Organic System Plan - Crops

*Choose one depending if this is an initial application for certification or a renewal application for continuation of certification:*

This is the first time this Organic System Plan is Submitted to Primus Auditing Ops.

This is an update of an Organic System Plan already submitted to Primus Auditing Ops.

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| Section 1: General Information NOP Rule 205.401 | | | | | | | | | | | | | |
| 1a. Farm Name | | | | | | | | | 1b. Business Name | | | | |
| 1c. Address | | | | | | | | | 1d. City | | | | |
| 1e. State | | 1f. Zip code | | | | | | | 1g. Country | | | | |
| 1h. Billing information:  Same as Physical Address | | | | | | | | | | | | | |
| Address:  City:       State:       Zip Code:       Country: | | | | | | | | | | | | | |
| 1i. Legal representative | | | | | | | | | 1j. Authorized representative (contact person for certification) | | | | |
| 1k. Phone | | | | 1l. Email | | | | | | | | | |
| 1m. Alternate Contact(s): | | | | Name: | | | | | Email:       Phone #: | | | | |
|  | | | | Name: | | | | | Email:       Phone #: | | | | |
|  | | | | Name: | | | | | Email:       Phone #: | | | | |
| 1n. Company Legal status: Choose an item. | | | | | | | | | | | | | |
| 1o. Year first certified | 1p. List previous organic certification by other agencies | | | | | | | | 1q. List current organic certification by  other agencies | | | 1r. List state registration (if applicable) | |
| 1s. Has your certification request ever been denied or your certification been suspended?  Yes  No | | | | | If yes, describe the circumstances: | | | | | | | | |
| 1t. Do you understand the current organic standards?  Yes  No | | | | | | 1u. Do you have a copy of current NOP organic standards?  Yes  No  1v. Do you have a current list of approved organic inputs?  Yes  No | | | | | | | |
| 1w. Do you conduct any off-farm or on-farm processing? (cleaning, bagging, bottling, etc.)  Yes  No  If yes, have you filled out an Organic Handling System Plan Questionnaire?  Yes  No | | | | | | | | | | | | | |
| 1x. Write a short description of your operation’s process:    1y. What are your production months:  Year round production  Seasonal: Choose an item. To Choose an item.  Choose an item. To Choose an item.  Choose an item. To Choose an item.  1z. What are your business hours?:  1aa. What is your inspection language preference?  1bb. What language is your documentation?  1cc. Does your operation produce or handle: Choose an item. | | | | | | | | | | | | | |
| 1dd. Do you manage and/or are requesting certification for other sites?  No  Yes If yes, complete the following: | | | | | | | | | | | | | |
| 1ee. Complete information for each location (sites) managed by the Organization (both non-organic and organic sites) (If you need additional space, please contact Primus Auditing Ops for additional document) : | | | | | | | | | | | | | |
| **Site ID/Name** | | | **Site Address** | | | | **City** | **State** | | **Zip** | **Contact Name and Phone Number** | | **Description of Site activities and responsibilities:** |
| 1. | | |  | | | |  |  | |  |  | |  |
| 2. | | |  | | | |  |  | |  |  | |  |
| 3. | | |  | | | |  |  | |  |  | |  |
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| 10. | | |  | | | |  |  | |  |  | |  |

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| 1ff. Please list all non-organic products and where they are being grown (If you need additional space, please contact Primus Auditing Ops for additional document): | |
| **Product Name:** | **Site where being grown:** |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
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| Section 2: Scope verification NOP Rule 205.201(a) | | | | | | | |
| 2a. Does your operation import or export any products to other countries?  Yes  No  If **yes**, list countries:  Imports:  Exports:  \*If yes, you must request and complete the International Markets OSP Addendum\* | | | | | | | |
| Section 3: Fields- Land To Be Certified | | | | | | | | |
| 3a. Are the requested areas or sites part of a Grower Group?  Yes  No  **If yes, complete the following:**  3b. Please attach a list of all growers within the group. Is the Grower Group list attached?  Yes  No  3c. Have any of the sites/areas been certified by any other certification agency?  Yes  No  If **yes**, List previous organic certification agency  3d. Are there any minor or non compliances open?  Yes  No  If yes,please attach corresponding information and documentation. Is the information attached?  Yes  No  3e. Please submit a list of **all** non compliances issued by the Internal Control System(ICS) to Grower Group members from the last annual visit. Is the list attached?  Yes  No | | | | | | | | |
| 3f. Please complete the table below for all fields (If you need additional space, please contact Primus Auditing Ops for additional document) | | | | | | | |
| **Field ID (name/code)** | **Parcel address/**  **legal description** | **area :**  **organic (O), transitional (T), Non-Organic (N-O)**  **units:**  **ACRE**  **HECTARE**    **O T N-O** | | | **New this year?** | **Total Area**  **(O+T+C=total area)** | **Rented or Owned** |
| *Example: PAO #1* | *1265 Furukawa Way Santa Maria, CA 93458* | *10* | *1* | *2* | Yes  No | 13 | Rented  Owned |
|  |  |  |  |  | Yes  No |  | Rented  Owned |
|  |  |  |  |  | Yes  No |  | Rented  Owned |
|  |  |  |  |  | Yes  No |  | Rented  Owned |
|  |  |  |  |  | Yes  No |  | Rented  Owned |
|  |  |  |  |  | Yes  No |  | Rented  Owned |
|  |  |  |  |  | Yes  No |  | Rented  Owned |
|  |  |  |  |  | Yes  No |  | Rented  Owned |
|  |  |  |  |  | Yes  No |  | Rented  Owned |
|  |  |  |  |  | Yes  No |  | Rented  Owned |
|  |  |  |  |  | Yes  No |  | Rented  Owned |
| 3g. Do you use these same field IDs in your record-keeping system (field activity log, harvest log, etc.).?  Yes  No  **If no,** please explain why, and explain how fields are accurately identified in your record-keeping system. | | | | | | | |
| 3h. If this is a renewal application (continuation of certification), are you adding any new fields this year?  Yes  No  3i. Please attach a Field History Affidavit form for every field for this year (Page 23 OSP). Are they attached?  Yes  No | | | | | | | |

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| Section 4: Crops – To Be Listed On The Farm Certificate (If you need additional space, please contact Primus Auditing Ops for additional document) | | | | |
| **Crops requested for certification**  ***(if marketed / labeled by specific varieties,***  ***please list them separately)*** | **Field ID where crop is being planted this year** | **Total planted area**  **for this year**  **see note 2**  **units: ACRE  HECTARE** | **Is this a rotational crop?** | **Projected yield for this year**  **units: ACRE  HECTARE** |
|  |  |  | Yes  No |  |
|  |  |  | Yes  No |  |
|  |  |  | Yes  No |  |
|  |  |  | Yes  No |  |
|  |  |  | Yes  No |  |
|  |  |  | Yes  No |  |
|  |  |  | Yes  No |  |
|  |  |  | Yes  No |  |
|  |  |  | Yes  No |  |
|  |  |  | Yes  No |  |

Note 2: refers to actual crop acreage, not total field size, please consider if more than one crop cycle is performed per year.

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| Section 5: Products - To Be Listed In Certificate By ID Mark And Market NOP Rule 205.201(a)  (If you need additional space, please contact Primus Auditing Ops for additional document) | | | | |
| **PRODUCT**  **requested for certification**  ***if marketed / labeled by specific varieties***  ***please list them separately*** | **ID Mark**  **list all ID marks including retail, non-retail, and private labels used or to be used this year**  **use one separate line per each id mark** | **Specify Label Type:**  **Non retail,**  **Retail,**  **Private Label**  **1.Indicate if the label is retail or non-retail.**  **2.Check private label if ID mark is not owned by the legal entity on this OSP.** | **Label attached**  **mark with X IF label has been attached** | **Market**  **see note 3** |
| **Other-** EU, US-Canada, Swiss-US, JAS, etc.  (Specify Below) |
|  |  | Retail  Non-Retail  Private Label |  |  |
|  |  | Retail  Non-Retail  Private Label |  |  |
|  |  | Retail  Non-Retail  Private Label |  |  |
|  |  | Retail  Non-Retail  Private Label |  |  |
|  |  | Retail  Non-Retail  Private Label |  |  |
|  |  | Retail  Non-Retail  Private Label |  |  |
|  |  | Retail  Non-Retail  Private Label |  |  |
|  |  | Retail  Non-Retail  Private Label |  |  |
|  |  | Retail  Non-Retail  Private Label |  |  |
|  |  | Retail  Non-Retail  Private Label |  |  |

**NOTE 3 :** If finished product is intended for an international market, additional verification is needed to the relevant equivalency agreement or arrangement. Please contact Primus Auditing Ops for assistance in adding international markets to the scope of your certification.

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| SECTION 6: Land requirements NOP Rule 205.201(a) and 205.202(a) and (b) | | | | | | | | | | |
| 6a. Have you attached for each field (including any new one) the following documents?  Field History and supporting documents  Yes  No.  Updated Map  Yes  No. | | | | | | | | | | |
| 6b. Have you managed all fields for 3 or more years?  Yes  No  If no, you must submit a signed statements from the previous land management owner and any other supporting evidence stating the use and all inputs applied during the previous 3 years on all newly rented or purchased fields.  6c. Please explain what evidence is available to demonstrate that no prohibited substance has been used in the previous 3 years on all newly rented or purchased fields. | | | | | | | | | | |
| 6d. Are all fields’ distinct and defined boundaries easily distinguishable in the ground and accurately reflected in their maps (maps must be updated every year to show current adjoining land use)?  Yes  No    6e. Is total field acreage and total crop acreage clearly defined for each field and consistent among maps, Field Histories, Annual Field Information, and this Organic System Plan?  Yes  No  6f. Have you established buffer zones to prevent the unintended application of a prohibited substance to the crop or contact with a prohibited substance applied to adjoining land that is not under organic management?  Yes  No  No, but not needed  Please explain your answer and, if YES, describe your buffer zones. | | | | | | | | | | |
| SECTION 7: Seeds, Planting Stock Seeds, and Seed Treatments NOP Rule 205.204 | | | | | | | | | | |
| *All crops/varieties identified in section 4 must be listed here. INCLUDE ALSO rotational crops, cover crops or crops not intended to be sold as organic, but planted on certified land.*  7a.Check the appropriate boxes and provide other information as needed. Attach additional documents if necessary.  No seeds used  All seeds are certified organic  All / some non-organic seed used  Cover crops used  *Provide seed and planting stock supporting documents (for example invoices or supplier letters*  7b. Do you purchase seedlings or Planting Stock?  Yes  No  Not applicable  *Annual seedlings or transplants must always be organic per § 205.204(a)(3), unless producer has been granted a temporary variance by the Agricultural Marketing Services (AMS) Administrator in accordance with § 205.290(a)(2) due to an extreme weather event or business disruption beyond the control of the producer.*  *7c. Have you attached seedling supporting documents (for example invoices or supplier letters)?*   Yes  No  7d. Do you purchase non-organic seedlings or planting stock?  Yes  No  If yes, have you ever requested and obtained a temporary variance?  Yes  No  7e. List all seeds planned for use in the current season in the table below: (If you need additional space, please contact Primus Auditing Ops for additional document) | | | | | | | | | | |
| **Crop/Variety** | | **Brand/Suppler** | | **Choose type of seed:**  **Certified Organic,**  **Non Organic BUT Untreated, Or**  **Non Organic AND Treated** | | **IF Non Organic but Treated:**  **List Type/brand of treatment** | | **IF Non Organic:**  **is it documented as non - gmo?** | | **If Non Organic have you completed an updated annual seed search form?**  **(page 20 of this OSP)** |
|  | |  | | Certified Organic  Non-organic: Untreated  Non-organic: Treated | |  | | Y / N | | Y / N |
|  | |  | | Certified Organic  Non-organic: Untreated  Non-organic: Treated | |  | | Y / N | | Y / N |
|  | |  | | Certified Organic  Non-organic: Untreated  Non-organic: Treated | |  | | Y / N | | Y / N |
|  | |  | | Certified Organic  Non-organic: Untreated  Non-organic: Treated | |  | | Y / N | | Y / N |
|  | |  | | Certified Organic  Non-organic: Untreated  Non-organic: Treated | |  | | Y / N | | Y / N |
|  | |  | | Certified Organic  Non-organic: Untreated  Non-organic: Treated | |  | | Y / N | | Y / N |
|  | |  | | Certified Organic  Non-organic: Untreated  Non-organic: Treated | |  | | Y / N | | Y / N |
|  | |  | | Certified Organic  Non-organic: Untreated  Non-organic: Treated | |  | | Y / N | | Y / N |
|  | |  | | Certified Organic  Non-organic: Untreated  Non-organic: Treated | |  | | Y / N | | Y / N |
|  | |  | | Certified Organic  Non-organic: Untreated  Non-organic: Treated | |  | | Y / N | | Y / N |
| 7f. Do you grow organic seedlings on-farm?  Yes  No  Not applicable  7g. If you grow organic seedlings on-farm, please describe the steps and procedures carried out:    7h. What equipment do you use in your watering system?    7i. How do you prevent seedling diseases and/or insect problems? | | | | | | | | | | |
| 7j. List all soil mix ingredients, fertility products, foliar sprays, and/or pest and disease inputs used or planned for use in your organic greenhouse operation. Attach labels or have labels available for inspection, as applicable. (If you need additional space, please contact Primus Auditing Ops for additional document) | | | | | | | | | |
| **Brand Name**  **(list specific formulation)** | | **ingredients**  **(including any inerts, additives, preservatives, coadyuvants, inoculants, etc.)** | | **Compliance Approval by:** | | **Label and also Compliance Approval documentation attached?** | | **If Product is Restricted (allowed in the National List but with annotations), describe how you comply with this NOP rule annotation.** | |
|  | |  | |  | | Y / N | |  | |
|  | |  | |  | | Y / N | |  | |
|  | |  | |  | | Y / N | |  | |
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|  | |  | |  | | Y / N | |  | |
|  | |  | |  | | Y / N | |  | |
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| 7k. If You Grow Both Organic and Non-Organic Plants in your Greenhouse: Not applicable  7l. What non-organic crops are grown?List varieties if the same organic and non-organic crops are grown (parallel production).    7m. How do you separate and identify organic and non-organic growing areas?    7n. How do you label organic and non-organic seedlings/plants?    7o. How do you prevent commingling of organic and non-organic soil mixes during mixing and storage?    7p. Where do you store inputs used for non-organic production?    7q. How do you prevent drift of prohibited materials through ventilation and/or watering systems?    7r. How do you clean seedling containers and equipment? |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **7s. PLANTING STOCK FOR PERENNIAL CROPS:**   Not applicable  (If you need additional space, please contact Primus Auditing Ops for additional document) | | | | | | | **Type**  **(crop - variety)** | **Planting stock**  **source / supplier** | **Type of Seedling:**  **Certified Organic**  **or**  **Non Organic?** | **If non-organic:**  **date planted?** | **If non-organic:**  **expected harvest date?** | **If non-organic:**  **have you attached a search form?** | |  |  | Certified Organic  Non-organic |  |  | Y / N | |  |  | Certified Organic  Non-organic |  |  | Y / N | |  |  | Certified Organic  Non-organic |  |  | Y / N | |  |  | Certified Organic  Non-organic |  |  | Y / N | |  |  | Certified Organic  Non-organic |  |  | Y / N | |  |  | Certified Organic  Non-organic |  |  | Y / N | |  |  | Certified Organic  Non-organic |  |  | Y / N | |  |  | Certified Organic  Non-organic |  |  | Y / N | |  |  | Certified Organic  Non-organic |  |  | Y / N | |  |  | Certified Organic  Non-organic |  |  | Y / N | |

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| SECTION 8: Soil and Crop Fertility Management NOP Rule 205.203 and 205.205 |
| GENERAL INFORMATION AND EVALUATION: 8a. What are your general soil types?    8b. What are your main soil chemical, physical or biological limitations?  No limitations    8c. Please describe your main practices to improve or maintain your soil's chemical, physical and biological fertility.    8d. How do you monitor the effectiveness of your fertility management program?    \*\*Attach copies of available test results.  8e. Rate the effectiveness of your fertility management program:  Excellent  Satisfactory  Needs improvement  What changes do you anticipate? |

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| **8f. List all fertility inputs used or intended for use in the current season on proposed organic and transitional fields.**  (If you need additional space, please contact Primus Auditing Ops for additional document) | | | | |
| **Brand Name**  **(list specific formulation)** | **ingredients**  **(including any inerts, additives, preservatives, coadyuvants, inoculants, etc.)** | **Compliance Approval by:** | **Label and also Compliance Approval documentation attached?** | **If Product is Restricted (allowed in the National List but with annotations), describe how you comply with this NOP rule annotation.** |
|  |  |  | Y / N |  |
|  |  |  | Y / N |  |
|  |  |  | Y / N |  |
|  |  |  | Y / N |  |
|  |  |  | Y / N |  |
|  |  |  | Y / N |  |
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| **ON-FARM COMPOSTING:**  Not applicable  *NOP Rule 205.203(c)(2) requires that the composting process include a C:N ration of between 25:1 and 40:1, frequent turning and maintenance of temperatures between 131ºF. and 170ºF for a specific number of days, depending on the method of composting. Keep a compost production record to verify compliance.*  *If you do not compost, but purchase compost, do not fill in this section but list your purchased compost on the table in section 8C above.*  8g. List all compost ingredients/additives and their proportion by weight or volume.    8h. Describe your composting method   8i. What is your INITIAL C:N ratio?   8j. Do you monitor temperature?  Yes  No  If yes, does your compost production record demonstrate it has been maintained between 131 and 170 ºF (55 and 77 ºC) for at least 15 consecutive days?  Yes  No  8k. How many times are materials turned and when? |
| **MANURE USE:**  Not applicable  *NOP Rule 205.203(c)(1) requires that raw manure be fully composted unless applied to fields with crops not for human consumption or incorporated into the soil 120 days prior to harvest for crops whose edible portions has direct contact with the soil, or 90 days prior to harvest for all other crops for human consumption.*  8l. What forms of manure do you use?  None  Liquid  Semi-solid  Piled  Fully composted  Other (specify) 8m. What types of crops do you grow? Check all boxes that apply. Crops not used for human consumption.  Crops for human consumption whose edible portion has direct contact with the soil.  Crops for human consumption whose edible portion does not have direct contact with the soil.    8n. If you grow crops for human consumption and use raw manure, complete the following tables:  (If you need additional space, please contact Primus Auditing Ops for additional document) |

|  |  |  |  |
| --- | --- | --- | --- |
| **Crop(s)** | **Field numbers** | **Date manure**  **is applied:** | **Expected date of harvest:** |
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| 8o. What is the source of the manure you use?  on-farm  off-farm  8p. List all sources of off-farm manure:  8q. List all manure ingredients/additives:  8r. If you use manure, what are the potential contaminants (pit additives, feed additives, pesticides, antibiotics, heavy metals, etc.) from these sources?  *Attach residue analysis/additive specifications for manure, if available.* | | | |
| **SECTION 9: Natural Resources NOP Rule 205.200 and 805.203(a)** | | | |
| **NATURAL RESOURCES:**  9a. What soil conservation practices are used?   9b. What soil erosion problems do you experience (why and on which fields?)   9c. Describe your efforts to minimize soil erosion problems listed above.    9d. Describe how you monitor the effectiveness of your soil conservation program. | | | |
| **Section 10: Water Use** | | | |
| 10a. Water use:  Not applicable  Livestock  Washing Product  Irrigation  Foliar Sprays  Other (specify)  10b. Source of water:  On-site Well  River//Pond/Creek  Municipal/County  Irrigation District  Other (specify)  *\*Attach current water tests for nitrates and coliform bacteria, per certifying agent policy.*  10c. Type of irrigation system:  None  Drip  Flood  Center pivot  Other (specify)  10d. What input products are applied through the irrigation system?  None    10e. What products do you use to clean irrigation lines/nozzles?  None    10f. Is the system shared with another operator?  Yes  No  If yes, what products do they use?    10g. Is the system flushed and documented between non-organic and organic use?  Yes  No 10h. What practices are used to protect water quality?   10i. List known contaminants in water supplies in your area.    *\*Attach residue analysis and/or salinity test results, if applicable.*  10j. Describe your efforts to minimize water contamination problems listed above | | | |

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| SECTION 11: Crop Rotation NOP Rule 205.205 | | | | | |
| **CROP ROTATION PLANS: (**Use one line for each rotation used)  (If you need additional space, please contact Primus Auditing Ops for additional document) | | | | | |
| Crop rotation plan(sequence of crops) | **Please check (x) below if the specific rotation plan meets one or more than one of the following objectives (be prepared to explain the specifics if requested):** | | | | |
| **Increase organic matter** | **Nutrient management** | **pest or disease management** | **erosion control** | **other** |
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| |  | | --- | | SECTION 12: Crop pest, weed and disease management NOP Rule 205.206 | | **WEED AND DISEASE MANAGEMENT PLAN:**  12a. What are your problem weeds and disease?    12b. What weed and disease control methods do you use? | | **USE OF RESTRICTED WEED AND DISEASE MANAGEMENT STRATEGIES:**  Noneused  12c. If you use plastic or other synthetic mulches, is the mulch removed at the end of the growing or harvest season? Yes  No  If no, why not?  12d. If you use corn gluten, is the corn genetically modified?  Yes  No  If no, what verification do you have?  12e. If you use soap-based herbicides, list all areas where used:    12f. If you use newspaper or other recycled paper for mulch, do you use paper with glossy or colored inks?  Yes  No | | **PEST AND DISEASE MANAGEMENT PLAN:**  12g. What are your problem pests and disease?    12h. What strategies are used to prevent pest damage and disease to crops before applying an approved substance to control it?    12i. Are these preventive practices documented?  Yes  No  12j. Before applying an approved substance to control pest damage, do you document the preventive practices were insufficient?  Yes  No, Please describe briefly | |
| **EVALUATION:**  12k. How do you monitor the effectiveness of your pest and disease management program?    12l. Rate the effectiveness of your weed management program.  Excellent  Satisfactory  Needs improvement  12m. Rate the effectiveness of your disease management program.  Excellent  Satisfactory  Needs improvement 12n. What changes do you anticipate? |

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| **12o. List all pest and disease control products used or intended for use in the current season on organic and transitional fields.** (If you need additional space, please contact Primus Auditing Ops for additional document)  **Note: Please be advised that some materials are allowed with restrictions related to their source, manufacturing process or use. Primus Auditing Ops may request additional information as needed before assessing compliance. Keep all your inputs compliance documentation current (18 months or less).** | | | | |
| **Brand Name**  **(list specific formulation)** | **ingredients**  **(including any inerts, additives, preservatives, coadyuvants, inoculants, etc)** | **Compliance Approval by:**  **(see note below)** | **Label and also Compliance Approval documentation attached?** | **If Product is Restricted (allowed in the National List but with annotations), describe how you comply with this NOP rule annotation.** |
|  |  |  | Y / N |  |
|  |  |  | Y / N |  |
|  |  |  | Y / N |  |
|  |  |  | Y / N |  |
|  |  |  | Y / N |  |
|  |  |  | Y / N |  |
|  |  |  | Y / N |  |
|  |  |  | Y / N |  |
|  |  |  | Y / N |  |
|  |  |  | Y / N |  |

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| SECTION 13: Maintenance of Organic Integrity NOP Rule 205.201(a)(5) and 205.202(c) | | | | | | | | | | | | | |
| **Buffer areas: Adjoining Land Areas**  Not applicable  13a. Please describe how often you conduct a risk assessment of the adjoining land use and list the main contamination risks currently present.    13b. Please describe your main buffer areas in terms of size and other features:    13c. Have you validated if these buffer areas are sufficient to prevent contamination?  Yes  No  13d. Please explain why you think your buffer areas are sufficient.    13e. Have you shown and updated all adjoining land use and buffer zones in your maps?  Yes  No  13f. If crop is harvested from buffer areas, describe use (sale, non-organic livestock feed, seed, etc.)    13g. If crops are harvested from the buffer zones with equipment used for harvesting organic crops, what safeguards do you use to protect organic crops from having contact with buffer crops during harvest?    13h.What additional safeguards do you use to prevent accidental contamination?  none  Written notification to:  highway departments  electric companies  aerial spray companies/airports  adjoining landowners  drainage commissions  farm service office  other (specify)  13i.Have you posted "No Spray" signs along roadsides that are adjacent to organic fields?  Yes  No  13j. Do any fields or portions of fields flood frequently? (more than once every five years)  Yes  No  **If yes**, list field numbers | | | | | | | | | | | | | |
| SPLIT PRODUCTION:  Not applicable  13k. Do you grow any non-organics crops in your operation? (this is called "split production").  Yes  No   * + **If yes**, please explain what administrative practices and/or physical barriers are in place to prevent contamination of organic crops with prohibited substances (please consider buffers, equipment used, storage areas, transportation, etc.)   13l. Do you grow the same crops organically, as well as in transition, and/or non-organically?  Yes  No   * + If yes, please explain what administrative practices and/or physical barriers are in place to prevent commingling of organic and non organic crops once harvested. | | | | | | | | | | | | | |
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| SECTION 14: Maintenance of Organic Integrity NOP Rule 205.201(a)(5) and 205.202(c) | | | | | | | | | | | | | |
| EQUIPMENT:  *To prevent commingling and contamination, all equipment used in organic crop production must be free of non-organic crops and prohibited materials, Equipment used for both organic and non-organic farming must be cleaned and flushed prior to use on organic fields or crops. Keep records of equipment clean and flush activities*.  14a. List equipment used for planting, tillage, spraying, and harvesting.  Not applicable  (IF you need additional space, please contact Primus Auditing Ops for additional document) | | | | | | | | | | | | | |
| Equipment name / Model / Code | | | | **Choose one:**  **owned, rented, or custom** | | | **Check (x) if used on both organic and non-organic** | | | **How is equipment cleaned before use on organic fields?** | | | |
|  | | | | Owned  Rented  Custom | | |  | | |  | | | |
|  | | | | Owned  Rented  Custom | | |  | | |  | | | |
|  | | | | Owned  Rented  Custom | | |  | | |  | | | |
|  | | | | Owned  Rented  Custom | | |  | | |  | | | |
|  | | | | Owned  Rented  Custom | | |  | | |  | | | |
|  | | | | Owned  Rented  Custom | | |  | | |  | | | |
|  | | | | Owned  Rented  Custom | | |  | | |  | | | |
|  | | | | Owned  Rented  Custom | | |  | | |  | | | |
|  | | | | Owned  Rented  Custom | | |  | | |  | | | |
|  | | | | Owned  Rented  Custom | | |  | | |  | | | |
| 14b.Other equipment:  Could any equipment you use have been contaminated by previous uses or other reasons?  Yes  No  If yes, describe:    \*Note: Your equipment must be maintained so that fuel, oil and hydraulic fluid do not leak\* | | | | | | | | | | | | | |
| **HARVEST:**  Not applicable  NOP Rule 205.272(b)(1) and (2) requires that containers, bins, and packaging materials must not contain synthetic fungicides, preservatives, or fumigants. All reusable containers must be thoroughly cleaned and pose no risk of contamination prior to use.  14c. How are your organic crops harvested?  Mechanical  By hand  Briefly provide a description:  14d. Are any organic crops custom-harvested?  Yes  No  **If yes**, provide name and address of custom-harvester.    14e. What containers are used for harvesting?  14f. Are containers new or used?  New  Used  If used, what did they contain prior to organic use?    14g. Are the containers used for organic crops only?  Yes  No  14h. Describe potential contamination or commingling problems you have with harvest of organic crops.    14i. Describe steps taken to protect organic crops from commingling and contamination during harvest. | | | | | | | | | | | | | |
| SECTION 15: Maintenance of Organic Integrity NOP Rule 205.201(a)(5) and 205.202(c) | | | | | | | | | | | | | |
| **POST-HARVEST HANDLING:**   Not applicable  *NOP Rule 205.201(a)(5) requires that post-harvest handling procedures do not contaminate organic products with non-organic crops or prohibited materials. For on-farm processing, you may need to complete an Organic Handling Plan Questionnaire.*  15a. Describe your post-harvest handling procedures and equipment. Attach a flow chart and a floor plan    15b. Is the processing area and equipment used for both organic and non-organic products?  Yes  No   * + If yes, describe steps taken to prevent commingling and contamination. | | | | | | | | | | | | | |
| 15c. In what form are finished products shipped? *For example, plastic bags, clamshells, metal drums, etc*.    15d. Check types of packaging material used: *For example, plastic, cardboard, etc.*    15e. Is packaging documented to be free of any packaging materials, storage containers, or bins that contain a synthetic fungicide, preservative, or fumigant?  Yes  No If yes, please attach documented evidence. | | | | | | | | | | | | | |
| 15f. Do you use water in your post-harvest handling?  Yes  No  15g. If yes, does it come into direct contact with crop or food contact surfaces?  Yes  No  15h. If yes, have you documented that water meets the Safe Drinking Water Act?  Yes  No - Attach test results. | | | | | | | | | | | | | |
| **Use of Chlorine: NOP requirements *Organic Food Production Act (7 U.S.C. 6510(a)(7)).***  15i. Do you use chlorine or chlorine containing products?  Yes  No  15j. If yes, please describe its purpose, specific formulation (attach label) and where and how it is used.  15k. Please describe how you verify and document that chlorine use meets the above mentioned NOP requirements.  *\*If chlorine levels are monitored, please attach a label or spec sheet of the test kit used.\** | | | | | | | | | | | | | |
| 15l. List any post-harvest input used, including but not limited to cleaners, disinfectants, sanitizers, post-harvest fungicides or insecticides, waxes, coats, seals, wash water additives, etc. (If you need additional space, please contact Primus Auditing Ops for additional document) | | | | | | | | | | | | |
| **Brand Name**  **(list specific formulation)** | | **ingredients**  **(including any inerts, additives, preservatives, coadyuvants, inoculants, etc.)** | | | **Direct contact with Food?** | | **Compliance Approval**  **by:** | | | **Label**  **and also Compliance approval documentation attached?** | | **If Product is Restricted (allowed in the National List but with annotations), describe how you comply with this NOP rule annotation.** |
|  | |  | | | Y / N | |  | | | Y / N | |  |
|  | |  | | | Y / N | |  | | | Y / N | |  |
|  | |  | | | Y / N | |  | | | Y / N | |  |
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|  | |  | | | Y / N | |  | | | Y / N | |  |
|  | |  | | | Y / N | |  | | | Y / N | |  |
|  | |  | | | Y / N | |  | | | Y / N | |  |
| **POST HARVEST STORAGE:**  No organic crop storage  *Operators must keep organic and non-organic crops in separate storage areas and prevent commingling and contamination. Storage records must be maintained*  (If you need additional space, please contact Primus Auditing Ops for additional document)  15m. Describe your storage locations. | | | | | | | | | | | | | |
| **Storage ID #** | | **Type of crops stored** | | | **Type of storage** | | | | **Capacity/size** | | | **Used for: Organic, Transitional, Buffer, Non-Organic or Shared** | |
|  | |  | | |  | | | |  | | | Organic Only  Transitional Only  Non-Organic only  Shared | |
|  | |  | | |  | | | |  | | | Organic Only  Transitional Only  Non-Organic only  Shared | |
|  | |  | | |  | | | |  | | | Organic Only  Transitional Only  Non-Organic only  Shared | |
|  | |  | | |  | | | |  | | | Organic Only  Transitional Only  Non-Organic only  Shared | |
|  | |  | | |  | | | |  | | | Organic Only  Transitional Only  Non-Organic only  Shared | |
|  | |  | | |  | | | |  | | | Organic Only  Transitional Only  Non-Organic only  Shared | |
|  | |  | | |  | | | |  | | | Organic Only  Transitional Only  Non-Organic only  Shared | |
| 15n. Do you use the same storage areas for organic, transitional, buffer, and/or nonorganic crops?  Yes  No  If yes, how do you segregate organic crops from non-organic crops?  15o. How do you clean storage units prior to storage of organic crops?    15p. How do you prevent/control insect pests in crop storage areas?    15q. How do you control rodents in crop storage areas? | | | | | | | | | | | | | |

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| **TRANSPORTATION:**  Not applicable  15r. Who is responsible for arranging transportation of organic products?  Self  Buyer  Other (specify)  15s.Describe how organic products are transported:  15t. What potential contamination or commingling problems do you have with the transport of organic crops?   15u. What steps are taken to protect the integrity of organic products during transport? Dedicated organic only  Inspecting transport units prior to loading  Cleaning transport units prior to loading  Use of Clean Truck Affidavits  Letter/contract with transport company stating organic requirements  Other (specify) |
| SECTION 16: Record Keeping System NOP Rule 205.103 |
| *NOP Rule requires that records disclose all activities and transactions of the operation, be maintained for 5 years, and demonstrate compliance with the NOP Rule. Organic products must be tracked back to the field/location where they were produced/harvested. All records must be accessible to the inspector for review and copying during normal business hours.* |
| RECORDS:16a. Which of the following records do you keep for organic production? field maps  field activity log(s)  field history sheets (previous three years)  documentation of previous land use for rented and/or newly purchased land  input records for soil amendments, seeds, manure, foliar sprays, and pest control products (keep all labels)  documentation of attempts to source organic seeds and/or planting stock  documentation of organic seeds and seedlings (invoices and/or supplier letters)  residue analyses of inputs (i.e., manure sourced off-farm)  compost production records  monitoring records (soil tests, tissue tests, water tests, quality tests, observations)  equipment cleaning records  harvest records that show field numbers, date of harvest, and harvest amounts (including custom harvest records)  label records  storage records that show storage location and identification, field numbers, amounts, and cleaning activities  clean transport records  sales records (purchase order, contract, invoice, cash receipts, cash receipt journal, sales journal, etc.)  shipping records (scale ticket, dump station ticket, bill of lading)  Transaction Certificates  audit control summary  complaint log  other (please specify)  16b. How long (years) do you keep your records on site and available for review? |
| 16c. Which of the following records do you keep for non-organic production? Not applicable, no non-organic production field maps  labor records  field history sheets  storage records  input records  sales records  harvest records  shipping records  other (specify)   MARKETING:16d. Type of Marketing: farmers market  direct to retail  CSA/subscription service  wholesale  on-farm retail bulk commodities to processor  contract to buyer  other (specify)  16e. Do you use or plan to use the USDA organic seal on product labels or market information? Yes  No  16f. Do you use or plan to use the seal of the certifying agent on product labels or market information? Yes  No  *Attach copies of all organic product labels.* |

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| Section 17: Traceback and Mass Balance |
| During the on-site inspection, inspectors are expected to conduct thorough trace-back audits and mass balance audits to verify traceability and record-keeping requirements (*§*205.103). Please make sure to have the documentation available needed to complete a mass balance and trace back during the onsite audit. Please note that the inspector will pick a product to conduct a traceback and choose the time frame to conduct a mass balance (may range from 1 month- 1 year). *What is a traceback?**A traceback is a trail of documentation that can be used to trace the origin of product, including seeds, and material inputs. The system should also show that it can trace forward and indicate which customer(s) received the product. This is usually accomplished by lot coding materials throughout a process and recording these lot codes at different points in the process.*  ***What is a mass balance?***  *A mass balance is defined as a reconciliation of the amount of incoming raw material against the amount used in the resulting finished products, taking into account process waste and rework. The purpose is to verify that the organic inputs purchased and used by the operation are sufficient in quantity to produce the organic products that were sold.*  *Each operation’s record system keeping is distinctive, however example of documents that can be used to complete a mass balance are:*   * *Ingredients receiving records and purchase invoices* * *Inventory records for raw and finished goods* * *Harvest logs* * *Sales and shipping records for finished goods*     *References: NOP Guidance 2602 Instruction Recordkeeping:* [*https://www.ams.usda.gov/sites/default/files/media/2602.pdf*](https://www.ams.usda.gov/sites/default/files/media/2602.pdf) |

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| SECTION 18: Affirmation |
| I affirm that all statements made in this application are true and correct. No prohibited products have been applied to any of my organically managed fields during the three-year period prior to projected harvest. I understand that the operation may be subject to unannounced inspection and/or sampling for residues at any time as deemed appropriate to ensure compliance with the Organic Foods Production Act of 1990 and National Organic Program Rules and Regulations. I understand that acceptance of this questionnaire in no way implies granting of certification by the certifying agent. I agree to provide further information as required by the certifying agent. Name and Signature of Operator              Date |

FIELD HISTORY AFFIDAVIT

**(Only For NEW Fields Added To Certification Request)**

**Instructions:** Fill out this Field History Sheet for every and each one of your fields that have not yet been certified and are requested for certification. List all inputs used, including compost and/or manure. This form should accompany Crops Organic system plan (OSP) and/or updated OSP form.

Farm / Producer Name       Field name / ID number:

**Have you managed this field for 3 or more years?**  Yes  No

**If no,** you must submit signed statements from the previous manager stating the use and all inputs applied during the previous 3 years on all newly rented or purchased fields. Attached:  Yes  No

**Last prohibited substance applied to this field:**

Substance (Brand name and active ingredient)       Date of last application:

|  |  |  |
| --- | --- | --- |
| Year | Crop(s) | Inputs used  (list all inputs by Brand name and its specific formulation, including all compost, manure, fertilizers, crop production aids, pest control substances, additives, coadyuvants, etc.) |
| This year: |  |  |
|  |  |  |
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# I affirm that all statements made in this form are true and correct and can be verified on site. I agree to provide further information as required by the certifying agent.

Name and Signature of Operator      Date

**Search Record: Commercial Availability of Seed and Planting Stock**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **What specific characteristic(s) do you need from each crop? (i.e. pest resistance, disease control, climate control)** | **Why is the crop specification not met by an equivalent variety?** | **Which organic suppliers have you contacted?** | **Date supplier contacted** | **Method of Contact** |
| **1.** | **Crop:**  **Traits:** |  |  |  |  |
| **2.** | **Crop:**  **Traits:** |  |  |  |  |
| **3.** | **Crop:**  **Traits:** |  |  |  |  |
| **4.** | **Crop:**  **Traits:** |  |  |  |  |