## Certified Naturally Grown
## PRODUCE SUMMARY INSPECTION REPORT

Farmer/s: _ROBERT WHITE_  Farm name: _Crick Hollow_

Inspector: _TIM ADKINS_  Affiliation (farm name, extension...) _Woodside Farm_

Inspector is a:  ☐ CNG Farmer  ☐ Farmer using natural practices  ☐ Cert Organic Farmer

☐ Sust Ag Educator  ☐ Extension Agent  ☐ Customer (1 of 3)

Date of the inspection: _4. 27. 23_  How long did the inspection last?: _1 HOUR_

Was this inspection carried out in person or via remote video?  ☑ In Person  ☐ Remote Video*

*Remote inspections are coordinated by CNG staff and must be consistent with what's stated at CNGfarming.org/remote_policy

Based on my observations and interview with the producer(s), I feel confident in making the following declarations about the operation:

The producer engages in sustainable agricultural practices that promote the long-term fertility of soils and conserve water resources on their farm.  (Agree) / Disagree ___TA___ (Your initials)

The farmer demonstrates a commitment to the protection of the air, soils, waters, and biodiversity of the surrounding land.  (Agree) / Disagree ___TA___ (Your initials)

I saw no evidence that prohibited insecticides, herbicides, fungicides, or chemical fertilizers were in use on the farm.  (Agree) / Disagree ___TA___ (Your initials)

The land under consideration looks to be surrounded by an adequate buffer to protect from chemical spray drift contamination.  (Agree) / Disagree ___TA___ (Your initials)

The farmer is careful to make sure that no genetically modified or chemically treated seeds are used on this acreage.  (Agree) / Disagree ___TA___ (Your initials)

I feel confident in recommending that the above listed producer(s) and their farm...

✓ be included                    not be included

... in the Certified Naturally Grown program.

_Signature of Inspector_  Date: _4. 27. 23_

_Signature of Farmer_  Date: _4-27-23_

Observed by these Community Stakeholders:

_____  _____  _____
Stakeholder Signature      Stakeholder Name           Title or Role

_____  _____  _____
Stakeholder Signature      Stakeholder Name           Title or Role

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