



Packaging and Labelling Organic System Plan Annual Update 2024

Please complete this form in its entirety. Sign this form and attach supporting documentation as specified in Section 8. 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:
↑ <i>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.</i>	
Other Name(s):	
↑ <i>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.</i>	
Contact Person's Name:	
Check ALL the programs for which you are requesting certification and/or verification. Apply for all programs you may need (and answer all applicable questions) so that your inspection specifically covers each program being requested and the inspector addresses the necessary questions. Certification/verification to any program not requested now cannot be granted at a later date (after the initial inspection) without an additional inspection.	
Certification/Verification Programs: <input type="checkbox"/> Canada Organic Regime (COR) <input type="checkbox"/> Bio Suisse** <input type="checkbox"/> CARTV	Equivalency Programs: <input type="checkbox"/> CAN/US Equivalence Arrangement
**Requires submission of additional documents. <i>Please contact your TCO Cert certification coordinator for the appropriate forms.</i>	
1. Please list current organic certification by other agencies.	
2. Do you have 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
3. Do you understand the current organic standards for the program for which you are applying?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. a. Have you reviewed your Processing Organic System Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Is contact information on your Processing Organic system Plan (POSP) up-to-date and accurate? <u>If no</u> , please provide updated phone number, email address, etc., here:	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you made revisions to your Processing Organic System Plan? <u>If yes</u> , attach the revised pages with the date and your initials and explain the revisions made:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Initials: _____ Date: _____

USER FEES
Applicable to currently certified chapter members only:
<ul style="list-style-type: none"> • Your user fee should be based upon the revenue you collected for the organic related services you rendered, e.g., fees that you charged for packaging and/or labelling an 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.

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

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

Were there any Noncompliances or Opportunities for Improvement from last year's certification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><u>If yes</u>, please complete the following table, briefly listing each Noncompliance and Opportunity for Improvement, describing the actions taken to address each one.</p>	
Noncompliance, Opportunity for Improvement	Action Taken
1.	
2.	
3.	
4.	

(Add additional sheets if needed)

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

<p>1. At any point does your operation take ownership of organic product to be repackaged and labelled?</p> <p><u>*If yes, please note that you need to apply for Certificate for PROCESSOR to TCO Cert.</u></p> <p><u>* Please complete and submit the TCO Cert "Processor Organic System Plan Annual Update".</u></p> <p>Comments:</p>	<input type="checkbox"/> Yes* <input type="checkbox"/> No
<p>2. Are any new private label agreements* in place since your last inspection?</p> <p><u>If yes</u>, please list these new private label agreements:</p> <p><u>If applicable, please submit the Private Label Licensing Agreement forms.</u></p> <p>*This is required for any of your customers whose operations are not holding an organic certificate</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Applicant Initials: _____ Date: _____

<p>3.a. Have any new products under private label agreements been added since your last inspection? <u>If yes</u>, please list these new products:</p> <p>b. Have any products under the private label agreements been discontinued? <u>If yes</u>, please identify these products:</p> <p><i>If applicable, please submit a copy of the label and the organic certificate and addendum for each new product.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>4. Have any private brand labels been revised since your last inspection? <u>If yes</u>, please identify which labels have been changed:</p> <p><i>If applicable, please submit the revised labels and the Label Approval Letter issued by the Certification Body certifying the organic product.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>5. Has your packaging and labelling facility changed since your last inspection (e.g., new equipment, new building)? <u>If yes</u>, please identify these changes:</p> <p><i>Please submit any necessary documentation, such as new facility map, new flow diagram, description of new equipment.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>6. Are any new packaging aids being used since your last inspection? <u>If yes</u>, please ensure that these packaging aids are listed on the TCO Cert Supplier Spreadsheet. <i>Please submit the appropriate technical or MSDS documentation for these new packaging aids.</i> <i>NOTE: If non-organic processing aids are being used, please submit the appropriate documentation confirming compliance to par. 1.4 of the CAN/CGSB-32.310-2020 and to Tables 6.3, 6.4, and 6.5 of the CAN/CGSB-32.31-2020 (Permitted Substances List).</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Initials: _____ Date: _____

SECTION 4: Pest Management Changes Since Last Inspection

1. Are any new preventative measures or any new pesticides being used (including contracted pest control)? If yes: a. Please list any preventative measures used:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
b. Please identify new substances used and the target pest.			
SUBSTANCE	TARGET PEST	LOCATION WHERE USED	METHOD OF APPLICATION

(Add additional sheets if needed)

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?	LOCATION USED	FREQUENCY OF USE	RINSE REQUIRED?
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

(Add additional pages if needed)

SECTION 6: Organic Integrity

1. Does your operation include parallel production? If yes, has there been any changes to procedures to prevent commingling? If applicable, please describe these procedural changes:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

Applicant Initials: _____ Date: _____

<p>2. Has the use of water in your operation changed? Has your method of water treatment changed? <u>If yes</u>, please explain the changes.</p> <p><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 checked="" type="checkbox"/> N/A</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3. Have the packaging materials changed since your last inspection? <u>If yes</u>, please describe the new packaging:</p> <p><i>Please submit documentation that the packaging is food grade.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4. Has the method of storage of organic product(s) changed since your last inspection? <u>If yes</u>, please describe the changes:</p> <p>If applicable, please explain how organic integrity is maintained with the new storage procedures:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5. Has the method of transportation of product(s) (either incoming ingredients or outgoing finished product) changed since your last inspection? <u>If yes</u>, please identify the changes:</p> <p>If applicable, please explain how organic integrity is maintained with the new methods of transportation:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Applicant Initials: _____ Date: _____

SECTION 7: Additional Comments

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

SECTION 8: Supporting Documents

1. For any new product being packaged and/or labelled by your operation, you must submit *a copy of the actual label, Label Approval Letter issued by the Certification Body certifying the organic product or the completed TCO Cert Label Approval Request form.*
2. Please provide the following, if there have been any changes since your last inspection:
 - flow charts
 - facility maps
 - pest trap maps
3. Please provide the following attachments with your *Packaging and Labelling Organic System Plan Annual Update*:
 - A Current Product List. Please note any deletions or additions since last application.
 - A Supplier List. This list must include a list of all supplier names, Certification Body of the suppliers, Organic Programs/Equivalencies to which the products are certified.
 - Current Private Label Licensing Application Form (if applicable).
 - Copies of your suppliers' current organic certificate, product listing addendum and COR-equivalency affidavit if applicable.
 - A document of water testing (if applicable)
4. If you are requesting additional organic programs, you must answer additional questions in your Processing Organic System Plan.

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: _____