

**Certified Naturally Grown™
SUMMARY INSPECTION REPORT**

Farm Name: Community ORGANICS
Grower(s) Name: Tim & Aspen Bell
Inspector: Sharon Carson
Inspection Date: _____ Total On-Farm Inspection Time: 2 Hours

Please circle YES or NO and *initial* the line next to the question.

To the best of my abilities and based on my observations and interview with the grower(s), I feel confident in making the following declarations about the farm acreage the above grower wants to have listed as Certified Naturally Grown™:

I saw no evidence of prohibited insecticides, herbicides, Agree / Disagree _____
fungicides or prohibited chemical fertilizer use:

The farmer is not irrigating from a water source that I know to be chemically contaminated: Agree / Disagree _____

The acreage under consideration looks to be surrounded by an adequate buffer to protect from chemical/spray drift contamination: Agree / Disagree _____

Farmer is careful to make sure that no genetically modified or chemically treated seeds are used on this acreage: Agree / Disagree _____

The Grower(s) demonstrates a commitment to sustainable agricultural practices that seek to maintain and increase the long-term fertility of soils and protect and conserve water resources: Agree / Disagree _____

I certify that to the best of my abilities, observations, and based on my personal interview with the grower(s), I feel confident in recommending that the above listed grower(s) and farm

be included **not be included** (please circle one)

In the Certified Naturally Grown™ program.

Sharon Carson
Signature of Inspector

4/6/06
Date