



Garden-Greenhouse Organic System Plan

Please complete this form in its entirety if you are new applicant. Please also ensure that you attach the Garden/Greenhouse Organic System Plan Annual Update. Sign this form and attach supporting documentation as specified in Section 6. 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." Contact your Chapter Administrator or the Humboldt office, if you have any questions regarding the completion of this form. **This form is confidential when completed.**

SECTION 1: General Information

Operator 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:					
Secondary Contact Person's Name (if applicable):					
PHYSICAL INSPECTION LOCATION INFORMATION			OPERATION'S CONTACT INFORMATION		
Address:			<input type="checkbox"/> Same information as inspection location Mailing Address:		
City:	Province:	Postal Code:	City:	Province:	Postal Code:
Phone 1:		Phone 2:	Phone 1:		Phone 2:
Cell:		Fax:	Cell:		Fax:
E-mail Address:			E-mail Address:		
Web Site:			Web Site:		
Please provide directions to the inspection location(s) and indicate when you are available to contact:					
1. Please list previous organic certification applications to other agencies (name, year of application, outcome of application).					

Applicant Initials: _____ Date: _____

SECTION 2: Greenhouse Management

Not Applicable

This section should be completed for all production that takes place in a greenhouse.

1. What material is the covering for the greenhouse (i.e., glass, plastic, etc.)?

2. Are pots, flats, containers, or greenhouse disinfected?

Not Applicable

If yes, please list the product(s) used and provide a description of the greenhouse disinfecting process.

3. Growing Medium in Containers as required in par. 7.5.2. 1 to 7.5.2.4 of CAN/CGSB-32.310-2020:

Not Applicable

- a. What mineral and biological components are included in the growing medium?
- b. What percentage of the growing medium volume is compost?
- c. What percentage of the growing medium is mineral?
- d. What is the volume of soil in each container?

4. Heating the greenhouse(s):

Not Applicable

a. Please describe the alternative heating system.

5. Lighting in the greenhouse(s):

Not Applicable

- a. Is sunlight the primary source of lighting?
- b. If supplemental lighting is used, please describe the method of lighting and the average number of hours it is used.

Yes No

6. Are any carbon dioxide enrichment or damping off techniques utilized?

Yes No

If yes, please describe the techniques:

7. Please describe your method of soil regeneration/recycling procedures as required in par. 7.5.9 of CAN/CGSB-32.310-2020.

8. Please describe your method of cleaning containers for re-use.

Not Applicable

9. Please describe your method of pest control in the greenhouse(s). If sanitizing/cleaning products are used, please include FULL BRAND NAMES. Attach a list, if necessary.

Not Applicable

Applicant Initials: _____ Date: _____

SECTION 3: Outdoor Production Area Management

Not Applicable

<p><i>This section should be completed for all crop production that takes place outdoors.</i></p>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>1. Are outdoor production areas directly adjoining conventional agricultural fields? If yes, what types of buffer zones (crop, tree lines, grass strips, etc.) do you maintain around your organic plots?</p>		
<p>2. What is the width of the buffers?</p>		
<p>3. How are the buffers managed (plowed down, let stand, harvested, etc.)?</p>		
<p>4. If buffers are harvested*, what is done with this crop and how is commingling avoided where applicable?</p> <p style="text-align: center;">*Please maintain buffer harvest and disposal records All necessary buffer zones must be clearly identified on the field maps</p>		
<p>5. Do you implement additional safeguards (posted signs along roadways, written notification to government authorities, written notification to aerial spray companies, etc.) other than buffers in order to prevent accidental contamination? If yes, please describe the safeguards:</p>		<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 4: Outdoor Crop Production Management

Not Applicable

<p>A. FERTILITY:</p>	
<p>1. Please describe the fertility program you have in place for garden production.</p>	
<p>Program Specific Questions:</p>	
<p>2. CARTV; COR: If you source manure/compost (including a product containing manure) from off-farm*, please list each source of the manure and indicate if the source is a certified organic facility (and by whom certified). Also indicate the type of animal producing manure and the type of livestock management system providing the manure (feed lot, finishing operation, hog confinement, etc.).</p> <p style="text-align: center;">*Please submit an affidavit for off-farm manure</p>	

Applicant Initials: _____ Date: _____

B. PEST/DISEASE/WEED CONTROL:	
1. What are your most common pest, disease and weed problems?	
2. Please provide a brief narrative description of how you control pest, disease and weed problems in your gardens/greenhouses.	
3. Do you keep records pertaining to your control program (i.e., monitoring records, dates for use of products, problem issues, etc.?)	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. WATER:	
1. Is water used anywhere in the operation for organic production? If yes, what is the source of water and how is the water used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are irrigation lines used for production? If yes, are soluble fertilizers added to the irrigation water? If yes, be sure to indicate the products used in the "Inputs" section in the Organic System Plan Annual Update.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is chlorinated water used for final rinsing of vegetables, fruits and/or herbs? If yes, please indicate normal residual chlorine levels:	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you experience any water contamination problems? If yes, please describe the nature of the problems and the measures that are being taken to correct the situation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is treated lumber used for any installations involved in organic production/handling? If yes, please describe how/where the treated lumber is used in the operation:	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is mulch used anywhere in the production of organic vegetables/fruits/herbs? If yes, what type of material is in the mulch (i.e., wood chips, straw, newspaper, plastic, etc.)?	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Initials: _____ Date: _____

7. If mulch is used and obtained off-farm, what is the source of the mulch?	<input type="checkbox"/> Not Applicable
8. Is documentation maintained to verify that off-site mulch is free from prohibited material?	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No
9. If you use newspaper or other recycled paper for mulch, do you use paper with glossy or colored inks?	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No
10. Please briefly describe the management of the mulch (i.e., when applied, how used, how/if removed, etc.).	
<p>Program Specific Questions:</p> <p>CARTV: If water is used for washing produce/greenhouse equipment, attach current water tests.</p>	

SECTION 5: Handling

<p>A. EQUIPMENT: <i>To prevent commingling and contamination, all equipment (handling units, etc.) used in organic vegetable/fruit/herb production must be free of non-organic residues and prohibited materials. Equipment used for both organic and non-organic production (including equipment used to harvest buffer zones) must be cleaned prior to use on organic crops. Records documenting the cleaning of equipment must be maintained.</i></p>	
1. Is equipment used only for organic crops (not in buffers or on conventional/transitional plots)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is any custom equipment used/hired (planting, harvesting, etc.)? If yes, please list custom equipment/services.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are clean-out logs kept for all equipment (including custom equipment) that is used for both organic and non-organic production?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Could any equipment you use have been contaminated by previous uses? If yes, describe the issue and the measures taken to ensure that the risk of contamination was addressed (note if measures were documented).	<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Initials: _____ Date: _____

7. Please provide a sample of the lot number used in your operation and describe what each component means. If no lot is used, please describe how product that is sold can be traced back to the field/garden where it was produced.

D. PRODUCT STORAGE: *Operators must keep organic and non-organic products in separate storage areas and prevent commingling and contamination. Storage records must be maintained and kept current.* No organic produce in storage

Identify all storage locations (including any rented space not under your control). If needed, insert lines (for fillable forms) or attach additional sheets.

STORAGE ID #	ON-SITE OR OFF-SITE (if off-site, please note location)	TYPE OF PRODUCTS STORED (potatoes, strawberries, etc.)	TYPE OF STORAGE (bin, cooler, etc.)	CAPACITY	ORGANIC ONLY (OO), CONVENTIONAL ONLY (CO), or NOT DEDICATED (ND)

1. Do you use the same storage areas for organic and non-organic products?
If yes, how do you segregate organic products from non-organic products in storage? Yes No

2. Are storage units clearly labeled for organic use? Yes No

3. How do you ensure storage units are free from non-organic residues/prohibited material prior to storage of organic crops?

4. How do you prevent/control insect and/or rodent pests in crop storage areas?

If traps/bas are used, please specifically state the location of the traps/baits and include on Maps.

Applicant Initials: _____ Date: _____

5. Please list any products used, including any pest control products, in <u>Section 5</u> (inputs) of the <u>Organic System Plan Annual Update</u> and attach labels for each product.	<input type="checkbox"/> Not applicable
---	---

E. TRANSPORTATION:

1. Who is responsible for arranging transportation of organic products?
 self buyer other(specify):

2. Describe how organic products are transported.

3. What steps are taken to protect the integrity of organic products during transport?

<input type="checkbox"/> dedicated organic only	<input type="checkbox"/> use of Off-Farm Transportation Cleaning Affidavits
<input type="checkbox"/> inspecting units prior to loading	<input type="checkbox"/> letter/contract with transport company stating organic requirements
<input type="checkbox"/> cleaning transport units prior to loading	<input type="checkbox"/> other (specify):

SECTION 6: Record Keeping System

Standards require that records disclose all activities and transactions of the operation, be maintained for 5 years, demonstrate compliance with the applicable Standards. Certification standards also require that records be sufficient to allow for organic products to be tracked from sale to the field/location where they were produced/harvested. All records must be accessible to the inspector.

1. How long do you keep your records?

2. Do you maintain a Complaint Log? Yes No

3. Which of the following records do you keep for organic production?

<input type="checkbox"/> production area/greenhouse maps	<input type="checkbox"/> documentation of attempts to source organic seeds
<input type="checkbox"/> field/greenhouse activity log(s)	<input type="checkbox"/> documentation of previous land use for rented and/or newly purchased land
<input type="checkbox"/> field/garden history sheets (previous three years)	<input type="checkbox"/> input records for amendments, seeds, soil mixes, foliar sprays, pest control products, etc. (including all labels)
<input type="checkbox"/> copy of Organic System Plan	<input type="checkbox"/> residue analysis of inputs (e.g., manure sourced off-farm)
<input type="checkbox"/> compost production records	<input type="checkbox"/> sales records (cash receipts, cash receipt journal, sales journal, etc.)
<input type="checkbox"/> equipment cleaning records	<input type="checkbox"/> monitoring records (tissue tests, water tests, quality tests, observations)
<input type="checkbox"/> harvest records	<input type="checkbox"/> other (specify):
<input type="checkbox"/> storage records	
<input type="checkbox"/> clean transport records	
<input type="checkbox"/> audit control summary/register	
<input type="checkbox"/> shipping records	

4. Which of the following records do you keep for conventional production? Not Applicable

<input type="checkbox"/> garden/greenhouse maps	<input type="checkbox"/> paid labor records	<input type="checkbox"/> harvest records
<input type="checkbox"/> field/garden history sheets	<input type="checkbox"/> storage records	<input type="checkbox"/> shipping records
<input type="checkbox"/> input records	<input type="checkbox"/> sales records	<input type="checkbox"/> other (specify):

These records must also be available for the Verification Officer

Applicant Initials: _____ Date: _____

5. Type of marketing:

- | | |
|---|--|
| <input type="checkbox"/> farmer's market | <input type="checkbox"/> on-farm retail |
| <input type="checkbox"/> direct to retail | <input type="checkbox"/> bulk commodities to processor |
| <input type="checkbox"/> CSA/subscription service | <input type="checkbox"/> contract to buyer |
| <input type="checkbox"/> wholesale | <input type="checkbox"/> other (specify): |

SECTION 7: Additional Comments

Please provide any additional comments or information pertinent to this Organic System Plan.

SECTION 8: Affirmation

I affirm that all statements made in this application are true, correct, and complete.

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.

Submit completed form, including the Organic System Plan Annual Update, fees and supporting documents to your Chapter Administrator or, if not a Chapter member, to TCO Cert.

Applicant Initials: _____ Date: _____