



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 333-150-0000, Chapter 3-201.16 Wild Mushrooms.***

Rev 01/26