



Questionnaire

* Indicates a required field

Questionnaire Name: *

Click "Add Question" to add a question. A pop-up window shall appear.

Questions *	Y/N?	Comments?	Sort	Delete
1. LOCKABLE STORAGE: If plant material cannot be planted or grafted upon delivery, or is seed and needs to be stored, is there a lockable refrigerator, freezer, incubator, cabinet for storing regulated materials?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	--	
2. PHYSICAL SECURITY: (a) Is the growing site lockable? fenced? (b) Does it have controlled access? (c) Has there been any theft on the property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	--	
3. Standard operating procedure (SOP) or written protocol : Is there an SOP or protocol written and current for how you receive imported material, handle it, grow it, monitor it, dispose of it, use limited access, etc.? Please attach a copy if available to this questionnaire.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	--	
4. SIGNAGE: Is there appropriate signage posted for "Restricted access" and/ or "Authorized personnel ONLY" and are the Emergency contact name and phone numbers posted?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	--	
5. GROWTH CHAMBER: If used, List make and model number (s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	--	
6. GROWTH CHAMBER or ROOM : (a) If used, does it have an air exhaust/vent and where does the air go? (b) Are HEPA filters used?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	--	
7. GROWTH CHAMBER or ROOM - If used: (a) Does it have a floor drain? (b) Where does the effluent go? (c) Are there any filters or screens on the drain? (d) Is the water treated?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	--	
8. GROWTH CHAMBER OR GROWTH ROOM- If used: (a) Where is it located in relation to greenhouses, etc. (b) Is it lockable with controlled access?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	--	
9. GROWTH CHAMBER OR GROWTH ROOM: Are openings in the walls -around electrical and plumbing conduits -sealed and draft free?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	--	
10. (a) What plant material is located in the greenhouse section that you intend to use for growing the imported plants? (b) Is there/can there be PHYSICAL SEPARATION of new requested plants from other plants previously imported, or plants permitted on other permits, or plants that are domestic?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	--	
11. Will GROWTH of plants be done in sterilized soil mix or a commercially produced, soil-less growing medium ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	--	
12. PEST and PEST VECTOR MONITORING: Is regular monitoring at specified intervals by use of appropriate methods (e.g. sticky insect traps) occurring? (Records required if yes)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	--	
13. PEST CONTROL- Are pests (e.g. rodents, white flies, aphid, thrips, etc.) effectively controlled and excluded from the facility?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	--	
14. You will be required to sterilize /decontaminate the plant waste, pots,soil/media BEFORE it is removed from your site / facility. (a) How are plant materials and used soil treated prior to disposal ? -Are they autoclaved? -Double bagged and steam cart sterilized and then transported to municipal landfill? -Double bagged and incinerated and then taken to municipal landfill? (b) How will used pots be decontaminated after use? (autoclave, soak in disinfectant, other)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	--	
15. GREENHOUSE or SCREENHOUSE: (a) Describe the location of the house you will grow the plant material in (where it is	<input type="checkbox"/>	<input checked="" type="checkbox"/>	--	

located in relation to other buildings, etc.) (b) Please provide the house number and or name.				
16. GREENHOUSE OR SCREENHOUSE BENCHES: (a) What is the bench height? (b) What are they made of? (c) Do they drain?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	--	
17. GREENHOUSE or SCREENHOUSE Doors: (a) Are the doors self-closing? (b) Are they tight-fitting? (c) Do they have seals on the top and sides? (d) Do they have sweeps on the bottom?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	--	
18. GREENHOUSE OR SCREENHOUSE: (a) Is the house freestanding? (b) Is it attached to a vestibule or anteroom or headhouse?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	--	
19. GREENHOUSE or SCREENHOUSE: Are surfaces constructed of smooth and impervious material that can withstand cleaning and be effectively decontaminated?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	--	
20. GREENHOUSE or SCREENHOUSE FLOORING: (a) Describe the flooring in the house. (b) Is there a concrete floor or walkway? (c) Is the floor free of standing water, debris-free and weed-free?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	--	
21. GREENHOUSE OR SCREENHOUSE: Are openings in the walls around vents, electrical and plumbing conduits sealed and draft free?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	--	
22. GREENHOUSE: Is greenhouse constructed of regular glass, polycarbonate, twin-skin plastic or other?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	--	
23. GREENHOUSE: Is there fine mesh, insect barrier screening (without holes) installed in both the roof and side vents (air intake and air exhaust) in order to prevent pest or vector entry or escape ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	--	
24. GREENHOUSE: Is there fine mesh, insect-barrier screening (without holes) installed over the swamp cooler vent and or evaporative pad in order to prevent pest or vector entry or escape ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	--	
25. If using a SCREENHOUSE: Is there fine mesh, insect barrier screening installed in the screenhouse?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	--	
26. LOCATION(S): (a) Please list all building and room numbers or names where the plant material will be grown and or worked on during the quarantine period. (b) Also list what activity is done in each location listed.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	--	
27. If you are using a laboratory- what part of work will be done in the lab (e.g. testing, extraction)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	--	
28. Is there a threshing room for the seed? Is this room able to be disinfected? Is there an exhaust vent in the threshing room? Is there a HEPA filter installed over the exhaust fan?	<input type="checkbox"/>	<input type="checkbox"/>	--	
29. Is your growing structure (greenhouse) built and ready to be inspected in the next 30 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	--	

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