

# North Carolina Wild Mushroom Verification Form

Date: \_\_\_\_\_ Establishment ID#: \_\_\_\_\_ Tag #: \_\_\_\_\_

Name of Establishment: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Person in Charge (PIC): \_\_\_\_\_

Name of Forager: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Example: Chanterelle (*Cantharellus cibarius*, *lateritius*, *appalachiensis*)

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**NOTE: Mushrooms must be identified in the wild, fresh state (not processed, dried, or cultivated).**

Provide a statement as to the qualifications and training of the wild mushroom forager, specifically related to mushroom identification: \_\_\_\_\_

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## North Carolina Food Code Manual, 3-201.16 Wild Mushrooms

(A) Except as specified in ¶ (B) of this section, mushroom species picked in the wild shall be obtained from sources where each mushroom is individually inspected and found to be safe by an APPROVED mushroom identification expert.

(B) This section does not apply to:

- (1) Cultivated wild mushrooms species that are grown, harvested, and processed in an operation that is regulated by the food regulatory agency that has jurisdiction over the operation; or
- (2) Wild mushrooms species if they are in packaged form and are the product of a food processing plant that is regulated by the food regulatory agency that has jurisdiction over the plant.

The food establishment that prepares, sells, and serves mushrooms picked in the wild shall ensure the mushrooms are identified by a label, placard, or menu notation that states the common name of the wild mushroom.

**This document must remain on file in the food establishment for a minimum of 90 days from the date of sale of the wild mushrooms.**

I attest to the accuracy of the information provided in this Wild Mushroom Buyer Verification.

Signature of Forager: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of PIC: \_\_\_\_\_ Date: \_\_\_\_\_

