FARM NAME __________________________

Doc.No. **2.58**  
Title: **Conducting a Food Defense Self-Assessment**  
Effective Date: ______________________  
Reviewed by: _____________ GAP Coordinator, Date: __________

1. A Food Defense Assessment is conducted at this farm on an annual basis.

2. We use the Oklahoma self-assessment document (DOC 4.41)

3. This assessment is reviewed at the annual food safety team meeting.

4. Adjustments and plans are made to address important issues that apply to our farm.