



Oregon
Department
of Agriculture

Food Safety Program

Wild Mushroom Buyer Verification

Complete the form by providing all the information requested. This document is to remain on file in the food establishment for a minimum of 90 days from the date of sale or service of the wild mushrooms.

Name of food establishment:

Address:

Name of seller:

Contact information-phone and address:

Name of person(s) identifying wild mushrooms, if different from above:

Contact information-phone and address:

List the common name and scientific name of each wild mushroom species sold this date:

Note: mushroom must be identified in the wild fresh state (not processed, dried or cultivated)

Example: **Golden Chanterelle (*Cantharellus cibarius*)**

Provide a statement as to the qualifications and training of the wild mushroom identifier:

IMPORTANT The food establishment that sells, uses or serves mushrooms picked in the wild shall ensure the mushrooms are conspicuously identified by a label, placard, or menu notation that states:

- (1) The common and usual name of the wild mushroom; and
- (2) The statement "Wild Mushrooms: not an inspected product".

Signature of Seller/Date

Signature of Buyer/Date

I agree to comply with the provisions of the Oregon Food Sanitation Rules OAR 603-25-0030, Chapter 3-201.16 Wild Mushrooms.