

**FCS SCHOOL NUTRITION PROGRAM
DONATED SCHOOL GARDEN PRODUCE LOG**

Name of School _____

Date <i>day/month/year</i>	Name of SNP Staff Accepting Donated Produce	Name of Person & Organization Donating Produce	Were Any Chemical Pesticides/Fertilizers used to grow produce? <i>If YES, do NOT accept donation</i>	Was proper hand-washing/glove use followed during harvest? <i>If NO, do NOT accept donation</i>	Are containers used to harvest produce cleaned and sanitized prior to use? <i>If NO, do NOT accept donation</i>	Produce Description/Name	Produce Quantity <i>(weight or volume accepted)</i>
<i>Example:</i> 08/01/2022	Denielle Saitta	School name	NO	YES	YES	Cherry Tomatoes	1 cup

Use multiple lines if necessary to describe activity adequately or to give comments.