

**FARMERS MARKET NUTRITION PROGRAM**

**MARKET REVIEW FORM**

**Name of Market:** \_\_\_\_\_

**Date of Visit:** \_\_\_\_\_ **Time of Visit:** \_\_\_\_\_ **Weather:** \_\_\_\_\_

**Manager's Name:** \_\_\_\_\_

1. Total number of vendors on the day of monitor: \_\_\_\_\_

2. Total number of fresh produce vendors on the day of monitor: \_\_\_\_\_

3. List the growers and Grower ID Numbers who are not displaying signs:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. What system is in place to validate WIC Farmers Market checks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Are the market's procedures to validate checks meeting requirements? YES \_\_\_\_\_  
NO \_\_\_\_\_

6. Does the market allow vendors to sell produce exclusively grown by others?

YES \_\_\_\_\_ NO \_\_\_\_\_

(OVER)

7. How are the vendors trained? \_\_\_\_\_

\_\_\_\_\_

8. Does the market understand the WIC FMNP complaint process for civil rights and customer service? Does the market have blank WIC FMNP complaint forms on-hand?

\_\_\_\_\_

\_\_\_\_\_

9. Observations of WIC FMNP transactions and WIC customers' interviews:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. List findings discussed with the market manager and manager's response:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Other Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Follow-up recommended: YES \_\_\_\_\_ NO \_\_\_\_\_

Signature of Reviewer: \_\_\_\_\_

Date: \_\_\_\_\_