



Processing Organic System Plan

Please complete this form in its entirety and ensure that you attach the Processing Organic System Plan Annual Update. Sign this form and attach all applicable supporting documentation. 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". Please contact the TCO Cert 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:
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↑ **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 (if different from applicant):

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:			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:		

SECOND INSPECTION LOCATION ADDRESS (if applicable):

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(s) of application, outcome of application).

<p>2. Type of processor:</p> <p><input type="checkbox"/> Primary (processing/producing ingredients/products <u>that you own</u>)</p> <p><input type="checkbox"/> Contracted facility (providing a custom packaging & labeling service for other operations)</p>	
<p>3. Status of operation:</p> <p><input type="checkbox"/> 100% Organic to each requested program</p> <p><input type="checkbox"/> Mixed processing (org/non-organic—different products and/or programs)</p> <p><input type="checkbox"/> Parallel processing (org/non-organic—same products)</p> <p>Estimated annual total production: % organic; % non-organic</p>	
<p>4. a. Please briefly describe your overall operation. Include the frequency of organic production runs. IMPORTANT NOTE: the inspection of your operation should occur when organic products are being prepared.</p> <p>b. Do you process/produce/handle any ingredients/products you do <u>not own</u>, meaning that you are performing custom service activities for another organic operation?</p> <p>c. Do you custom package and/or label products that you <u>did not produce nor own</u> for another operation?</p> <p style="margin-left: 20px;">i. <u>If yes</u>, please provide the name of the operation:</p> <p style="margin-left: 20px;">ii. <u>If yes</u>, please describe in detail the services you are providing:</p> <p style="margin-left: 20px;">iii. <u>If yes</u>, please list the brand name(s) of the product and submit a copy of their label to TCO Cert for approval:</p> <p><u>*If yes, please note the following:</u></p> <ul style="list-style-type: none"> • <u>If you are providing “Custom Packaging and Labelling Services” to organic operations (meaning that you did not produce nor own the product), please also complete and submit, with this application, the TCO Cert “Packaging and Labelling Organic System Plan Annual Update.”</u> • <u>If you are providing <u>any custom services other than “Packaging and Labelling”</u> for other organic operations, you are eligible for “Attestation of Compliance”, instead of Certification to the COR.</u> <u>Please complete and submit:</u> <u>TCO Cert “Custom Service Provider Organic System Plan”</u> <u>TCO Cert “Custom Service Organic System Plan Annual Update”</u> <p><u>Please contact the TCO Cert office for guidance</u></p>	<p><input type="checkbox"/> Yes* <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes* <input type="checkbox"/> No</p>
<p>5. Contracted Custom Services</p> <p>a. Is your product stored or processed off-site, using a Custom Service Provider for such activities?</p> <p>b. Do you use a custom service provider for packaging and/or labeling your products?</p> <p><u>If yes to any of the above questions:</u></p> <ul style="list-style-type: none"> • Please provide the full name of the off-site storage facility, the Processing or the Packaging and Labelling Custom Service used: • Which of the following documentation is in place for the service provider used? <ul style="list-style-type: none"> <input type="checkbox"/> Attestation of Compliance to the COR * <input type="checkbox"/> Organic Certificate and Addendum for Packaging & Labeling ** 	<p><input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Applicant Initials: _____ Date: _____

* **Attestation of Compliance** documentation needs to be in place for Contractual Service Providers storing or processing your products.

If the Contractual Service Provider does not hold an Attestation of Compliance the service provider's facility and activities need to be included in the annual inspection of your operation.

** If you are planning on using the custom services of a Contractual Service Provider for Packaging and/or Labelling, the Custom Service Operation must hold an **Organic Certificate for Packaging and Labelling**.

Please attach available documentation for the Custom Service Operation and/or have documentation on hand at time of inspection.

6. Please identify any local, state, provincial, federal, or third-party certifications that you have, or inspections that have occurred at your operation. Include any certificates or inspections from local, provincial, or federal health departments.

N/A

SECTION 2: Product Composition/Labeling

Please complete and attach the TCO Cert Label Approval Request form, a copy of each product label and the Organic Product Profile (OPI) for each product, the Product List, and the Supplier List. Equivalent documents may be used in place of the OPI as long as they include all of the necessary information (ingredients, organic status, source, etc.) that is noted on the TCO Cert OPI sheet.

For products that are certified by another Certification Body (CB), please attach a copy of the current product certificate, the product list or addendum, a colour copy of the product label(s)/package or carton artwork including display cases **and written label approval, issued by the CB that certified the product.**

The TCO Cert Private Label Licensing Agreement form needs to be completed and submitted for any of your customers who does not hold an organic certificate but wishes to use a label which identifies TCO Cert as the certifying entity and/or uses the TCO Cert seal.

Please contact the TCO Cert office for guidance.

A. PRODUCTS

1. List all **organic** products your company is requesting for organic certification that are also produced in a non-organic form. Attach a list if necessary.

2. List attached.

B. PRODUCTS with Greater than 70% Ingredients

N/A

1. Please briefly describe the documentation that is maintained to verify the organic status of the ingredients.

2. Are any non-organic agricultural ingredients used?

(TCO Cert expects the operator to check at least three known suppliers of organic ingredients on an annual basis.)

If yes, be sure each one is listed in the *TCO Cert Supplier List*.

If yes, provide TCO Cert with a written copy of your attempts to source equivalent organic agricultural ingredients (32.310 par 9.2.1 d) for your "organic" products only (not applicable to 70-95% products).

If yes, be sure to provide documentation confirming compliance for:

- a) any annotation restrictions in PSL tables 6.3 or 6.4 if the substance is listed,
- b) the GE prohibition in 1.4.a and the substrate requirement in 6.2 of the PSL,
- c) the irradiation prohibition in 1.4.c
- d) the cloned livestock prohibition in 1.4.h

If yes, please submit specification sheet, technical sheet, or MSDS for each non-organic agricultural ingredient.

Yes No

Applicant Initials: _____ Date: _____

If you do not have the above documentation, please explain why not:

3. If “ingredients classified as food additives” or “ingredients not classified as food additives” listed in PSL tables 6.3 and 6.4 are used, be sure each one is listed in the TCO Cert *Supplier List*, and you have documentation confirming compliance for:

- a) any annotation restrictions in PSL tables 6.3 or 6.4 if the substance is listed,
- b) the GE prohibition in 1.4a and the substrate requirement in PSL table 6.2,
- c) the irradiation prohibition in 1.4.c
- d) the cloned livestock prohibition in 1.4h.

If yes, please submit specification sheet, technical sheet or MSDS for each “ingredients classified as food additives” or “ingredients not classified as food additives”.

If ingredients not listed in 6.3 or 6.4 are used, please list them here.

4. Are any flavours used?

5. Are any processing and/or packaging aids used?

*If yes, be sure each one is listed in the *TCO Cert Supplier Spreadsheet* and provide product information such as technical specifications, and labels, etc.

6. If yes, and they are **non-organic agricultural** processing aids be sure to have documentation confirming compliance for:

- a) any annotation restrictions in PSL table 6.5 if listed,
- b) the GE prohibition in 1.4a and the substrate requirement in 6.2 of the PSL,
- c) the nanotechnology restrictions in 1.4b
- d) the irradiation prohibition in 1.4.c
- e) the cloned livestock prohibition in 1.4h.

7. And if yes, and they are **non-agricultural** processing aids be sure they are listed in PSL table 6.5 and have documentation confirming compliance for:

- a) any annotation restrictions in PSL table 6.5
- b) the GE prohibition in 1.4a and the substrate requirement in PSL table 6.2
- c) the nanotechnology restrictions in 1.4b
- d) the irradiation prohibition in 1.4.c
- e) the cloned livestock prohibition in 1.4h

8. If you do not have the above documentation(s), explain why not.

9. If yes, please submit specification sheet, technical sheet or MSDS for each non-organic agricultural processing aid or non-agricultural processing aid.

*Remember - only **non-agricultural** processing aids listed in PSL table 6.5 may be used.*

Yes No

Yes* No

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C. Ingredients Originating from the USA		<input type="checkbox"/> N/A
1. Do you use any organic agricultural ingredients that are produced in the United States?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>If not</u> , do you have Canada/US Equivalency documentation for these ingredients?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Canada and the United States have an Equivalency Arrangement. There are three exceptions for NOP certified products entering Canada:</p> <ul style="list-style-type: none"> • Sodium or Chilean nitrate is prohibited • Crops grown in hydroponic or aeroponic system are prohibited • Products from non-ruminant animals must be produced according to CAN/CGSB 32.310 - 2020 <p><input type="checkbox"/> Yes, I have attached the applicable documentation. <input type="checkbox"/> No, please explain:</p>		
D. Products Destined for Markets in the USA		<input type="checkbox"/> N/A
1. Are your products destined for markets in the USA?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><u>If you have answered yes</u>, please be aware that under the Canada/US Equivalency Arrangement, product from animals treated with antibiotics may not be marketed in the USA.</p> <p>Please also note that your products must be labeled in compliance with USDA NOP labeling regulations. Products and ingredients exported to the USA and imported into Canada from the USA must have documents that state: "Certified to the terms of the Canada/US Organic Equivalence Arrangement." This statement must appear on an Organic Certificate, Product List or Addendum and must be submitted to TCO Cert.</p>		
E. Products Destined for Market in the EU and Japan		<input type="checkbox"/> N/A
1. Is your product destined for markets in Europe or Great Britain?		<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is your product destined for markets in Japan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
F. WASTE PRODUCTS:		<input type="checkbox"/> N/A
1. Will any byproducts, substandard or discarded materials from certified organic products be sold as organic? For example, to a livestock operator, or a compost operator, or a secondary processor.		<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>If yes</u> , list all these materials from organic products and describe the audit trail documentation maintained.		

SECTION 3: Pest Management and Post-Harvest Substances

Organic standards require good production and manufacturing practices be adopted to prevent pests. These are outlined in 8.3.1 of CAN/CGSB 32.310. These strategies include the removal of pest habitat and food, prevention of access, environmental management, traps, and lures as listed in Table 8.2 of the Permitted Substances Lists (PSL).

If measures listed in 8.3.1 are documented and found to be ineffective then substances listed in Table 8.2 of the PSL may be used. Measures must be taken to prevent contact with ingredients, organic products, and packaging materials.

If pest control substances that are not listed in Table 8.2 of the PSL and post-harvest substances not listed in 8.3 are used under any mandatory government program, **operators must notify TCO Cert**, monitor, and document their use.

Substances listed in Table 8.3 of the PSL may be used for post-harvest storage.

The use, storage, and disposal of unlisted pest control substances must be documented.

1. Attach a facility map showing the location of traps.
2. Who is responsible for pest control in the operation? <input type="checkbox"/> In house. <input type="checkbox"/> Contract pest control service* Name of service provider: *Pest management must be under the control of the certified operator, even if pest control is contracted.

Applicant Initials: _____ Date: _____

3. Check all pest problems you generally have:

- flying insects mice other (specify):
 crawling insects spiders
 rats birds

4. Check all pest management practices you use:

- | | | |
|--|---|--|
| <input type="checkbox"/> removal of pest habitat | <input type="checkbox"/> positive air pressure in facility | <input type="checkbox"/> mechanical traps |
| <input type="checkbox"/> removal of pest food sources | <input type="checkbox"/> good sanitation | <input type="checkbox"/> heat treatments |
| <input type="checkbox"/> removal of pest breeding areas | <input type="checkbox"/> cleanup of spilled product | <input type="checkbox"/> temperature control |
| <input type="checkbox"/> sealed doors and/or windows | <input type="checkbox"/> exclusion | <input type="checkbox"/> electrocutors |
| <input type="checkbox"/> repair of holes, cracks, etc. | <input type="checkbox"/> monitoring | <input type="checkbox"/> scare eye balloons |
| <input type="checkbox"/> screened windows, vents, etc. | <input type="checkbox"/> mowing | <input type="checkbox"/> freezing treatments |
| <input type="checkbox"/> physical barriers | <input type="checkbox"/> incoming ingredient inspection for pests | <input type="checkbox"/> vacuum treatments |
| <input type="checkbox"/> sheet metal on sides of building exterior | <input type="checkbox"/> inspection zones around interior perimeter | |
| <input type="checkbox"/> air curtains | <input type="checkbox"/> ultrasound devices | |
| <input type="checkbox"/> air showers | <input type="checkbox"/> light devices | |

5. Only when **pest management** practices described in #4 above are ineffective, may you use pest control substances listed in PSL table 8.2.

- Not applicable, no substances listed in tables 8.2 are used.
 Yes, pest control substances listed in tables 8.2 are used either inside or outside the facilities as follows:

If yes, please provide MSDS or technical information to TCO Cert for approval of the product before you use it.

GENERIC SUBSTANCE/BRAND NAME	TARGET PEST	LOCATION WHERE USED	METHOD OF APPLICATION

6. Only when **pest control substances listed** in #5 above are ineffective, or there is a mandatory government program in place, pest control substances not listed in table 8.2 of the PSL may be used provided there is no risk to organic product, packaging materials status, or integrity.

- Not applicable – No unlisted substances are used
 Yes, pest control substances not listed in tables 8.2 either inside or outside the facilities are summarized below

If yes, please provide MSDS or technical information to TCO Cert for approval of the product before you use it.

GENERIC SUBSTANCE / BRAND NAME	TARGET PEST	LOCATION WHERE USED	METHOD OF APPLICATION

Applicant Initials: _____ Date: _____

7. If you are using substances listed in PSL table 8.3 for storage please list them.			<input type="checkbox"/> N/A
GENERIC SUBSTANCE /BRAND NAME	TARGET PEST	LOCATION WHERE USED	METHOD OF APPLICATION

8. Are records kept of all pest management practices, and the use of pest control substances and the storage, and disposal of unlisted pest control substances (whether in-house or contracted)? Yes No

If no, please explain:

For all substances used, please attach pest control substance labels and copies of the SOP and/or GMP pertinent sections.

SECTION 4: Maintaining Organic Integrity

All operations that handle, store and transport organic products for production and processing are to maintain the inherent organic qualities of the product through strict adherence to the procedures and principles of this standard. Operators are responsible for maintaining organic integrity at all points of the market supply chain, from production through point of sale to the final consumer.

A. PRODUCT FLOW: Attach a complete detailed written description or schematic product flow chart and a map that shows the equipment and movement of all organic products, from incoming/receiving through production to outgoing/shipping. On the flow chart indicate where ingredients are added and/or processing aids are used. All equipment and storage areas must be identified.

B. ORGANIC CONTROL POINTS: Similar to Hazard Analysis Critical Control Points (HACCP), Organic Control Points (OCPs) are points in a production system where the integrity of the organic product may be compromised. Examples are improper cleaning of equipment prior to running organic product, resulting in contamination by sanitation substances or commingling with non-organic products left in the equipment, or use of a prohibited pesticide when organic product is present, resulting in contamination by a prohibited material or substance. **OCPs should be noted on your processing flow chart.**

1. If you have employees, are they trained on organic production requirements and is this training documented? Yes No
If yes, please explain how they are trained and describe the documentation that is maintained for the training.

2. Does parallel processing/packaging and labeling occur at any of the facilities utilized for organic production? Yes No
If yes, please complete the remaining questions in this section.

3. Please describe the system in place to prevent commingling and to provide a separation of organic processing/packaging and labeling by time and place from non-organic production? Not Applicable

4. How are specific organic lots identified and what measures are taken to avoid mixtures or exchanges with non-organic products? Not applicable

****Please note if the processing or packaging and labeling of organic products occurs infrequently, please be aware that you must contact the TCO Cert office in advance of the organic run or provide a schedule for your organic runs. ****

Applicant Initials: _____ Date: _____

C. MONITORING	
1. Do you have a monitoring or quality assurance program in place? If <u>yes</u> , what program do you use? <input type="checkbox"/> ISO <input type="checkbox"/> HACCP <input type="checkbox"/> TQM <input type="checkbox"/> other (specify): If a plan is in place, you may submit relevant sections of these programs with this application.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you have a product recall system in place? If <u>yes</u> , please summarize the basic system that is in place and if mock recall exercises have been successful.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

D. EQUIPMENT:
List all food contact equipment used in processing.

EQUIPMENT NAME	FUNCTION	IF NOT DEDICATED ORGANIC		
		IS EQUIPMENT CLEANED PRIOR TO ORGANIC PRODUCTION?	IS EQUIPMENT PURGED PRIOR TO ORGANIC PRODUCTION?	IS THE CLEANING/PURGE DOCUMENTED?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

1. If equipment is purged/cleaned, please describe the procedure(s) followed (indicate quantities of purged product, final disposition of this product, records maintained, etc.).

E. WATER:

1. Check ways water is used in processing. <input type="checkbox"/> ingredient <input type="checkbox"/> cooling <input type="checkbox"/> cleaning equipment <input type="checkbox"/> processing aid <input type="checkbox"/> product transport <input type="checkbox"/> other (specify): <input type="checkbox"/> cooking <input type="checkbox"/> cleaning organic products	<input type="checkbox"/> None used
2. Source of water: <input type="checkbox"/> municipal <input type="checkbox"/> on-site well <input type="checkbox"/> other (specify): Please submit your most recent water test results to TCO Cert.	<input type="checkbox"/> N/A
3. What on-site water treatment processes such as chlorination, filtration, are used?	<input type="checkbox"/> None <input type="checkbox"/> N/A
4. Is the water that is used as an ingredient or come in contact with product or food contact surfaces potable?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5. How do you monitor the quality of the potable water? How often?	<input type="checkbox"/> N/A

Applicant Initials: _____ Date: _____

6. List any known water contaminants.	<input type="checkbox"/> None <input type="checkbox"/> N/A
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7. Is the wastewater leaving the operation neutralized and monitored?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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F. BOILER ADDITIVES	<input type="checkbox"/> N/A
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1. Are boiler additives used where culinary steam generated by a boiler are exposed to food or food contact surfaces?

No boiler additives are added to the system.

Yes, please list the boiler additives and attach the label information and Safety Data Sheet for each additive.

Boiler additives must not compromise organic product integrity. Substantiation will be needed to demonstrate compliance.

G. SANITATION:

Attach a complete list of ingredients, label information, and Safety Data Sheet for cleaning and sanitizing products, for all substances used on food or food contact surfaces.

1. Check all cleaning methods used:

<input type="checkbox"/> sweeping	<input type="checkbox"/> manual washing	<input type="checkbox"/> other (specify):
<input type="checkbox"/> scraping	<input type="checkbox"/> clean in place (CIP)	
<input type="checkbox"/> vacuuming	<input type="checkbox"/> steam cleaning	
<input type="checkbox"/> compressed air	<input type="checkbox"/> sanitizing	

Provide information (as applicable for your operation) on your cleaning program and list **all** substances used on all **food contact surfaces**.

AREA	METHOD OF CLEANING	CLEANING EQUIPMENT USED	PRODUCTS USED	FREQUENCY	CHECK IF CLEANING IS DOCUMENTED
Receiving Area					<input type="checkbox"/>
Ingredient Storage					<input type="checkbox"/>
Product Transfer					<input type="checkbox"/>
Production Area					<input type="checkbox"/>
Production Equipment					<input type="checkbox"/>
Packaging Area					<input type="checkbox"/>
Finished Product Storage					<input type="checkbox"/>
Other (specify):					<input type="checkbox"/>

2. Do all surfaces that have contact with organic products that will be sold as food product consist of a food grade material?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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3. Describe the measures (e.g., removal events CAN/CGSB 32.310 par. 3.66) in place to prevent unintended contamination of organic product with cleaners and sanitizers.

4. Do you test food contact surfaces or rinse for cleaner/sanitizer residues?	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No
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Please attach copies of your Standard Sanitation Operation Procedures (SSOPs) and/or GMP pertinent sections, if applicable.

Applicant Initials: _____ Date: _____

H. PACKAGING:		<input type="checkbox"/> N/A															
1. Check types of packaging materials used: <table style="width:100%; border: none; margin-top: 5px;"> <tr> <td style="width: 33%;"><input type="checkbox"/> bulk, no packaging</td> <td style="width: 33%;"><input type="checkbox"/> metal</td> <td style="width: 33%;"><input type="checkbox"/> synthetic fiber</td> </tr> <tr> <td><input type="checkbox"/> paper</td> <td><input type="checkbox"/> foil</td> <td><input type="checkbox"/> other (specify):</td> </tr> <tr> <td><input type="checkbox"/> cardboard</td> <td><input type="checkbox"/> plastic</td> <td></td> </tr> <tr> <td><input type="checkbox"/> wood</td> <td><input type="checkbox"/> waxed paper</td> <td></td> </tr> <tr> <td><input type="checkbox"/> glass</td> <td><input type="checkbox"/> natural fiber</td> <td></td> </tr> </table>			<input type="checkbox"/> bulk, no packaging	<input type="checkbox"/> metal	<input type="checkbox"/> synthetic fiber	<input type="checkbox"/> paper	<input type="checkbox"/> foil	<input type="checkbox"/> other (specify):	<input type="checkbox"/> cardboard	<input type="checkbox"/> plastic		<input type="checkbox"/> wood	<input type="checkbox"/> waxed paper		<input type="checkbox"/> glass	<input type="checkbox"/> natural fiber	
<input type="checkbox"/> bulk, no packaging	<input type="checkbox"/> metal	<input type="checkbox"/> synthetic fiber															
<input type="checkbox"/> paper	<input type="checkbox"/> foil	<input type="checkbox"/> other (specify):															
<input type="checkbox"/> cardboard	<input type="checkbox"/> plastic																
<input type="checkbox"/> wood	<input type="checkbox"/> waxed paper																
<input type="checkbox"/> glass	<input type="checkbox"/> natural fiber																
2. Are all packaging materials for food products food grade? Packaging materials for food products must be food grade. Please provide TCO Cert with a food grade statement from the supplier.	<input type="checkbox"/> Yes <input type="checkbox"/> No																
3. Where are the packaging materials stored?																	
4. Are any fungicides, fumigants, or pest control products used in the storage area for the packaging materials? <u>If yes</u> , describe use and products:	<input type="checkbox"/> Yes <input type="checkbox"/> No																
5. Have any packaging materials been exposed to, or do they contain any synthetic fungicides, preservatives, intentional nano particles, or fumigants? <u>If yes</u> , describe exposure, including name of products used.	<input type="checkbox"/> Yes <input type="checkbox"/> No																
6. Are packaging materials reused? <u>If yes</u> , describe this packaging (prior use(s)/contents), how reusable packaging materials are cleaned prior to use and if this is documented (and if so, how).	<input type="checkbox"/> Yes <input type="checkbox"/> No																
7. Have you confirmed that nano sized particles in the packaging are not transferring to the organic product?	<input type="checkbox"/> Yes <input type="checkbox"/> No																

I. STORAGE:		
1. Provide information on your storage areas by completing the following table.		
TYPE OF STORAGE	TYPE OF STORAGE UNIT/AREA (Bins, Specific Section of Warehouse, Freezer, etc.)	IS STORAGE UNIT DEDICATED ORGANIC?
Ingredient Storage		<input type="checkbox"/> Yes <input type="checkbox"/> No
Packaging Material Storage		<input type="checkbox"/> Yes <input type="checkbox"/> No
In-process Storage		<input type="checkbox"/> Yes <input type="checkbox"/> No
Finished Product Storage		<input type="checkbox"/> Yes <input type="checkbox"/> No
Off-site Storage*		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (specify):		<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Initials: _____ Date: _____

<p>2. *If off-site storage is used, provide name, address, phone number, contact person and type of products stored at off-site facility.</p> <p>Please note: If the facility is holding an “attestation of compliance” please attach certification documentation. <u>If not</u>, please note that this facility and its activities need to be included in the annual inspection of your operation.</p>	
<p>3. If your storage units/areas are not dedicated to organic products, what measures are taken to ensure that commingling/contamination of organic products does not occur?</p>	<input type="checkbox"/> N/A (organic only)
<p>4. Where are cleaning or sanitizing materials stored? Where are oils, paints, lubricants, and pesticides stored?</p>	
<p>5. Are organic products clearly identifiable in the storage areas and areas managed in a manner to allow for the identification of lots and to prevent commingling or contamination with prohibited substances?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (organic only)
<p>6. If the operation processes or handles non-organic products, are non-organic products stored in separate areas from the organic products?</p>	<input type="checkbox"/> N/A (organic only) <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>7. <u>If yes</u>, what measures do you take to ensure that organic products are clearly identifiable from the non-organic products to avoid mixtures or exchanges of organic products with non-organic products?</p>	<input type="checkbox"/> N/A (organic only)
<p>8. <u>If yes</u>, what cleaning measures do you implement prior to the storage of the organic products?</p>	<input type="checkbox"/> Not Applicable
<p>9. Do you record cleaning measures?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>J. TRANSPORTATION OF ORGANIC PRODUCTS AND INGREDIENTS:</p>	<input type="checkbox"/> N/A
<p>Every measure must be taken to ensure that the integrity of organic input, ingredients and products are not compromised in transit. The following information must accompany organic product:</p> <p>a. the name and address of the person or organization responsible for the production, preparation, or distribution of the product b. the name of the product c. the organic status of the product d. information that ensures traceability, for example, the lot number.</p>	
<p>1. The above information accompanies the incoming and outgoing organic products. <u>If no</u>, please explain why.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><u>Incoming Raw Ingredients</u></p>	
<p>2. In what forms are incoming products/ingredients received?</p> <p><input type="checkbox"/> dry bulk <input type="checkbox"/> metal drums <input type="checkbox"/> other (specify): <input type="checkbox"/> liquid bulk <input type="checkbox"/> cardboard drums <input type="checkbox"/> tote bags <input type="checkbox"/> paper bags</p>	
<p>3. Do you arrange incoming product transportation?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Initials: _____ Date: _____

4. How do you ensure that inbound transport units are free from prohibited products/residues prior to loading organic products (documented cleaning, new units, etc.)?	
5. Check all steps taken to segregate organic products: <input type="checkbox"/> dedicated organic-only transport units <input type="checkbox"/> use of pallets <input type="checkbox"/> organic product shrink wrapped <input type="checkbox"/> separate area in transport unit <input type="checkbox"/> pallet tags identifying "organic" <input type="checkbox"/> other (specify):	
<u>In-Process Products</u> 6. How is in-process product transported?	<input type="checkbox"/> Not Applicable
7. How do you ensure that in-process transport units (buckets, carts, etc.) are free from prohibited products/residues prior to loading organic products (documented cleaning, new units, etc.)?	
<u>Outgoing Finished Product</u> 8. Please describe: a) how are outgoing products transported? b) who arranges this transportation? c) how do you ensure transportation units do not pose a risk to the organic integrity of the product?	
9. How do you ensure that outbound transport units are free from prohibited products/residues prior to loading organic products (documented cleaning, new units, etc.)?	
10. In what form are finished products shipped? <input type="checkbox"/> dry bulk <input type="checkbox"/> mesh bags <input type="checkbox"/> bottles <input type="checkbox"/> liquid bulk <input type="checkbox"/> metal drums <input type="checkbox"/> plastic containers <input type="checkbox"/> tote bags <input type="checkbox"/> cardboard drums <input type="checkbox"/> other (specify): <input type="checkbox"/> tote boxes <input type="checkbox"/> cardboard cases <input type="checkbox"/> paper bags <input type="checkbox"/> plastic crates <input type="checkbox"/> foil bags <input type="checkbox"/> cans	
11. Check steps taken to segregate organic products from non-organic products: <input type="checkbox"/> dedicated organic-only transport units <input type="checkbox"/> separate area in transport unit <input type="checkbox"/> organic product shrink wrapped <input type="checkbox"/> other (specify): <input type="checkbox"/> pallet tags identifying "organic" <input type="checkbox"/> use of pallets	
12. Please describe the packaging, containers, or vehicles that are utilized for transporting organic products (including to wholesalers and retailers). Include a description of the method of sealing the packaging, container, or vehicle to ensure that substitution of the content cannot be achieved without manipulation of the seal.	
13. When transporting product, what methods are taken to ensure that all equipment used in the transportation of organic product is free from non-organic product or conventional residues and invertebrate and vertebrate pests?	
14. Is documentation maintained that verifies that during transportation, the integrity of the organic products is maintained and the conditions meet all pertinent COR requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. If you are the party owning the product at the point of transport do you maintain documentation that verifies that the organic integrity of the product has been maintained throughout the transportation process?	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Initials: _____ Date: _____

SECTION 5: Record Keeping

Organic standards require Operators maintain records and relevant supporting documentation concerning inputs and details of their use, production, preparation and transport of organic products. Operators shall fully record and disclose all activities and transaction in sufficient detail to be easily understood and sufficient to demonstrate compliance with the standards. Records must be maintained for 5 years and be available for review. Organic products must be tracked from incoming ingredients on through to the sale of finished product. Organic ingredients must be verified as certified to the program(s) for which certification will be sought. Amounts of organic finished products must balance with certified organic ingredients procured. Organic products for which a custom packaging and labeling is provided, must be tracked from incoming product to outgoing packaged and/or labelled product.

1. a. If you are a Processor/Manufacturer, how do your records trace the finished product back to all of its ingredients and balance organic ingredients in and organic products out?

b. If you are a Contractual Service Provider for Packaging and/or Labelling, how do your records trace the outgoing packaged and labelled product back to the incoming organic product?

2. How long do you keep your records?

3. Do you maintain a Complaint Log? Yes No

4. Which of the following records do you keep for organic processing/preparation?

Incoming Ingredients

<input type="checkbox"/> purchase orders <input type="checkbox"/> contracts <input type="checkbox"/> invoices <input type="checkbox"/> receipts <input type="checkbox"/> bills of lading <input type="checkbox"/> customs forms <input type="checkbox"/> scale tickets <input type="checkbox"/> quality test results <input type="checkbox"/> certificates of analysis <input type="checkbox"/> transaction certificates <input type="checkbox"/> organic certificates	<input type="checkbox"/> verification of non-GMO ingredients <input type="checkbox"/> verification of ingredients produced not using sewage sludge <input type="checkbox"/> verification of ingredients produced/handled without ionizing radiation <input type="checkbox"/> documentation of commercial unavailability of organic ingredients when using non-organic ingredients for products labeled as "organic" <input type="checkbox"/> verification no intentional nano technology used <input type="checkbox"/> receiving records <input type="checkbox"/> receiving summary log <input type="checkbox"/> other (specify):
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In-Process

<input type="checkbox"/> ingredient inspection forms <input type="checkbox"/> blending reports <input type="checkbox"/> production reports <input type="checkbox"/> equipment clean-out logs <input type="checkbox"/> sanitation logs <input type="checkbox"/> packaging reports	<input type="checkbox"/> QA report <input type="checkbox"/> production summary records (12 mos.) <input type="checkbox"/> other (specify):
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Storage

<input type="checkbox"/> ingredient inventory reports <input type="checkbox"/> finished product inventory reports	<input type="checkbox"/> other (specify):
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Outgoing Finished Product

<input type="checkbox"/> shipping log <input type="checkbox"/> bills of lading <input type="checkbox"/> scale tickets <input type="checkbox"/> purchase orders <input type="checkbox"/> sales orders <input type="checkbox"/> sales invoices (must identify organic product as organic) <input type="checkbox"/> phytosanitary certificates <input type="checkbox"/> export declaration forms	<input type="checkbox"/> transaction certificates <input type="checkbox"/> transport unit inspection/cleaning forms <input type="checkbox"/> copies of certificates of organic product <input type="checkbox"/> shipping summary log <input type="checkbox"/> sales summary log <input type="checkbox"/> audit control register <input type="checkbox"/> other (specify):
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5. Describe your lot numbering system.

6. Do you ensure that all invoices, BOLs and other sales documents indicate a lot number, a reference to the organic status of the product, and the name of the certifier? Yes No

Applicant Initials: _____ Date: _____

SECTION 6: Additional Comments

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

SECTION 7: Affirmation

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

Signature of Owner/Manager

Date (M/D/Y)

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

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

- *Completed, signed, and dated Operator Licensing Agreement (OLA)
- *Product flow chart, please include Organic Control Points (OCP)
- *Facility map (you may want to attach pictures too)
- *Pest management map of traps (if applicable)
- *Product List
- *Supplier list (all applicable pages)
- *Organic Product Ingredients sheets (or equivalent) for each product requested for certification/attestation
- *Artwork for labels or labels for finished product(s), where applicable
- *Label Approval Request form for each organic product that is labelled
- *Sample of audit trail documents, illustrating traceability of organic product, and demonstrating compliance
- Other (specify):

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

Applicant Initials: _____ Date: _____