



Mushroom and Sprout Organic System Plan

Please complete this form in its entirety if you are new applicant or if you are renewing your certification. Sign this form and attach supporting documentation as specified in Section 7 and other applicable standards. 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

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 will 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	
		<input type="checkbox"/> Same information as inspection location	
Address:		Mailing Address:	
City:	Province:	City:	Province:
Postal Code:	Country:	Postal Code:	Country:
Phone 1:	Phone 2:	Phone 1:	Phone 2:
Cell:	Fax:	Cell:	Fax:
E-mail Address:		E-mail Address:	
Website:		Website:	
Please provide directions to the inspection location(s) and indicate when you are available to contact.			
1. Have you ever previously applied for organic certification by TCO Cert or another Certification Body? <input type="checkbox"/> Yes <input type="checkbox"/> No If <u>yes</u> , please list the name of the Certification Body, year(s) of application, outcome of application:			
2. Are you currently certified and transferring to TCO Cert from another Certification Body? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If transferring to TCO Cert from another Certification Body, a Letter of Good Standing from the Sending CB is required.			

Applicant Initials: _____ Date: _____

SECTION 2: Substrate and Growth Media Inputs

1. What growing medium/media do you use in your mushroom/sprout production?		
2. For non-water-based systems list all ingredients in the growing media. Please specify complete brand names of each ingredient, where applicable. Include the animal species for any manure.		
Generic Substance Name	Brand Name (Complete)	Supplier
3. Are there any coatings (e.g., outdoor log treatments)? <u>If yes</u> , please identify.		
<input type="checkbox"/> food grade paraffin <input type="checkbox"/> mineral oil <input type="checkbox"/> oil-based paint <input type="checkbox"/> petroleum based <input type="checkbox"/> latex <input type="checkbox"/> other (specify): <input type="checkbox"/> cheese wax <input type="checkbox"/> beeswax		
4. Is compost used?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>If yes</u> , please list all compost ingredients in the table below:		
Generic Compost Ingredient	Brand Name (complete)	Supplier
Please submit documentation to show that <u>compost ingredients</u> are in accordance with Table 4.2 of the CAN/CGSB-32.311-2020 Permitted Substances List. Please submit documentation to show that the <u>production of the compost</u> meets the requirements as outlined in Table 4.2 of the CAN/CGSB 32.311-2020 Permitted Substances List.		
5. a. Do you use a wood product as part of a growth substrate?		<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Do you have verification that the product originates from trees that have been grown in areas free of substances prohibited as outlined in the requirements in par. 1.4.1 of the CAN/CGSB 32.310-2020 32.310?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Be sure to provide TCO Cert with applicable documentation confirming compliance to the standards.		

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SECTION 3: Indoor Production Units

Not Applicable

This section should be completed for all production that takes place indoors.

1. a. What material is the covering the inside of the production unit (i.e., glass, plastic, etc.)?

b. (For Mushroom growing) What material is used for the construction of the growing beds and liner of the growing beds?

c. (For growing sprouts) Of what material is the sprout growing container made?

Sprout Growers: Be sure to provide TCO Cert with applicable documentation confirming sprout growing containers are food grade.

2. In the table below please list all cleaning and sanitation products used for the following purposes:

a. (For Mushrooms) Please list the cleaners and sanitations substances used on the mushroom contact surfaces and equipment used to harvest the mushrooms.

b. (For Mushrooms) Please list the cleaners and sanitation substances used to clean the mushroom growing beds and rooms post-harvest.

c. (For Sprouts) Please list the cleaners and sanitation substances used on food contact surfaces.

d. (For Sprouts) Please list the cleaners and sanitation substances used to clean the sprout growing containers and growing areas post-harvest

Please provide a description of the unit cleaning and disinfecting process or provide a copy of your Standard Sanitation Operating Procedures.

Generic Substance Name	Brand Name (Complete)	Supplier	Purpose for Use	Actually Used (AU) or Planned (P)
				<input type="checkbox"/> AU <input type="checkbox"/> P
				<input type="checkbox"/> AU <input type="checkbox"/> P
				<input type="checkbox"/> AU <input type="checkbox"/> P
				<input type="checkbox"/> AU <input type="checkbox"/> P
				<input type="checkbox"/> AU <input type="checkbox"/> P

3. Do you use a heating system in the production unit(s)?

If yes, please describe how the system is ventilated in order to avoid the contamination of the crops by exhaust.

Yes No

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SECTION 4: Outdoor Production Area Management

Not Applicable

This section should be completed for all production that takes place outdoors.

1. How are diseased or contaminated logs handled (i.e., removed, burned, etc.)?

2. What understory maintenance takes place in the mushroom production area(s) as outlined in the requirements in par. 7.3.4 (c) of the CAN/CGSB 32.310-2020?

3. Are outdoor production areas directly adjoining conventional agricultural fields/land?

Yes No

If yes, please complete questions 4-10. If no, please check “Not Applicable” and proceed to question 9.

4. a. What types of buffer zones (crop, tree lines, grass strips, etc.) do you maintain around your organic production units?
Please describe the buffers

b. If there is vegetation in the buffer zone how are buffers managed (plowed down, let stand, harvested, etc.)?

c. If buffers are in a crop and harvested, what is done with this crop and how is commingling avoided?

All necessary buffer zones must be clearly identified on the field maps.

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?

Yes No

If yes, please describe the safeguards:

6. Do any outdoor production areas or portions thereof flood frequently (more than once every 10 years)?

Yes No

If yes, please list production area identification(s):

7. a. Are any diseased/contaminated logs burned?

Yes No

b. If diseased/contaminated logs are removed, are they taken at least 50m from the production site?

Yes No

SECTION 5: Production Management

5A. FERTILITY:

1. Please describe the fertility program you have in place for mushroom production.

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5B. PEST AND DISEASE CONTROL:

1.a. What are your common pest and disease problems?

b. Please provide a brief narrative description of how you control pest and disease problems in your production areas/units, including any sanitation and pest/disease control measures used. Please ensure all sanitation and pest control inputs are listed in Section 5D.

2.a. Do you use steam for pest and disease control?
If yes, for what purpose? Yes No

b. Do you use Boiler chemical inputs?
If yes, please list the chemical inputs used in the table in Section 5D below. Yes No

c. Do you perform regular residue testing for the steam? Yes No
 N/A

3. Do you keep records pertaining to your control program (i.e., monitoring records, dates for use of products, problem issues, etc.)? Yes No

5C. WATER:

*Please note that for sprout production, water must meet or exceed the quality standards for levels of microbial and chemical contaminants in **drinking water and water shall be analyzed at least every 6 months.***

1. What is the source of water?
 Well Municipal Other:

2. Water tests are conducted by:
 In-house Municipal Third Party Other:

3. Water is used for:
 Mushroom or sprout rinsing/washing Soaking seeds, logs, and blocks For sprout production
 Watering and maintaining humidity in mushroom production units Other:

4. Does water comply with the applicable water regulations? Yes No
Please Note: A current water test must be submitted with your annual re-application documents.

5. Is there a water quality monitoring program in place?
If yes, how often is water analyzed? Yes No

6. a. Do you treat the water before use?
 b. If yes, what are the treatments (i.e., sand filtration, UV, chlorination, etc.)?

If water treatment substances are used, please submit labels (or full ingredients lists If not indicated on label) for each input prior to use. This documentation must be accompanied by an Input Review Request Form.

7. Is chlorinated water used for final rinsing of sprouts and/or mushrooms? Yes No

8. 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. Yes No

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5D. INPUTS: No inputs used

List **all** foliar sprays, sanitizers, boiler chemicals, pest and disease control products, or other inputs used or intended for use on proposed organic product. Use additional sheets if necessary. If outdoor production areas are managed, **ALL** inputs used or intended for use during the current year and in the previous three years must be listed on your Field Management Summary Form (if applicable).

- **Please submit labels (and full ingredients list if not indicated on label) for each input with the Organic System Plan. Please note that inputs must be provided to TCO Cert for compliance review. Please note that a guaranteed analysis is not sufficient; ingredients must be listed.**
- **If inputs contain any agricultural ingredients, *Non-GE Affidavits* must be submitted.**

Input Product	Brand Name or Source (e.g. produced on-farm)	Reason for use of the product

****BE SURE TO SUBMIT ALL INPUT LABELS TO TCO CERT WITH YOUR ORGANIC SYSTEM PLAN****

<p>1. Is treated lumber used for any installations involved in organic production/handling? <u>If yes</u>, please describe how/where the treated lumber is used in the operation:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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SECTION 6: Handling

6A. EQUIPMENT:

*To prevent commingling and contamination, all equipment (handling units, etc.) used in organic mushroom and sprout production must be free of non-organic residues and prohibited materials. Equipment used for both organic and non-organic production must be cleaned prior to use on organic crops. **Records documenting cleaning of equipment must be maintained.***

<p>1. a. Is equipment used only for organic production (not in buffers or on conventional/transitional plots)? b. Are clean-out logs kept for all equipment (including custom equipment) that is used for both organic and non-organic production?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2. Is any custom equipment used/hired (planting, harvesting, etc.)? <u>If yes</u>, please provide a list and names of all equipment/services:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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<p>3. Could any equipment you use have been contaminated by previous uses? <u>If yes</u>, describe the issues and the measure taken to ensure that the risk of contamination was addressed (note if measures were documented).</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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4. Please describe cleaning, maintenance and purging of equipment, including the use of sanitizers, and disinfectants. Please refer to CAN/CGSB 32.310 par 8.2.
Please include in your description any products used as noted in Section 5D.

Please be sure to attach a copy of your Standard Sanitation Protocols.

6B. HARVEST:

1. Describe your harvesting methods and the steps taken to protect organic crops from commingling and contamination during harvest, including information on how these procedures help to ensure maximum freshness and nutritional quality.

2. What kind of harvest records are kept to document harvest dates, amounts, etc?

3. What type(s) of containers are used for harvesting?

<input type="checkbox"/> cardboard/waxed boxes	<input type="checkbox"/> 5-gallon buckets
<input type="checkbox"/> wooden totes	<input type="checkbox"/> other (specify):
<input type="checkbox"/> plastic containers	

<p>4. Are the containers made of food grade materials?</p> <p>Please Note: Food Grade documentation for all types of containers used, must be submitted to TCO Cert for approval.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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5. If the containers have been previously used, what did they contain prior to organic use?

6C. POST-HARVEST HANDLING:

1. Describe your post-harvest handling procedures and equipment, including any refrigeration, dehydration and/or packaging procedures:

<p>2. Is either the post-harvest area or equipment used for both organic and non-organic products? <u>If yes</u>, describe measures taken to prevent commingling and contamination and the type of documentation maintained.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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3. Check types of packaging material used:

<input type="checkbox"/> bulk paper	<input type="checkbox"/> wood	<input type="checkbox"/> foil	<input type="checkbox"/> natural fiber
<input type="checkbox"/> paper	<input type="checkbox"/> glass	<input type="checkbox"/> plastic	<input type="checkbox"/> synthetic fiber
<input type="checkbox"/> cardboard	<input type="checkbox"/> metal	<input type="checkbox"/> waxed paper	<input type="checkbox"/> other (specify):

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4. Is product transported in closed packages/containers? If no, please explain: Please Note: If Package Labels/Pallet tags/Case Labels are used please submit to TCO Cert a completed Label Approval Request and attach a copy of the label.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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SECTION 7: 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 and be available for review. Certification standards also require that records be sufficient to allow for organic products to be tracked from sale back to the production location where they were produced/harvested. Please have all your records for both organic and non-organic production and sales available for your annual inspection.	
1. How long do you keep your records?	
2. Do you maintain a Complaint Log?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Which of the following records do you keep for conventional production?	
<input type="checkbox"/> production area/unit maps <input type="checkbox"/> paid labor records <input type="checkbox"/> harvest/production records <input type="checkbox"/> field/plot 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):	
4. Type of marketing:	
<input type="checkbox"/> farmer's market sales <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):	
5. Are labels used on any of your products? Please Note: If Package Labels are used please submit to TCO Cert a completed Label Approval Request and attach a copy of the label.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Please provide a sample of the lot number used in your operation and describe what each component means. <u>If no</u> lot is used, please describe how product that is sold can be traced back to the plot/production unit where it was produced.	

SECTION 8: Additional Comments

Please provide any additional comments or information pertinent to this Organic System Plan.
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Applicant Initials: _____ Date: _____

SECTION 9: 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. Please have them available during your annual inspections.

I have attached the following required documents (with name and date on each page):

- Maps of all parcels/production areas (including buildings used for indoor production) indicating adjoining land use and field identification
- *Standard Sanitation Operating Plan (SSOP)
- Organic product labels
- *Completed, signed, and dated *Operator Licensing Agreement (OLA)*
- *Documents from previous certification (if other than TCO Cert)
- *Sample Audit trail documents
- Organic/Non-Organic Separation Plan
- Other (specify):

***Note: Documents need to be submitted only for new applicants or for changes.**

Applicant Initials: _____ Date: _____