complete this section with observations from your operation.
A. STORED IRRIGATION EQUIPMENT	
Irrigation Equipment Storage	Cleaning Material
Off Ground On Ground Covered	Hot Water Cold Water Sanitizer
Irrigation Equipment Clean Yes No	If "Sanitizer", name substance:
Observations & Notes	

Breaks/Leaks in Equipment	Location of Breaks/Leaks:
Yes No	
If "Yes", action taken:	
	Yes No

Observations & Notes