

Kentucky Department of Agriculture
Senior Farmers' Market Nutrition Program
Farmer Monitor Review

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

Market Information

Vendor Number: _____ Market Name: _____

County: _____ Location: _____

Observations:

1. Are the market hours of operation posted? _____
2. Are farmers adhering to the hours of operation? (If applicable) _____
3. Are the SFMNP signs posted? _____
4. Is the vendor number displayed on the SFMNP sign? _____
5. Are produce prices displayed? _____
6. List products being sold: _____

7. Are there any produce packaged in \$4 increments? _____
8. How is the produce displayed? _____
9. Is the farmer appropriately dressed? _____
10. Did you take pictures of the market? _____
11. Rate the appearance of fresh produce on the following: (Rate 1-3; 1 being excellent, 3 being poor)
Freshness: _____ Quality: _____ Appearance: _____

Questions:

1. Name of Vendor: _____
2. Did vendor receive training on how to accept SFMNP checks? _____
3. How many acres does vendor farm? _____
4. How often does vendor deposit checks? _____
5. Are there ever any problems when depositing? _____
6. Does vendor ever give back change or charge sales tax? _____
7. Are seniors signing checks at the time of redemption? _____
8. Does vendor have any questions or complaints? _____

Comments:

Signature of Reviewer: _____