

PESTICIDE CONTROL

Vendor Name: Cebro Frozen Foods, Inc.
 Vendor Address: 2100 Orestimba Road
Newman, CA. 95360
 Contact Name(s): Rich Brown
 Contact Title (s): General Manager
 Contact Phone: 209.862.0150
 Contact Fax: 209.862.0717
 Contact e-mail: Rich@cebrofrozenfood.com
 Ingredient Name: _____
 Ingredient Number: _____

Return to:

Name: _____
 Phone: _____
 e-mail: _____
 Fax: _____

Ingredient Name: Reduced Moisture Vegetables
 Ingredient Number: _____

Pesticide/Herbicide Control Program for fresh or frozen fruits and vegetables

Attach documentation as necessary.

Attach a list of Pesticides/Herbicides used by you and/or your supplier.

XX

Are Pesticide/Herbicide spray records maintained?

YES XX NO

Are the records maintained on an electronic platform or on paper?

Electronic XX Paper XX

Are you in compliance with another customer's program?

YES XX NO

Do you currently test for Heavy Metals (Cadmium, Arsenic, and Lead), Pesticide residues (MRA) Mycotoxins, Nitrates, or Veterinary Drugs?

YES XX NO

At what Frequency on a per lot, grower, or field basis?

Per harvest season

Is soil testing conducted for Heavy Metals?

YES XX NO

Which laboratory performs the Pesticide/Herbicide/Heavy Metal testing?

Antech Analysis/Technology

What are your internal tolerances for Pesticide/Herbicide/Heavy Metals? What is your laboratory's sensitivity capability (ppb or ppm)?

ppb

Do you source your fresh fruits or vegetables under contract?

YES XX NO

What are the terms of the contract?

Annual grower contract

Who reviews the spray records and residue test results to assure compliance to the Pesticide/Herbicide/Heavy Metal control program?

Fieldmen or plant representative

Do you track the use of fertilizers or soil amendments?

YES XX NO