



618 Main St • PO Box 3429 • Humboldt, SK • S0K 2A0
 Ph: (306) 800-5210 • Fax: (306) 800-5211
 E-mail: info@tcocert.ca • www.tcocert.ca

Wild Harvest Organic System Plan Annual Update 2024

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 8. Incomplete information may lead to a delay in certification. Use additional sheets as necessary, Mark any sections that do not apply to your operation as "Not Applicable."

Check this box if you would like us to make information regarding your production available upon request only to potential recognized buyers. **IF YOU AGREE, TCO Cert will release your information exclusively for your business opportunity purposes.**

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 may be added on the certificate but must clearly be referred to as "doing business as" or "DBA." Leave blank if you don't use any. | |
| Contact Person's Name: | |
| Check ALL 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 the submission of additional documents. Please contact your chapter or the TCO Cert office for the appropriate forms. | |
| 1. Please list current organic certification by other agencies. | <input type="checkbox"/> Not applicable |
| 2. Do you have access to a copy of the current standards (CAN/CGSB-32.310 and CAN/CGSB-32.311), and for all programs for which you are applying? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Do you understand the current organic standards for each program for which you are applying? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. a. Have you reviewed your Wild Harvest Organic System Plan (WHOSP)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Is your contact information on your Wild Harvest Organic System Plan (WHOSP) up-to-date and accurate? If no, please provide the updated phone number, email address, etc. here. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Applicant Initials: _____ Date: _____

| | |
|--|--|
| <p>c. Have you made revisions to your Wild Harvest Organic System Plan (WHOSP)? <u>If yes</u>, attach the revised pages with the date and your initials and explain the revisions made:</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <p>5. Do you transform organic products that are either produced on site or purchased in any way (other than just washing/cutting/bagging)? <u>If yes</u>, you must submit a Processing Organic System Plan and a Processing Organic System Plan Annual Update and be inspected for processing.</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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 Improvement..

| | |
|--|--|
| Were there any Noncompliances or Opportunities for Improvement concerning your Wild Harvest operation(s) from last year's certification? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

If yes, please complete the following table, briefly listing each Noncompliance and Opportunity for Improvement and describing the actions taken to address each one. Add additional sheets if necessary.

| Noncompliance, Opportunity for Improvement | Action Taken |
|--|--------------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |

Applicant Initials: _____ Date: _____

SECTION 4: Inputs

| List all inputs/substances, including pest and disease control products, cleaning products, water additives, etc. used on proposed organic production/collection and post-harvest handling of the organic product. Add rows if necessary. | | | <input type="checkbox"/> No inputs/substances used |
|--|----------------------|-------------------------------|--|
| <ul style="list-style-type: none"> Please submit labels (or full ingredient lists if not indicated on label) for each input prior to use for which you have not previously requested a review and received approval. This information needs to be submitted with this <i>Organic System Plan Annual Update</i>. Please note that a guaranteed analysis is not sufficient ; ingredients must be listed. | | | |
| Full Product Name | Brand Name or Source | Reason for use of the product | Actually Used (AU) or Planned (P) |
| | | | |
| | | | |
| | | | |
| | | | |
| 1. Is land sourced water used to wash organic crops after harvesting? If yes, please submit results of annual water test with this document. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have any substances/treatments been applied to the harvest area by Local Authorities/Mandatory Government Program? If yes, please list below and explain. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

SECTION 5: Summary of Organic Harvest Inventory and Disposition Since Previous Inspection Affidavit

| The following information is from: _____ (M/D/Y) to _____ (M/D/Y) | | | | | |
|---|-----------------------------|------------------------|-----------------|-----------------|--|
| This information should be from your last inspection until the date that this form is completed. Please include all crops that were listed on both the top and bottom portions of last year's <i>Inspection Affidavit (IA)</i>. Add rows if necessary. | | | | | |
| 5A. This information should cover the crops COLLECTED/HARVESTED LAST YEAR | | | | | |
| Last Year's Harvest/Products | Number of (acres, hectares) | Actual Amount Produced | Date of Harvest | Amount Disposed | Amount in Inventory and Storage Identification |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Applicant Initials: _____ Date: _____

5B. This information should cover all crops/products noted in inventory FROM the TOP PORTION of last year's *Inspection Affidavit*.

| Harvest/Products | Year(s) Harvested/Produced | Quantity in Inventory | Amount Disposed Since Last Inspection | Storage Location | State: Organic/Transitional (if organic, list certification/verification program or product) |
|------------------|----------------------------|-----------------------|---------------------------------------|------------------|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

SECTION 6: Equipment

| | |
|---|---|
| <p>1. Is equipment, including custom equipment, used only for organic crops? <u>If no:</u> a. Please describe how equipment is cleaned.</p> <p>b. Is the equipment cleaning documented?</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>2. What measures are taken to prevent contamination and commingling of organic products with non-organic products during transportation (e.g., seals used, transportation dedicated organic, etc.)?</p> | |
| <p>3. Please provide a sample copy of the Bill of Lading/Invoice or other document accompanying shipments.</p> | |
| <p>4. Did you use the custom services of a Contractual Services Provider (storage, custom drying, custom processing, etc.)? a. <u>If yes</u>, please provide the full name of the Contractual Service Provider.</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>b. If applicable, is following documentation in place for the service provider used?</p> <p>Attestation of Compliance to the COR</p> <p><u>If yes</u>, please attach the current Attestation and Addendum document for the custom service provider or have documents on hand at time of inspection.</p> <p><u>If no</u>, please note the following:</p> <p>If you are planning on using the custom services of a Contractual Service Provider (seed cleaning, storing, drying, etc.) which does not hold an Attestation of Compliance to the COR, the service provider's facility and activities need to be included in the annual inspection of your operation.</p> | |

Applicant Initials: _____ Date: _____

SECTION 7: Additional Comments

Please provide any additional comments or information pertinent to this Wild Harvest Organic System Plan Annual Update. Please describe any main changes made or planned this year for your operation (e.g., practices, crops collected, materials, equipment used, etc.).

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, fees and supporting documents to your Chapter Administrator or, if not a Chapter member, to TCO Cert.

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

- *Completed, signed and dated Operator Licensing Agreement
- Documents from previous certifier (if other than TCO Cert) or dual certification application (if applicable)
- *Maps of all areas, organic **and** transitional (showing area identification, organic status, buffers and adjoining land/water use)
- *Overview map showing **all** areas of the holding/enterprise in relation to one another
- Area Management Summary Form— organic and in conversion
- *Documentation for areas owned/ leased for less than three years (*applicable when producer(s) has not been in control/managing the land requested for certification for at least the last 36 months prior to certification application)
- Input product labels
- Labels/sales documentation for harvested products to be sold as organic (bulk or retail)
- *Sample of the record-keeping documents
- Harvester Contracts and Harvesting Procedure Summary
- Results of annual water test
- Documentation for Contractual Service Provider
- Other (specify):

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

Applicant Initials: _____ Date: _____