

New
Renewal

STATE OF OHIO
DEPARTMENT OF AGRICULTURE
Division of Food Safety
8995 East Main Street, Reynoldsburg, OH 43068

For Office Use Only

SMALL EGG PRODUCER REGISTRATION APPLICATION

(Registration Period - February 1, 2020 - January 31, 2021)

IF INFORMATION BELOW IS INCORRECT, PLEASE NOTE CORRECTIONS
IF YOU HAVE MOVED PLEASE CONTACT OUR OFFICE FOR INSPECTION AT YOUR NEW LOCATION

MAILING ADDRESS

3 ASHLAND 9922942
PURPLE HAVEN FARM LLC
PO BOX 22
NOVA OH 44859

FIRM ADDRESS

PURPLE HAVEN FARM LLC
748 TOWNSHIP ROAD 150
SULLIVAN OH 44880

Telephone: (419) 989-3341

Email: PURPLEHAVENFARM150@GMAIL.COM

NO FEE IS REQUIRED TO RENEW THIS CERTIFICATE

Mail to: Ohio Department of Agriculture
Division of Food Safety
8995 East Main Street
Reynoldsburg, OH 43068

Fax: 614-644-0720

Email to: foodsafety@agri.ohio.gov

Please check this box if you are no longer in operation

APPLICANT SIGNATURE: *Nichole Martin*

PRINTED NAME: Nichole Martin

DATE: 10/7/2020

Facility Name: PURPLE HAVEN FARM LLC

DBA:

Address: 748 TOWNSHIP ROAD 150 SULLIVAN, OH 44880

Phone:

Email: PURPLEHAVENFARM150@GMAIL.COM

Fax:

Conducted With: NICHOLE MARTIN

Title: OWNER

Yes No N/A Not Observed

General Provisions

- | | | | | | |
|---|---|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 1 | Are all individuals qualified to perform their duties? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2 | Are employees trained in the principles of food hygiene and food safety? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3 | Are records documenting training of qualified individuals maintained? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4 | Are records available, accurate, indelible, and legible and identified correctly? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5 | Are records retained for the required time? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Personnel

- | | | | | | |
|----|---|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 6 | Are personnel with sores, infections, etc., restricted from handling food product? Are personnel instructed to report such conditions to their supervisors? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7 | Do employees maintain personal cleanliness, wash/sanitize hands as necessary and wear clean outer garments to protect against allergen cross-contact and against contamination of food? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8 | Do employees wear effective hair restraints, remove unsecured jewelry and maintain gloves in sanitary manner? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9 | Do employees refrain from eating or drinking food, chewing gum or using tobacco and are personal items stored appropriately? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10 | Are other precautions taken to protect against allergen cross-contact and contamination with microorganisms or foreign substances? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Plants and Grounds

- | | | | | | |
|----|--|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 11 | Do grounds appear free of harborage and/or breeding places for pests? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12 | Are roads, yards and parking lots maintained; are drainage and waste treatment and disposal systems adequate to avoid contamination of the facility and products? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 13 | Is there sufficient space for equipment and storage to maintain a sanitary operation? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14 | Is the potential of contamination and allergen cross-contact reduced by separation of operations, SSOPs and/or operating practices? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15 | Are adequate precautions taken to protect food in outdoor bulk vessels? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 16 | Are walls, floors and ceilings designed to be adequately cleaned and kept in good repair? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 17 | Are food and food contact surfaces protected from contamination from drips and condensate from fixtures, ducts and pipes? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 18 | Is there sufficient space to permit employees to perform their duties and to protect against contaminating food, food-contact surfaces, or food packaging materials with clothing or personal contact? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

GOOD MANUFACTURING PRACTICES INSPECTION REPORT

FACILITY NAME: PURPLE HAVEN FARM LLC

DATE INSPECTED: 10/07/2020
 Yes No N/A Not Observed

- | | | | | | |
|----|--|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 19 | Is the lighting adequate for the operation being performed? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 20 | Are exposed food products protected from contamination from breakage of light bulbs or other glass fixtures? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 21 | Is the ventilation adequate to prevent contamination and allergen cross-contact by dust and other airborne substances? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 22 | Are openings effectively screened or protected against entry of pests? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Sanitary Operations

- | | | | | | |
|----|---|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 23 | Are physical facilities in good repair and maintained in a sanitary condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 24 | Are cleaning and sanitizing of utensils and equipment conducted in a manner that protects against allergen cross-contact and contamination? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 25 | Are cleaning compounds and sanitizing agents free from undesirable microorganisms and used in a safe and effective manner? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 26 | Are toxic materials identified and stored properly? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 27 | Are animal and pest control measures in place? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 28 | Are all food-contact surfaces cleaned and sanitized as frequently as necessary to protect against allergen cross-contact and contamination of food? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 29 | Are non-food contact surfaces cleaned in a manner and as frequently as necessary to protect against allergen cross-contact and contamination of food? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 30 | Are single service articles stored, handled and disposed of in a manner to protect from allergen cross-contact and contamination of food? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 31 | Are food contact surfaces of cleaned and sanitized portable equipment and utensils protected from allergen cross-contact and contamination of food? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Sanitary Facilities and Controls

- | | | | | | |
|----|---|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| 32 | Is the water supply safe and from an adequate source, at suitable temperature and under pressure as needed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33 | Is the nonpublic water system sampled annually; are the test results retained on file? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 34 | Is plumbing of adequate size, design and adequately installed and maintained? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 35 | Is sewage disposed of into an adequate sewerage system or disposed of through other adequate means? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 36 | Are toilet facilities accessible, in good repair, and not a source of contamination? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 37 | Are handwashing facilities adequate, conveniently located and with running water at a suitable temperature? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 38 | Are there proper refuse receptacles for handling and disposal of refuse to protect against contamination, minimize the development of odor, and attractant and harborage or breeding place for pests? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Equipment and Utensils

- | | | | | | |
|----|--|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 39 | Are equipment and utensils designed and constructed to be adequately cleaned and maintained to protect against allergen cross-contact and contamination? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|----|--|--------------------------|--------------------------|-------------------------------------|--------------------------|

GOOD MANUFACTURING PRACTICES INSPECTION REPORT

FACILITY NAME: PURPLE HAVEN FARM LLC

DATE INSPECTED: 10/07/2020

Yes No N/A Not Observed

- | | | | | | |
|----|--|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| 40 | Does equipment and utensils used preclude allergen cross-contact, contamination or the adulteration of food? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 41 | Are holding, conveying and manufacturing systems maintained in an appropriate sanitary condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 42 | Are temperature devices, food measuring instruments and controls accurate, maintained and correctly located? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 43 | Are gases used in food or on equipment uncontaminated? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Processes and Controls

- | | | | | | |
|----|--|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| 44 | Are operations conducted in accordance with adequate sanitation principles? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 45 | Is plant sanitation under the supervision of a competent individual? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 46 | Are precautions adequate to ensure that production procedures did not contribute to allergen cross-contact and to contamination? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 47 | Are appropriate quality control operations in place to ensure that food is suitable for human consumption and food-packaging materials are safe and suitable? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 48 | Are testing procedures used, where necessary, to identify sanitation failures, possible allergen cross-contact and food contamination? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 49 | Are raw materials and other ingredients inspected, segregated and are they otherwise handled to ensure protection against allergen cross-contact, contamination and are they cleaned as necessary and suitable for processing? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 50 | Are raw materials and other ingredients unadulterated by pathogenic microorganisms or treated to ensure they are no longer adulterated by pathogenic microorganisms? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 51 | Is the firm compliant with applicable FDA regulations for natural or unavoidable defects, if required? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 52 | Are materials scheduled for rework identified? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 53 | Are raw materials or other ingredients thawed in a manner that prevents them from becoming adulterated? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 54 | Are raw materials and other ingredients that are food allergens and/or rework that contains food allergens held and identified in a manner that protects against allergen cross-contact and contamination? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 55 | Are equipment, utensils and containers properly maintained in an adequate condition through appropriate cleaning and sanitizing? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 56 | Are operations conducted under conditions and controls necessary to minimize the potential for growth of microorganisms, allergen cross-contact and contamination of food and deterioration of food? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 57 | Are adequate measures taken to destroy or prevent the growth of undesirable microorganisms? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 58 | Is work-in-progress and rework handled in a manner that protects against allergen cross-contact, contamination and growth of undesirable microorganisms? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 59 | Is finished food protected from allergen cross-contact and contamination by raw materials, other ingredients, or refuse? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 60 | Are food equipment, utensils, and containers protected against allergen cross-contact and contamination? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 61 | Are there measures in place for exclusion of metal or other extraneous matter? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 62 | Are adulterated foods and raw materials handled properly? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

GOOD MANUFACTURING PRACTICES INSPECTION REPORT

FACILITY NAME: PURPLE HAVEN FARM LLC

DATE INSPECTED: 10/07/2020
 Yes No N/A Not Observed

- | | | | | | |
|----|--|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 63 | Are filling, assembling and packaging operations protected against allergen-cross-contact, contamination and growth of undesirable microorganisms? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 64 | Is water activity controlled and maintained where applicable? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 65 | Is pH controlled and monitored where applicable? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 66 | Is ice used in contact with food from an approved source? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Warehousing and Distribution

- | | | | | | |
|----|--|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 67 | Are storage conditions adequate as to protect product against allergen cross-contact, contamination, deterioration, adulteration? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 68 | Are transportation conditions adequate as to protect product against allergen cross-contact, contamination, deterioration, adulteration? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Human Food By-Products

- | | | | | | |
|----|--|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 69 | Are human food by-products intended for distribution as animal food held under conditions that will protect against contamination? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 70 | Are human food by-products held for use as animal food accurately identified? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 71 | Is labeling provided for a human food by-product intended for animal food, when distributed, which identifies the common or usual name of the by-product? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 72 | Are shipping containers and bulk vehicles used to distribute human food by-products for use as animal food examined prior to use to ensure protection against contamination of the human food by-products for use as animal food from the container? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Defect Action Levels

- | | | | | | |
|----|--|--------------------------|--------------------------|-------------------------------------|--------------------------|
| 73 | Are quality control operations utilized to reduce natural or unavoidable defects? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 74 | Are foods that contain defects at levels that render it adulterated kept separate from other lots of food? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Food Labeling

- | | | | | | |
|----|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 75 | Does labeling comply with 21 C.F.R. Part 101 Food Labeling? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|----|---|-------------------------------------|--------------------------|--------------------------|--------------------------|

OTHER INSPECTIONS

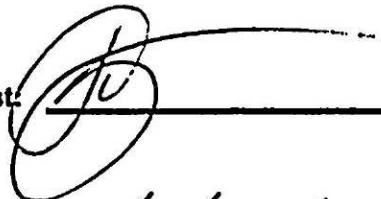
- JUICE:
- SEAFOOD:
- SHELLFISH:
- ACIDIFIED CANNING:
- LOW ACID CANNING:
- PREVENTIVE CONTROLS:

GOOD MANUFACTURING PRACTICES INSPECTION (CURRENT)

FACILITY NAME: PURPLE HAVEN FARM LLC

DATE INSPECTED: 10/07/2020

Line #	Violation / Comments	Correction Date
0	COLLECTED APPLICATION DURING THE TIME OF INSPECTION. DISCUSSED ODA WAREHOUSING REGISTRATION.	

Specialist:  _____

Operator:  _____



OHIO POULTRY
ASSOCIATION



National Poultry Improvement Plan

Nichole Martin

Participant Number: 31-1479

This certifies that the poultry controlled by the above are tested by an authorized agent of the Ohio National Improvement Plan.

They Qualify as:

U.S. Pullorum-typhoid clean

Avian Influenza Monitored

and are therefore eligible for all associated benefits until 08-23-2021.

James H. Chalover
NPIP Plan Administrator