*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 205.201 and 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. What does your operation produce or handle:**

Choose an item.

**1t. 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.

**1u. 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

**1v. 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:

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

[ ]  Yes [ ]  No

**If yes,** indicate the date:

SECTION 2: Prior Organic Certification and/or Noncompliance

(NOP Rule 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: Facility Information & Products

(NOP Rule 205.201 and 205.401)

**4a. Indicate the type of operation (select all that apply):**

[ ]  Cooling/Cold Storage

[ ]  Storage and Distribution

[ ]  Packinghouse

[ ]  Processing

[ ]  Trader/Broker

[ ]  Other:

**4b. Do you manage other sites other than the site address in section 1?**  [ ]  No [ ]  Yes

If yes, complete the following for ALL locations managed by the Organization (non-organic & organic sites):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **site/id name** | **site Address****(city, state, z** | **city, State** | **zip code** | **Contact Name and Phone Number** | **Description of Site activities and responsibilities:** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**4c. Operation Flow Diagram Attached:** [ ]  Yes [ ]  No

*\* Provide a schematic or written description of the process flow from receiving through to product shipping.*

*\*Include equipment, all areas where processing aids are used, and any areas that are critical to maintaining organic integrity.*

**4d. If you handle both organic and non-organic product, list all non-organic products handle in your facility?**

[ ]  N/A

**4e. Projected percentage of total production of organic and non-organic products:**

% Non-organic:

% Organic:

**4f. Does your operation have any certifications besides Organic?** [ ]  Yes [ ]  No

**If yes**, list auditing company and scheme(s):

**4g. Do you utilize and/or add ingredients for processing products in this operation?**

[ ]  Yes [ ]  No

*If yes, please submit a list of the ingredients used and for each one indicate whether it is of organic origin.*

**4h. If you handle both organic and non-organic product, describe how you prevent contamination/commingling between the two.** [ ]  N/A

SECTION 5: Products – To Be Listed on Certificate by ID Mark & 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 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 |  |  |

***Complete a Master Supply Chain and Product List to include all products/ingredients and suppliers.***

***Complete a Private Label Agreement for each ID Mark that you do not own.***

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

***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 & 205.270)

**6a. Describe your biodiversity program:**

**6b. 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)

**Water Use:**

[ ] This section is not applicable to my operation

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

**6d. Attach a copy of the water analysis verifying portability if water is from a non-municipal source. Is the document attached?** [ ]  Yes [ ]  No

Name of document:

**6e. Describe any practices in place used to conserve water:**

**6f. In what capacity is water used? (i.e., cleaning and sanitation, cooking, cooling, transport, processing, etc.)**

6g. Are there onsite water treatments used? [ ]  Yes [ ]  No

**If yes**,list all water treatment chemicals on the Materials List.

Boiler Use

[ ]  This section is not applicable to my operation

6h. Does steam come into direct contact with organic products/ingredients during processing or packaging?

[ ]  Yes [ ]  No

If yes, do you use boiler chemicals? [ ]  Yes [ ]  No

If yes, list all boiler treatment chemicals on the Materials List. Attached? [ ]  Yes [ ]  No

**If yes**, describe how you prevent contamination of organic products from boiler chemicals:

**6i. Is the boiler condensation tested?** [ ]  Yes [ ]  No

**If yes,** attach the results from the analysis.

**Waste Management**

**6j. Describe any practices in place used for waste management:**

**6k. Do you recycle waste materials?** [ ]  Yes [ ]  No

Describe:

**Energy Conservation & Air Quality**

**6l. Describe any practices in place used for energy conservation (i.e. solar, wind):**

**6m. Describe any practices in place used for air quality management:**

SECTION 7: Maintenance of Organic Integrity – Storage & Post Harvest Handling

(NOP Rule 205.270 and 205.272)

**7a. Describe the areas being utilized for storage:**

**7b. Fill out the table below regarding types of storage for all products indicated below:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Storage** | **Type** **(Cold, Dry, Frozen)** | **Dedicated Organic** | **Offsite Used** | **Capacity** | **ID Name / Number** |
| Ingredients |  | [ ]  Yes [x]  No | [ ]  Yes [ ]  No |  |  |
| Finished Goods |  | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |  |
| Packaging Materials |  | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |  |
| Other: |  | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |  |

**7c. In what form are finished products shipped?** *(for example: tote bags, cardboard drums, plastic crates, etc.)*

**7d. What type of packaging material is used?** *(for example: cardboard, wood, glass, metal, plastic, etc.)*

**7e. Is packaging documented to be free of any packaging materials, storage containers, or bins that contain a synthetic fungicide, preservative, or fumigant?** [ ]  Yes [ ]  No [ ]  N/A (only for in and out operations)

**If no,** explain*:*

*If yes, attach documented evidence.*

**7f. Do you use water in your post-harvest handling?** [ ]  Yes [ ]  No

**If yes,** does it come into direct contact with crop or food contact surfaces? [ ]  Yes [ ]  No

**If yes,** have you documented that water meets the Safe Drinking Water Act? [ ]  Yes [ ]  No - Attach test results.

**7g. 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.

SECTION 8: Maintenance of Organic Integrity - Equipment and Sanitation

(NOP Rule205.270, 205.272 and 205.605)

**List All Equipment Used in Handling**

**8a. List all names of equipment types used in your operation:**

**8b. Is all your equipment dedicated Organic?** [ ]  Yes [ ]  No

**If No,** explain the practices and/or physical barriers that exist to prevent mixing and/or contamination of organic products with non-organic ingredients, prohibited products and/or substances:

**8c. Is all of your equipment cleaned or purged prior to organic handling or processing?** [ ]  Yes [ ]  No [ ]  N/A

**8d. Explain what your equipment cleaning procedures entail. (Attach procedures and logs):**

**8e. Explain the measures taken at your facility so that the personnel participating in the process do not put the organic integrity of the organic product to be certified at risk:**

**Sanitation**

**8f. Describe your sanitation program:**

**Use of Chlorine: NOP requirements (refer to NOP 5026)**

[ ]  This section is not applicable to my operation

**8g. Do you use chlorine or chlorine containing products?** [ ]  Yes [ ]  No

**8h. If yes, describe its purpose, specific formulation (attach label) and where and how it is used.**

**8i. 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.*

**Quality Testing**

8j. Are organic commodities sampled? [ ]  Yes [ ]  No

If yes, are sampling tools dedicated for organic use only? [ ]  Yes [ ]  No

**If no,** describe how sampling equipment is cleaned prior to organic sampling and or attach your procedure:

SECTION 9: Maintenance of Organic Integrity – Inputs

(NOP Reg 205.105 & 205.600)

**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.***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Input Utilized for:** | **Brand Name****(List Specific Formulation)** | **Ingredients****(including any inerts, additives, preservatives, coadjutants, inoculants, etc.)** | **Direct contact w/Food or Food Contact Surfaces?** | **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. |  |  | [ ]  Yes[ ]  No |  | [ ]  Yes[ ]  No |  |
| Choose an item. |  |  | [ ]  Yes[ ]  No |  | [ ]  Yes[ ]  No |  |
| Choose an item. |  |  | [ ]  Yes[ ]  No |  | [ ]  Yes[ ]  No |  |
| Choose an item. |  |  | [ ]  Yes[ ]  No |  | [ ]  Yes[ ]  No |  |
| Choose an item. |  |  | [ ]  Yes[ ]  No |  | [ ]  Yes[ ]  No |  |
| Choose an item. |  |  | [ ]  Yes[ ]  No |  | [ ]  Yes[ ]  No |  |
| Choose an item. |  |  | [ ]  Yes[ ]  No |  | [ ]  Yes[ ]  No |  |
| Choose an item. |  |  | [ ]  Yes[ ]  No |  | [ ]  Yes[ ]  No |  |
| Choose an item. |  |  | [ ]  Yes[ ]  No |  | [ ]  Yes[ ]  No |  |
| Choose an item. |  |  | [ ]  Yes[ ]  No |  | [ ]  Yes[ ]  No |  |
| Choose an item. |  |  | [ ]  Yes[ ]  No |  | [ ]  Yes[ ]  No |  |
| Choose an item. |  |  | [ ]  Yes[ ]  No |  | [ ]  Yes[ ]  No |  |
| Choose an item. |  |  | [ ]  Yes[ ]  No |  | [ ]  Yes[ ]  No |  |
| Choose an item. |  |  | [ ]  Yes[ ]  No |  | [ ]  Yes[ ]  No |  |
| Choose an item. |  |  | [ ]  Yes[ ]  No |  | [ ]  Yes[ ]  No |  |
| Choose an item. |  |  | [ ]  Yes[ ]  No |  | [ ]  Yes[ ]  No |  |
| Choose an item. |  |  | [ ]  Yes[ ]  No |  | [ ]  Yes[ ]  No |  |

SECTION 10: Maintenance of Organic Integrity – Transportation

(NOP Rule 205.270 and 205.272)

**10a. Are you responsible for the transportation of incoming commodities and/or outgoing finished goods (commodities & Ingredients).**

[ ]  Yes [ ]  No

**10b. How are organic products received? (i.e., field bins or boxes, bulk tankers, totes, drums, bags, boxes, etc.)**

**10c. How are organic products shipped? (i.e., field bins or boxes, bulk tankers, totes, drums, bags, boxes, etc.)**

**10d. Do you receive organic commodities (including ingredients) in permeable or unsealed packaging (i.e. tankers, jute bags) or in re-usable containers (i.e. field bins, trays, railcars, tankers)?**

[ ]  Yes [ ]  No

**If yes**, how do you verify organic commodities (including ingredients) have not been contaminated during transportation?

[ ]  Notify transport companies of organic status

[ ]  Truck inspections

[ ]  Dedicated organic transport vehicle

[ ]  Clean truck affidavit

[ ]  Wash tags

[ ]  Certified supplier provides documentation

[ ]  Other:

SECTION 11: Maintenance of Organic Integrity – Packaging

(NOP Rule 205.270, 205.272, 205.300 and 205.605)

[ ]  This section is not applicable to my operation

**11a. What type of packaging is used?** (i.e., aseptic, cardboard, glass, metal, synthetic fiber, paper, plastic, etc.)

**11b. Is all packaging food grade?** [ ]  Yes [ ]  No

**11c. Are packaging materials and/or containers ever re-used?** (I.e. totes, bins, cardboard cartons)

**If yes,** indicate what the previous use was:

If packaging materials are re-used, describe the cleaning procedure performed prior to reuse:

**11d. Is all packaging free from synthetic fungicides, preservatives and fumigants?** [ ]  Yes [ ]  No

Describe how this is verified:

**SECTION 12: Maintenance of Organic Integrity – Pest Management**

(NOP Rule 205.271)

**12a. Who is responsible for pest control?**

[ ]  In-house

[ ]  Contracted pest Control Company (name & number with an invoice copy):

**12b. Do you have any pest issues?** [ ]  Yes [ ]  No

**If yes**, list problem pests:

**12c. What pest controls are in place**?

[ ]  Removal of habitat [ ]  Sanitation [ ]  Mechanical (traps) [ ]  Pheromone traps

[ ]  National List allowed materials [ ]  Prohibited materials [ ]  other:

**12d. What strategies are used to prevent damage to the organic products before applying an approved substance to control it?**

**12e. Are these preventative practices documented?** [ ]  Yes [ ]  No

**12f. Before applying an approved substance to control the pest damage, do you document if the preventative practices were sufficient?** [ ]  Yes [ ]  No

**12g. Are pest control materials used in processing or storage areas**? [ ]  Yes [ ]  No

**If yes**, what procedures are in place to prevent contamination of organic ingredients, packaging and finished goods (SOP can be used in place of describing)?

**12h. Are pest control materials NOT listed on §205.605 and §205.606 used?** [ ]  Yes [ ]  No

**If yes**, is there documented justification for use and verification that the pest control hierarchy in §205.271 has been followed? [ ]  Yes [ ]  No

**12i. Are pest control practices and material use documented**? [ ]  Yes [ ]  No

**If yes**, what records are used?

[ ]  Pesticide use log [ ]  Removal/re-entry records [ ]  Cleaning records

[ ]  Other:

*List all pest control materials used on the Inputs log (section 9)*

**12j. How do you monitor the effectiveness of your pest management program**?

**12k. Rate the effectiveness of your pest management:**

 [ ]  Excellent [ ]  Satisfactory [ ]  Needs improvement

**12l. What changes do you anticipate?**

SECTION 13: Record-Keeping System

(NOP Rule 205.103 & 205.400)

**Traceback/Supply Chain**

**13a. 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):**

**13b. Describe your lot and or numbering system (or list the name of attached procedure):**

**13c. How do you ensure the lot number is placed on the product packaging?**

**13d. Do traceability records identify the organic product with its applicable claim (i.e. 100% organic, organic, made with organic, etc.)?**

**Records**

## 13e. Which records do you keep for organic production?

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

**13f. Are all records that verify organic compliance maintained for a minimum of 5-years beyond creation?**

[ ]  Yes [ ]  No

**13g. Which records do you keep for non-organic production?**

[ ]  Not applicable, organic only [ ]  Same as the records listed in 13e

[ ]  Other:

**13h. Describe the monitoring practices and procedures to be performed by your organization, identified in this Organic System Plan and operation practices.**

**13i. How are these monitoring practices and procedures effectively implemented and how frequently are they performed?**

**Organic Fraud Prevention**

**13j. Describe your organic fraud prevention program.**

**13k. List the documents you maintain for your organic fraud prevention program and submit them.**

**13l. How do you monitor the effectiveness of the organic fraud prevention program?**

SECTION 14: Trace back and Mass Balance

(NOP Rule 205.103 & 205.400(g) (8) (9))

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 trace back?

## A trace back is a trail of documentation that can be used to trace the origin of product 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 15: 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.**

**I affirm to taking full responsibility of compliance that all operators involved in my supply chain, including exempt operations and I have completed the Master Supply Chain and Product List.**

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

Name of Person completing this OSP:

Signature of Authorized Person:

Date: