

Kentucky Department of Agriculture

Senior Farmers' Market Nutrition Program

Farmers' Market Review

Date: _____ Time: _____ Weather: _____ Reviewer: _____

Market Information

Vendor Number: _____ Market Name: _____

County: _____ Location: _____

High Risk Vendor: Yes _____ No _____ Why? _____

High Risk Market: Yes _____ No _____ Why? _____

Observations:

1. Are the market hours of operation posted? Yes _____ No _____
2. Are farmers adhering to the hours of operation? (If applicable) Yes _____ No _____
3. Are the SFMNP signs posted? Yes _____ No _____
4. Is the vendor number displayed on the SFMNP sign? Yes _____ No _____
5. Are produce prices displayed? Yes _____ No _____
6. List products being sold: _____

7. Are there any produce packaged in \$4 increments? Yes _____ No _____
8. How is the produce displayed? _____
9. Is the farmer appropriately dressed? Yes _____ No _____
10. Did you take pictures of the market? Yes _____ No _____
11. Rate the appearance of fresh produce on the following: (Rate 1-3; 3 being excellent, 1 being poor)
Freshness: _____ Quality: _____ Appearance: _____

Questions:

1. Name of Vendor: _____
2. Did vendor receive training on how to accept SFMNP checks? Yes _____ No _____
3. How many acres does vendor farm? _____
4. How often does vendor deposit checks? _____
5. Are there ever any problems when depositing? Yes _____ No _____ Why? _____
6. Does vendor ever give back change or charge sales tax? Yes _____ No _____ Why? _____
7. Are seniors signing checks at the time of redemption? Yes _____ No _____
8. Does vendor have any questions or complaints? _____

Interviews with farmers, market managers, and/or participants:

Comments: _____

Signature of Reviewer: _____ Signature of Farmer: _____