*Choose one:*

[ ]  First time applicant.

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

SECTION 1: General Information

(NOP Rule 205.401 & 205.401)

**1a. Organization Name:**

**1b. dba Name (if applicable):**

**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:**

**Name:**

**Email:**

**Phone:**

**1j. Authorized Contacts:**

**Name:**

**Email:**

**Phone:**

**Name:**

**Email:**

**Phone:**

**Name:**

**Email:**

**Phone:**

**1k. Organization Legal status:** Choose an item.

**If other, specify:**

**1l. Do you obtain a State registration?** [ ]  Yes [ ]  No

**If yes, List state registration # (if applicable):**

*Attach a copy of your current State certificate.*

**1m. Do you have a copy of current NOP organic standards?** [ ]  Yes [ ]  No

**1n. Write a description of your operation’s activities:**

**1o. Months of Production**:

**1p. Business hours:**

**1q. Inspection language preference:**

**1r. What language is your documentation?**

**1s. Type of operation:**

Choose an item.

**1t. Does your operation produce or handle:**

Choose an item.

**1u. Give clear driving directions to the operation requested for organic certification for the inspector, or confirm the GPS will get you to the operation location:**

**When are you available to contact?**

Choose an item.

**When are you available for inspection?**

Choose an item.

**1v. Does your operation’s projected gross agricultural income from organic sales total $5,000 or less annually?**

[ ]  Yes [ ]  No

**If yes**, do you intend to sell your products to anyone that will resell them as “organic” or use as an ingredient in an “organic” product?

[ ]  Yes [ ]  No

**1w. Is this a renewal? If so, has anything changed within your Operation System Plan since your last certification**?

[ ]  Yes [ ]  No

**If yes**, summarize the changes:

If new fields are added, submit a Field History Affidavit form for every new field for this year (section 19).

**1x. Have you conducted an organic self-audit?**

[ ]  Yes [ ]  No

**If yes,** indicate the date:

SECTION 2: Prior Organic Certification and/or Noncompliance

(§205.405 (e))

[ ] This section is not applicable to my operation

(For first time applicants only. Renewing applicants may skip this section)

**2a. Has this organization ever been denied certification, suspended or revoked?**

[ ]  Yes [ ]  No

**If yes**, list the certifier name and provide all documentation:

**2b. Is this organization currently certified organic with another agency?**

 [ ]  Yes [ ]  No

**If yes**, attached a copy of your current organic certificate

**2c. For first time auditees, has this organization ever been certified organic?**

 [ ]  Yes [ ]  No [ ]  N/A

If yes, attach a copy of your previous organic certificate.

**2d. List all non-compliances from your last certification and state how the non-compliances have been addressed.**

[ ]  N/A [ ]  Non-Compliances:

*Attach documentation that verified non-compliances have been addressed.*

SECTION 3: International Markets

[ ] This section is not applicable to my operation

(§205.201, §205.273, 205.300 (b) (c))

3a. **Select all that applies:**

[ ]  Import Directly

[ ]  Import Indirectly

[ ]  Export Directly

[ ]  Export Indirectly

*If any of these options are applicable, you must request and complete the International Markets OSP Addendum.*

SECTION 4: Crops & Fields (Land and Product to be certified)

(205.201 & 205.202 & 205.400(g) & 205.403(a) (2))

**4a. Are the requested areas or sites part of a Producer Group?** [ ]  Yes [ ]  No

**If yes,** complete the question 4b-4f:

**4b. Attach a list of all growers within the group. Is the Producer Group list attached?** [ ]  Yes [ ]  No

**4c. Have any of the sites/areas been certified by any other certification agency?** [ ]  Yes [ ]  No

**If yes**, List previous organic certification agency:

**4d. Are there any minor or non compliances open?** [ ]  Yes [ ]  No

**If yes**,attach corresponding information and documentation. Is the information attached? [ ]  Yes [ ]  No

**4e. Submit a list of all non compliances issued by the Internal Control System (ICS) to Producer Group members from the last annual visit. Is the list attached?** [ ]  Yes [ ]  No

**4f. List of all non-organic products and where they are being grown (may submit document with list):**

**Sites**

**4g. Complete the following table with the information for each location (sites) managed by the Organization** (both non-organic and organic sites):

(If additional space is needed, submit an additional supporting document that includes this criteria)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Site ID/Name** | **Site Address** | **City, State****State** | **Zip** | **Contact Name and Phone Number** | **Description of Site activities and responsibilities:** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Fields**

**4h. Complete the table below for all fields.**

***Add more rows if needed by hovering over the bottom left corner of the last row and clicking on the plus symbol. Copy and paste the fillable fields.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Field ID (name/code)** | **Parcel address/****legal description** | **area type:** | **units:**[ ]  **ACRE**[ ]  **HECTARE** | **Rented or Owned** |
| *Example: PAO #1* | *1265 Furukawa Way Santa Maria, CA 93458* | *Organic* | *8* | *Rented* |
|  |  | Choose an item. |  | Choose an item. |
|  |  | Choose an item. |  | Choose an item. |
|  |  | Choose an item. |  | Choose an item. |
|  |  | Choose an item. |  | Choose an item. |
|  |  | Choose an item. |  | Choose an item. |
|  |  | Choose an item. |  | Choose an item. |
|  |  | Choose an item. |  | Choose an item. |
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|  |  | Choose an item. |  | Choose an item. |
|  |  | Choose an item. |  | Choose an item. |
|  |  | Choose an item. |  | Choose an item. |
|  |  | Choose an item. |  | Choose an item. |
|  |  | Choose an item. |  | Choose an item. |
|  |  | Choose an item. |  | Choose an item. |
|  |  | Choose an item. |  | Choose an item. |

**4i. Do you use these same field IDs in your record-keeping system (field activity log, harvest log, etc.)?**

[ ]  Yes [ ]  No

**If no,** explain why, and explain how fields are accurately identified in your record-keeping system:

**Crops:**

**4j. The table below must be completed, with the crops to be listed on the certificate**

(NOP Rule 205.202)

***Add more rows if needed by hovering over the bottom left corner of the last row and clicking on the plus symbol. Copy and paste the fillable fields.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Crops requested for certification*****(if marketed / labeled by specific varieties,******list them separately)*** | **Field ID where crop is being planted this year** **(identification of the field)** | **Total planted area** **for this year****see note 2****units:** [ ]  **acre**  [ ]  **hectare** | **Projected yield for this year****units:** [ ]  **acre** [ ]  **hectare** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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

SECTION 5: Products – To be listed on Certificate by ID Mark and Market

(NOP Rule 205.201(a) & 205.300)

## Type of Marketing:

## 5a. Select all that apply:

##  [ ]  Farmers market [ ]  direct to retail [ ]  CSA/subscription service [ ]  wholesale [ ]  on-farm retail

 [ ]  Bulk commodities to processor [ ]  contract to buyer [ ]  other:

**5b. Complete a Master Supply Chain and Product List to include all products/ingredients and suppliers. Is this document attached?**

[ ]  Yes [ ]  No

**5c. Do you require your organic certificate to list all ID Marks?**

[ ]  Yes [ ]  No

**If yes,** ensure they are all listed in the second column in 5d.

\*If product is received packaged and no re-packing or re-purposing is conducted, the phrase “as previously packed by certified supplier” may be used in the ID Mark column\*

**5d. Complete the table below. Add more lines if needed.**

***Add more rows if needed by hovering over the bottom left corner of the last row and clicking on the plus symbol. Copy and paste the fillable fields.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Product****Requested for Certification** | **ID Mark****(Labels)** | **Specify Label Type:****Select all that apply.** | **Will your operation be packing product with this ID Mark?** | **Organic** **or****100% Organic?** | **International Market?****specify Equivalency Request:** |
|  |  | [ ]  Retail[ ]  Non-Retail[ ]  Private Label | [ ]  Y / [ ]  N |  |  |
|  |  | [ ]  Retail[ ]  Non-Retail[ ]  Private Label | [ ]  Y / [ ]  N |  |  |
|  |  | [ ]  Retail[ ]  Non-Retail[ ]  Private Label | [ ]  Y / [ ]  N |  |  |
|  |  | [ ]  Retail[ ]  Non-Retail[ ]  Private Label | [ ]  Y / [ ]  N |  |  |
|  |  | [ ]  Retail[ ]  Non-Retail[ ]  Private Label | [ ]  Y / [ ]  N |  |  |
|  |  | [ ]  Retail[ ]  Non-Retail[ ]  Private Label | [ ]  Y / [ ]  N |  |  |
|  |  | [ ]  Retail[ ]  Non-Retail[ ]  Private Label | [ ]  Y / [ ]  N |  |  |
|  |  | [ ]  Retail[ ]  Non-Retail[ ]  Private Label | [ ]  Y / [ ]  N |  |  |
|  |  | [ ]  Retail[ ]  Non-Retail[ ]  Private Label | [ ]  Y / [ ]  N |  |  |
|  |  | [ ]  Retail[ ]  Non-Retail[ ]  Private Label | [ ]  Y / [ ]  N |  |  |
|  |  | [ ]  Retail[ ]  Non-Retail[ ]  Private Label | [ ]  Y / [ ]  N |  |  |
|  |  | [ ]  Retail[ ]  Non-Retail[ ]  Private Label | [ ]  Y / [ ]  N |  |  |
|  |  | [ ]  Retail[ ]  Non-Retail[ ]  Private Label | [ ]  Y / [ ]  N |  |  |
|  |  | [ ]  Retail[ ]  Non-Retail[ ]  Private Label | [ ]  Y / [ ]  N |  |  |
|  |  | [ ]  Retail[ ]  Non-Retail[ ]  Private Label | [ ]  Y / [ ]  N |  |  |

***Complete a Master Supply Chain and Product List to include all product/ingredient suppliers used.***

***Complete a Private Label Agreement for each brand name that you do not own.***

***Complete an International Market Addendum for any additional market requests.***

***Complete a Formulation Sheet for any multi-ingredient products.***

***If you plan on packing product with the labels indicated above, submit the supporting documents (artwork, supplier cert, and private label agreement).***

SECTION 6: Biodiversity & Natural Resources

(NOP Rule 205.200, 205.203, 205.202, 205.205, 205.238, 205.240)

**Natural Resources:**

**6a. What soil conservation practices are used?**

## 6b. What soil erosion problems do you experience (why and on which fields?)

##

**6c. Describe your efforts to minimize soil erosion problems listed above and how you monitor the effectiveness of your soil conservation program.**

**6d. Describe the natural resources within and/or surrounding your operation:** (Including those that may extend beyond your property boundaries, yet which impact/are impacted by your handling operation)

**6e. Are there woodland areas? Describe, if any.** [ ]  N/A

(i.e. forest, grassland, scrub or chaparral; species mixtures and proportion of area; production benefits; such a as windbreak, watershed, or habitat functions)?

**6f. Are there wetlands? Describe, if any.** [ ]  N/A

(i.e. watershed, riparian areas, water bodies, or storage features that double as habitat)**?**

**6g. Are there wildlife/biodiversity? Describe, if any.** [ ]  N/A

(i.e. common, threatened, endangered or invasive species, implications for predator-prey relationships, practical management strategies, challenges or benefits)**?**

**Water Use:**

**6h. What is your source of water?** (i.e, on-site well, river, pond, municipal, county, etc.)

**6i. What is water used for at your operation?** (i.e. irrigation, washing product, foliar sprays, etc.)

**6j. What type of irrigation system is used?** (i.e. drip, flood, center pivot, etc.)

**6k. Describe the water system cleaning process and what inputs are used?**

**6l. Is the system shared with another operator?** [ ]  Yes [ ]  No

**If yes,** what products do they use?

## 6m. What practices are used to protect water quality?

**6n. Do you have a water testing program in place? Describe**.

*\*Attach residue analysis and/or salinity test results, if applicable.*

SECTION 7: Land requirements

(NOP Rule 205.201(a) and 205.202)

**7a. Have you attached for each field (including any new one) the following documents?**

Field History and supporting documents: [ ]  Yes [ ]  No

Updated Map: [ ]  Yes [ ]  No

**7b. Have you managed all fields for 3 or more years?** [ ]  Yes [ ]  No

**If no**, you must submit 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.

**7c. 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.**

**7d. 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

**7e. 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

**7f. 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

**Explain your answer and, if yes, describe your buffer zones**.

SECTION 8: Seeds & Planting Stock (Annual / Perennial)

(NOP Rule 205.204 & 205.205)

**8a. List all seeds planned for use in the current season in the table below and submit supporting documents:**

[ ] This section is not applicable to my operation

***Add more rows if needed by hovering over the bottom left corner of the last row and clicking on the plus symbol. Copy and paste the fillable fields.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Crop/Variety** | **Brand/Suppler** **(if you reproduce or Propagate mark as self)** | **Choose type of:** | **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?****(section 20 of this OSP)** |
|  |  | Choose an item. |  | [ ]  Y / [ ]  N | [ ]  Y / [ ]  N |
|  |  | Choose an item. |  | [ ]  Y / [ ]  N | [ ]  Y / [ ]  N |
|  |  | Choose an item. |  | [ ]  Y / [ ]  N | [ ]  Y / [ ]  N |
|  |  | Choose an item. |  | [ ]  Y / [ ]  N | [ ]  Y / [ ]  N |
|  |  | Choose an item. |  | [ ]  Y / [ ]  N | [ ]  Y / [ ]  N |

**8b. Do you grow organic seedlings on-farm?** [ ]  Yes [ ]  No [ ]  N/A

**8c. If you grow organic seedlings on-farm, describe the steps and procedures carried out:**

**8d. What equipment do you use in your watering system**?

**8e. How do you prevent seedling diseases and/or insect problems**?

**8f. Does your operation offer additional services relating to seedlings or planting stock?**

[ ]  Yes [ ]  No [ ]  N/A

**If yes, describe:**

**8g. Planting stock for perennial crops**

[ ] This section is not applicable to my operation

***Add more rows if needed by hovering over the bottom left corner of the last row and clicking on the plus symbol. Copy and paste the fillable fields.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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?** |
|  |  | Choose an item. |  |  | [ ]  Y / [ ]  N |
|  |  | Choose an item. |  |  | [ ]  Y / [ ]  N |
|  |  | Choose an item. |  |  | [ ]  Y / [ ]  N |
|  |  | Choose an item. |  |  | [ ]  Y / [ ]  N |
|  |  | Choose an item. |  |  | [ ]  Y / [ ]  N |
|  |  | Choose an item. |  |  | [ ]  Y / [ ]  N |
|  |  | Choose an item. |  |  | [ ]  Y / [ ]  N |
|  |  | Choose an item. |  |  | [ ]  Y / [ ]  N |

SECTION 9: Soil and Crop Fertility Management

(NOP Rule 205.203 and 205.205)

**General Information and Evaluation:**

[ ] This section is not applicable to my operation

**9a. What are your general soil types?**

**9b. What are your main soil chemical, physical or biological limitations?**

**9c. Describe your main practices to improve or maintain your soil's chemical, physical and biological fertility.**

**9d. How do you monitor the effectiveness of your fertility management program?**

*\*Attach copies of available test results.*

**9e. Rate the effectiveness of your fertility management program:**

[ ]  Excellent [ ]  Satisfactory [ ]  Needs improvement

**What changes do you anticipate?**

**On-Farm Composting:**

[ ] This section is not applicable to my operation

*If you do not compost, but purchase compost, do not fill in this section but list your purchased compost on the inputs table in section 12.*

**9f. List all compost ingredients/additives and their proportion by weight or volume.**

**9g. Describe your composting method:**

## 9h. What is your INITIAL C:N ratio?

**9i. 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?** [ ]  Y [ ]  N

**Manure Use:**

[ ] This section is not applicable to my operation

**9j. What forms of manure do you use?**

[ ]  Liquid [ ]  Semi-solid [ ]  Piled [ ]  Fully composted [ ]  Other:

## 9k. 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.

If you grow crops for human consumption and use raw manure, submit supporting documentation.

(The supporting documentation must include the type of Crop, the field ID, date the manure is applied, and the expected date of harvest)

**9l. What is the source of the manure you use?** [ ]  on-farm [ ]  off-farm

**9m. List all sources of off-farm manure:**

**9n. List all manure ingredients/additives**:

**9o. 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 10: Crop Rotation

(NOP Rule 205.204 & 205.205)

**Crop Rotation Plans: (Use one line for each rotation used)**

***Add more rows if needed by hovering over the bottom left corner of the last row and clicking on the plus symbol. Copy and paste the fillable fields.***

|  |  |
| --- | --- |
| **Crop rotation plan** **(sequence of crops)** | **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**  |
|  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

SECTION 11: Crop pest, weed and disease management

(NOP Rule 205.206)

**Weed and Disease Management Plan:**

**11a. What are your problem with weeds and disease and what control methods do you use?**

**Use of Restricted Weed and Disease Management Strategies:**

**11b. What type of of restricted weed and disease management strategy do you use?**

**(ie. plastic, synthetic mulch, soap-based herbicide, newspaper, or other recycled paper with glossy or colored inks for mulch)**

**11c. If mulch is used, is it removed at the end of the growing or harvest season?** [ ]  Yes [ ]  No [ ]  N/A

**If no,** why not?

**Pest and Disease Management:**

**11d. What are your problem with pests and disease, and what strategies are used to prevent pest and disease damage to crops before applying an approved substance?**

**11e. Are these preventive practices documented?** [ ]  Yes [ ]  No

**11f. Before applying an approved substance to control pest damage, do you document the preventive practices were insufficient?**  [ ]  Yes [ ]  No

Describe briefly:

**Evaluation:**

**11g. How do you monitor the effectiveness of your weed and pest disease management program?**

**11h. Rate the effectiveness of your weed and pest disease management program.**

 [ ]  Excellent [ ]  Satisfactory [ ]  Needs improvement

**11i. What changes do you anticipate?**

SECTION 12: Maintenance of Organic Integrity – Inputs

(NOP Reg 205.105 & 205.600)

**12a. List any inputs used, including but not limited to cleaners, disinfectants, sanitizers, harvest fungicides or insecticides, waxes, coats, seals, wash water additives, pest control, etc.**

***Add more rows if needed by hovering over the bottom left corner of the last row and clicking on the plus symbol. Copy and paste the fillable fields.***

|  |
| --- |
| List all **fertility, pest and disease control, and post-harvest** inputs used or intended for use in the current season on proposed organic and transitional fields.(If additional space is needed, submit an additional supporting document that includes this criteria) |
| **Input Utilized for:** | **Brand Name** **(list specific formulation)** | **ingredients** **(including any inerts, additives, preservatives, coadyuvants, inoculants, etc.)**  | **Compliance Approval by:** | **Label and Compliance Approval docs Attached.** | **If Product has Restrictions (allowed in the National List but with annotations), describe how you comply with this NOP rule annotation.**  |
| Choose an item. |  |  |  | [ ]  Y / [ ]  N |  |
| Choose an item. |  |  |  | [ ]  Y / [ ]  N |  |
| Choose an item. |  |  |  | [ ]  Y / [ ]  N |  |
| Choose an item. |  |  |  | [ ]  Y / [ ]  N |  |
| Choose an item. |  |  |  | [ ]  Y / [ ]  N |  |
| Choose an item. |  |  |  | [ ]  Y / [ ]  N |  |
| Choose an item. |  |  |  | [ ]  Y / [ ]  N |  |
| Choose an item. |  |  |  | [ ]  Y / [ ]  N |  |
| Choose an item. |  |  |  | [ ]  Y / [ ]  N |  |
| Choose an item. |  |  |  | [ ]  Y / [ ]  N |  |
| Choose an item. |  |  |  | [ ]  Y / [ ]  N |  |
| Choose an item. |  |  |  | [ ]  Y / [ ]  N |  |
| Choose an item. |  |  |  | [ ]  Y / [ ]  N |  |
| Choose an item. |  |  |  | [ ]  Y / [ ]  N |  |
| Choose an item. |  |  |  | [ ]  Y / [ ]  N |  |

**12b. Describe your storage area for inputs.** [ ]  N/A

12c. Explain what administrative practices and/or barriers are in place to prevent commingling and contamination of approved inputs and not approved inputs.

SECTION 13: Maintenance of Organic Integrity – Buffer Areas & Split Production

(NOP Rule 205.201(a) (5) and 205.202(c))

**Buffer Areas: Adjoining Land Areas**

[ ] This section is not applicable to my operation

**13a. Describe how often you conduct a risk assessment of the adjoining land use and list the main contamination risks currently present.**

**13b. 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. 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?**

Written notification to: [ ]  highway departments [ ]  electric companies [ ]  aerial spray companies/airports

[ ]  adjoining landowners [ ]  drainage commissions [ ]  farm service office [ ]  none

[ ]  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:**

[ ] This section is not applicable to my operation

**13k. If you grow non-organic produce, explain what administrative practices and/or physical barriers are in place to prevent contamination of organic crops with prohibited substances (consider buffers, equipment used, storage areas, transportation, etc.)**

13l. Do you grow the same variety of crop organically, as well as in transition, and/or non-organically?

[ ]  Yes [ ]  No

If yes, explain what administrative practices and/or physical barriers are in place to prevent commingling of organic and non organic crops once harvested.

**SECTION 14: Maintenance of Organic Integrity – Equipment & Harvest**

(NOP Rule 205.201(a) (5) and 205.202(c)

**Equipment:**

[ ] This section is not applicable to my operation

14a. List equipment used for planting, tillage, spraying, and harvesting.

***Add more rows if needed by hovering over the bottom left corner of the last row and clicking on the plus symbol. Copy and paste the fillable fields.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Equipment name / Model / Code** | **Choose one:****owned, rented, or custom** | **Select the product equipment is used for:** | **How is equipment cleaned before use on organic fields?** |
|  | Choose an item. | Choose an item. |  |
|  | Choose an item. | Choose an item. |  |
|  | Choose an item. | Choose an item. |  |
|  | Choose an item. | Choose an item. |  |
|  | Choose an item. | Choose an item. |  |

**Harvest:**

(NOP Rule 205.272(b) (1) and (2))

[ ] This section is not applicable to my operation

**14b. How are your organic crops harvested**?

[ ]  Mechanical [ ]  By hand

Briefly provide a description:

**14c. Do you subcontract the harvesting labor company to conduct the harvesting activities?**

[ ]  Yes [ ]  No

**If yes**, provide name and address of custom-harvester.

**14d. Explain how the subcontracted labor gets trained for organic protocols:**

**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: Post-Harvest Handling, Storage and Transportation

(NOP Rule 205.201(a) (5) and 205.202(c))

**Post-Harvest Handling:**

[ ] This section is not applicable to my operation

15a. Describe your post-harvest handling procedures and equipment. Attach a flow chart and a floor plan.

**15b. Is the handling 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. What types of packaging material are used:** *(for example, plastic, cardboard, etc)*

**15e. What documentation do you have that indicates that any packaging materials, storage containers, or bins are free of containing a synthetic fungicide, preservative, or fumigant?**

*Attach documented evidence.*

**15f. Do you use water in your post-harvest handling?**

[ ]  Yes [ ]  No [ ]  NA

**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

**Storage:**

[ ] This section is not applicable to my operation

15i. Describe your Post-Harvest storage:

Storage Identification:

Type of Crop:

Type of Storage:

Capacity:

Used for: Choose an item.

(If additional space is needed, submit an additional supporting document that includes this criteria)

**15j. 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?

**15k. How do you clean storage units prior to storage of organic crops?**

**15l. How do you prevent/control insect pests and/or rodents in crop storage areas?**

**15m. Are organic ingredients or finished goods ever stored at an offsite warehouse?**  [ ]  Yes [ ]  No

**If yes,** ensure that the Master Supply Chain and Product List is completed and submitted.

**Transportation:**

[ ] This section is not applicable to my operation

**15n. Who is responsible for arranging transportation of organic products?**

 [ ]  Self [ ]  Buyer [ ]  Other:

15o. Describe how organic products are transported:

**15p. What potential contamination or commingling problems do you have with the transport of organic crops?**

## 15q. What steps are taken to protect the integrity of organic products during transport? *\*select all that apply\**

## [ ]  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:

**Use of Chlorine:**

(NOP requirements Organic Food Production Act (7 U.S.C. 6510(a) (7))

[ ] This section is not applicable to my operation

**15r. Do you use chlorine or chlorine containing products?**

[ ]  Yes [ ]  No

**If yes,** describe its purpose, specific formulation (attach label) and where and how it is used.

**15s. Describe how you verify and document that chlorine use meets the above mentioned NOP requirements.**

*If chlorine levels are monitored, attach a label or spec sheet of the test kit used.*

SECTION 16: Record Keeping System (NOP Rule 205.103 & 205.400)

**Traceback/Supply Chain**

**16a. Describe how records track products back to the receiving or acquiring date through the sale or transport, and allow the traceability back to the last certified operation (or list the name of attached procedure):**

**16b. Describe your lot and or numbering system (or list the name of attached procedure):**

**16c. How do you ensure the lot number is placed on the product packaging?**

**16d. Do traceability records identify the organic product with its applicable claim (i.e. 100% organic, organic, made with organic, etc)?**

**Records**

## 16e. Which records do you keep for organic production?

(You may submit a supporting document with a list, specify name of that document here)

**16f. Are all records that verify organic compliance maintained for a minimum of 5-years beyond creation?**

[ ]  Yes [ ]  No

**16g. Which records do you keep for non-organic production?**

[ ]  Not applicable, organic only [ ]  Same as the records listed in 16e

[ ]  Other:

**16h. Describe the monitoring practices and procedures to be performed by your organization, identified in this Organic System Plan and operation practices.**

**16i. How are these monitoring practices and procedures effectively implemented and how frequently are they performed?**

**Organic Fraud Prevention**

**16j. Describe your organic fraud prevention program.**

**16k. List the documents you maintain for your organic fraud prevention program and submit them.**

**16l. How do you monitor the effectiveness of the organic fraud prevention program?**

**SECTION 17: Trace back and Mass Balance**

(NOP Rule 205.103 & 205.400(g) (8) (9) & 205.403(d) (4) (5))

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 volume 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>

SECTION 18: Affirmation

(NOP Rule 205.406 & 205.403(b))

# **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.**

**In submitting this signed application, the above named organization is declaring its commitment to compliance with the principle requirements of the USDA National Organic Program. This declaration also includes the commitment to pay all fees imposed by the NOP Program and the fees and expenses incurred by Primus Auditing Operations as the Certifying Agent in the performance of the inspection and certification activities. This includes paying the non-refundable registration fee, as disclosed in the Fee Schedule.**

**I affirm that I am aware of unannounced inspection, in which I am aware that they may be additional inspections based on random selection, high risk(s), complaints, and/or investigations.**

**I affirm that I am aware that supply chain audits may be conducted due to the organic certifiers’ established risk-based criteria.**

**\*electronic signature is accepted\***

Name of Person completing this OSP:

Signature of Authorized Person:

Date:

**SECTION 19: Field History Affidavit**

(Only For NEW Fields Added To Certification Request)

**Instructions:** Fill out this Field History Sheet for every field that has not yet been certified and is requested for certification. List all inputs used, including compost and/or manure throughout the transition years.

Farm / Producer Name:

Field name / ID number:

Transition Start Date:

**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

**Is this field currently certified?** [ ]  Yes [ ]  No

**If yes**, submit a copy of your certification and you **do not** need to complete the table below.

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

Substance (Brand name and active ingredient):

Date of last application:

**Complete one row per year throughout the transition process.**

|  |  |  |
| --- | --- | --- |
| **Year** | **Crop(s)****(product planted)** | **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.)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

# **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 of Operator:

Date:

**SECTION 20: 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:**  |  |  |  |  |