



Custom Service Organic System Plan Annual Update **2024**

*Please complete this form in its entirety. Sign this form and attach supporting documentation as specified in Section 7. Any incomplete information may lead to a delay in certification. Use additional sheets if necessary. Mark any sections that do not apply to your operation as "Not Applicable". **Be sure to revise or update your Processing Organic System Plan and provide TCO Cert with copies of the revised pages.***

SECTION 1: Programs Requested

Operation Name:	Operator Number:
↑ The Operation Name must be a person and a person means an individual, a corporation, an association, or an organization recognized as a legal entity. This name goes on the certificate.	
Other Name(s):	
↑ Other Name(s) may be another name by which the certificate holder is commonly known in the marketplace or the name the holder commonly does business under. This name may be added on the certificate but must clearly be referred to as "doing business as" or "DBA." Leave blank if you don't have any.	
Contact Person's Name:	
Certification/Verification Programs:	
<input type="checkbox"/> Attestation of Compliance (COR) <input type="checkbox"/> Bio Suisse** <input type="checkbox"/> CARTV (Quebec operators <u>only</u>)	
** Requires submission of additional documents. Contact your TCO Cert Certification Coordinator to request the appropriate forms.	
1. Do you have access to a copy of the current standards (CAN/CGSB-32.310 and CAN/CGSB-32.311), for the program for which you are applying?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you understand the current organic standards for the program for which you are applying?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. a. Have you reviewed your Processing Organic System Plan (POSP). b. Is your contact information on your Processing Organic System Plan (POSP) up-to-date and accurate? <u>If no</u> , please provide the updated phone number, email address, etc. here.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
b) Have you made revisions to your Processing Organic System Plan (POSP)? If yes, attach the revised pages with the date and your initials and explain the revisions made.	<input type="checkbox"/> Yes <input type="checkbox"/> No
USER FEES	
Applicable to currently certified chapter members only:	
<ul style="list-style-type: none"> • Your user fee will be based upon the revenue you collected for the organic related services you rendered, e.g., seed cleaning fees that you charged for cleaning organic product. 	
<input type="checkbox"/> "Revenue Based User Fee Remittance" form attached <input type="checkbox"/> I already submitted the form and paid for last year	
Please submit the "Revenue Based User-Fee Remittance" form as it applies to last year with this application and send payment in with your certification payment this year.	

Applicant Initials: _____ Date: _____

SECTION 2: Description of Measures Taken to Address Noncompliances and Opportunities for Improvement

Please refer to the letter received with your most recent certification that lists the previous Noncompliances and Opportunities for Improvements.

Were there any Noncompliances or Opportunities for Improvement from last year's certification? If yes, please complete the following table, briefly listing each Noncompliance and Opportunity for Improvement, describing the actions taken to address each one.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Noncompliance, Opportunity for Improvement	Action Taken

(Add rows if needed)

Applicant Initials: _____ Date: _____

SECTION 3: Changes Made to Operation/Procedure/Product Since Last Inspection

1. Have you provided custom service for any new/additional organic **products** or for any new customers since your last inspection?

Yes No

If yes, please identify the full brand name of these products and the name of the customers:

If yes, please submit copies of current certificates and product addendums for the new organic products/customers.

Applicant Initials: _____ Date: _____

SECTION 5: Cleaning and Sanitizing

Please list all Cleaning and Sanitation Products used in your facility.

Please check the box for any new products used since your last inspection. Please submit MSDS and any other relevant documentation and complete and submit an Input Review Request form for each new product. Please remember not to use any new products before they have been reviewed and approved by TCO Cert..

PRODUCT	New? Y/N	LOCATION USED	FREQUENCY OF USE	RINSE REQUIRED?

(Add rows if needed)

SECTION 6: Organic Integrity

<p>1. Does your operation provide parallel service to organic and nonorganic products?</p> <p style="margin-left: 20px;">If yes, has there been any changes to procedures to prevent commingling?</p> <p style="margin-left: 20px;">If applicable, please describe these procedural changes:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. a. Has the use of water in your operation changed?</p> <p style="margin-left: 20px;">b. Has your method of water treatment changed?</p> <p style="margin-left: 20px;">If yes, please explain the changes.</p> <p style="margin-top: 20px;"><i>Please submit documentation for new substances used in water treatment (e.g., testing, new equipment, etc.).</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3. Has the method of storage of organic product(s) changed since your last inspection?</p> <p style="margin-left: 20px;">If yes, please describe the changes:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Applicant Initials: _____ Date: _____

SECTION 9: Affirmation

I affirm that all statements made in this application are true, correct, and complete. The organic products for which I have performed custom service have been processed according to organic standards. I understand that the operation may be subject to an unannounced inspection and/or sampling for residues at any time as deemed appropriate. I understand that acceptance of this form in no way implies granting of certification by TCO Cert. I agree to abide by TCO Cert Bylaws and the certification standards and/or certification requirements applicable to my operation. I agree to notify TCO Cert in writing of changes in any of the following: operation contact information, applicant contact information, legal status, ownership or control of the operation, or any change in the operation that may affect its compliance. I agree to pay all fees assessed by TCO Cert. I further agree to abide by and fulfill duties and obligations to TCO Cert, as written in the Operator Licensing Agreement. I affirm that I understand the standards/regulations for the specific program(s) that I have requested and that the requested products were processed in accordance to these standards/regulations.

Signature of Operator

Date (M/D/Y)

Please maintain copies of the Organic System Plan and other supporting documents as part of your record-keeping system.

Applicant Initials: _____ Date: _____