

NATIONAL ORGANIC PROGRAM APPLICATION & ORGANIC SYSTEM PLAN - FARMS

1. GENERAL INFORMATION:		
Name of Operation: _____		
Address: _____		
City: _____	State: _____	Zip Code: _____
Mailing Address (if different): _____		
City: _____	State: _____	Zip Code: _____
Primary Contact Information:		
Name: _____	Title: _____	
Telephone: _____	Fax: _____	
E-mail: _____		
Other Contact:		
Name: _____	Title: _____	
Telephone: _____	Fax: _____	
E-mail: _____		
Operation Type:		
_____ Organic Only _____ Parallel Production		
Does any on-farm processing of off-farm organic or conventional products or any processing of multi-ingredient products occur at this operation? _____ No _____ Yes - please complete the Organic System Plan - Processing/Handling		
State Organic Registration: Is this operation registered for organic farming in any state organic program? _____ No _____ Yes; list state and registration number(s) _____		
To the best of my knowledge, all information provided in this Organic System Plan accurately describes this organic farming operation.		
Print Name: _____ Signature: _____ Date: _____		

1. GENERAL INFORMATION (cont.)

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Has this operation ever applied for registration with, been registered, inspected or certified by another certifying agency?

No

____ Yes, applied for registration or was registered. Provide a copy of registration documents/name of certifying agency.

____ Yes, was inspected and/or certified. Provide a copy of the most recent inspection report, all nonconformities issued and the corrective actions taken.

A review of the OSP will be performed to ensure that your operation falls within the scope of the USDA National Organic Program requirements and will be used to estimate the costs for performance of the on-site inspection.

Throughout the OSP where you are requested to describe your methods, if your operation has formal procedures you may reference the procedure number in that section and attach a copy of the procedure.

2. REGISTRATION INFORMATION

Note: This section for PrimusLabs.com use only

Registration No.: _____ PLc - _____

Certification Type: _____ New

_____ Recertification

_____: Date application package and OSP received

3. FARM PLAN INFORMATION

a. Identification and Location Information

Farm identifier: _____

Section/Town/Range, County Assessor parcel no. or similar descriptor: _____
(attach a copy of the map which shows this location)

b. Site Details - maps must be submitted which accurately reflect the information provided below

Acreage _____:total at this location
_____ :total organic at this location
_____ :total in transition to organic

Provide details of any acreage of the total shown above that is not in organic production or transitioning to organic production:

(attach additional sheets if needed)

c. Land Use History Information

For all acreage in organic production less than 4 years from the date of this application, provide a detailed land use history which indicates previous uses of the land, fertilizer and soil amendments applied and dates of application. Pest control materials applied and dates of application, specifically detail any application of prohibited materials.

4. SEED INFORMATION

Growers must use organic seed. Nonorganic seed may be used in accordance with the NOP standard when its organic equivalent is not commercially available. If required by phytosanitary regulations, seed treated with prohibited substances may be utilized, however, GMO seed is prohibited from use.

a. Source of Seed (check all that apply)

_____ N/A, seed is not used at this operation

_____ Grow seed utilized by this operation

_____ Organic

_____ Nonorganic

_____ Untreated

_____ Treated

_____ Non-GMO

_____ Purchase seed utilized by this operation

_____ Organic

_____ Nonorganic

_____ Untreated

_____ Treated

_____ Non-GMO

b. Seed Used - On the attached Seed and Seed Treatment - Detailed Information sheet provide complete details on all seed used.

c. Seed Treatments _____ No seed treatments are utilized at this operation

_____ Seed treatments used, provide details of all seed treatments on the attached Seed and Seed Treatment - Detailed Information sheet

SECTION 4 (cont.) SEED AND SEED TREATMENT - DETAILED INFORMATION

Complete this sheet for each crop/variety seed that this operation utilizes.

Name of Crop: _____

Seed Variety: _____

Seed Source: _____

Organic _____ Nonorganic _____ Untreated _____ Treated _____ Non-GMO _____

If Nonorganic is checked, provide complete details on this seed and justification for use:

If Treated was checked, provide complete details on the treatment used and justification for use:

5. SEEDLING/PERENNIAL STOCK INFORMATION

Growers must use organic seedlings/perennial stock. Nonorganic seedlings or perennial stock may be used in accordance with the NOP Standard when its organic equivalent is not commercially available. If required by phytosanitary regulations, seedlings/perennial stock treated with prohibited materials may be utilized, however, GMO materials are prohibited from use.

a. Source of Seedlings and Perennial Stock (check all that apply)

_____ N/A, seedlings/perennial stock are not used at this operation

_____ Seedlings/perennial stock used are grown by this operation

_____ Organic

_____ Nonorganic

_____ Untreated

_____ Treated

_____ Non-GMO

_____ Purchase seed utilized by this operation

_____ Organic

_____ Nonorganic

_____ Untreated

_____ Treated

_____ Non-GMO

b. On the attached Seedling/Perennial Stock and Treatment - Detailed Information sheet provide complete details on all seedlings/perennial stock materials used.

c. Treatments

_____ No treatments are utilized at this operation

_____ Treatments used, provide details of all treatments on the attached Seedling/Perennial Stock and Treatment - Detailed Information sheet

SECTION 5 (cont.) SEEDLING/PERENNIAL STOCK AND TREATMENT - DETAILED INFORMATION

Complete this sheet for each crop/variety seedling or perennial stock material that this operation utilizes.

Name of Crop: _____

Variety: _____

Source: _____

Organic _____ Nonorganic _____ Untreated _____ Treated _____ Non-GMO _____

If Nonorganic is checked, provide complete details on this material and justification for use:

If Treated was checked, provide complete details on the treatment used and justification for use:

b. Compost Use

1) Is composted plant or animal material used by this operation?

_____ No _____ Yes

2) Does this operation produce its own compost?

_____ No _____ Yes

If yes, describe in detail the materials used, the composting method used and the process verification information.

3) Is compost purchased from an off-farm source?

_____ No _____ Yes

If yes, how are the input materials and composting method used verified and documented?

c. Manure Use

1) Is raw animal manure used by this operation?

_____ No

_____ Yes

If yes, in what form is the manure: _____

2) From where is the manure sourced?

_____ On-farm

_____ Off-farm

If the manure is from an off-farm source, describe how you verify that prohibited materials have not been used:

3) If used, describe the application method with regard to application time prior to harvest and incorporation:

4) Describe methods used to prevent contamination of water sources and adjacent crops:

d. Natural Resources

1) Describe in detail the strategies used to mitigate the impact of your operation on the surrounding flora and fauna, and improve the wildlife habitat and biodiversity.

e. Water Use

1) List all sources of water used in the production of your crops.

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2) List the chemical and bacteriological tests performed on each water source.

Water Source

Chemical & Bacteriological Tests

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3) Describe the methods of irrigation used by this operation.

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7. CROP MANAGEMENT

a. Pest management

1) Indicate the methods used by this operation for control of the pest types

Methods Used	Diseases & Nematodes	Weeds	Insects	Other pests (describe)
Crop rotation				
Cover cropping				
Row cropping				
Timing of planting				
Crop nutrition management				
Site sanitation				
Growing locale				
Resistant rootstocks/varieties				
Mechanical cultivation				
Pest removal by hand (pruning, hoeing, etc.)				
Method of irrigation				
Mowing				
Grazing				
Mulching				
Release of beneficial organisms				
Planting of beneficial habitat				
Building of predator habitat				
Traps				
Physical barriers (fences, etc.)				
Other (describe)				
Use of allowable substances (describe)				

a. Adjoining Land Use

1) For each field describe the buffer zone used to prevent contact from prohibited substances (note: these buffer zones and the adjoining land uses shall be included on the field level maps submitted as part of this OSP).

Field ID	Width (ft)	Description of the buffer zone

2) Describe how the adjoining land is being used.

c. Equipment / Harvest

1) Provide a list of all equipment used in organic production including ID or serial numbers, and if any of the equipment is used for both organic and non-organic activities, the list shall indicate what non-organic operations are involved.

List attached _____

2) Describe the cleaning methods employed for equipment used in both organic and non-organic activities.

3) Describe the containers used for harvest activities, also describe the cleaning methods used for these containers.

d. Post-Harvest Handling

1) Is the product washed prior to packaging? _____ No _____ Yes

If yes, describe the washing method used and the materials utilized.

2) Is your product packaged in the field? _____ No _____ Yes

If yes, describe the packaging materials used.

3) Describe the steps taken to prevent contamination of the packaging materials.

e. Storage

1) Indicate where your product is stored after harvest

_____ On farm _____ Off farm _____ Both _____ Not stored

2) Describe the storage facility utilized, including signage

3) Does this storage facility store _____ Organic only _____ Organic & Non-organic

4) If the facility is used to store both organic and non-organic product, describe the steps taken to prevent commingling of the organic and non-organic products

a. Recordkeeping

1) Describe your recordkeeping system

2) Provide a list of the logs that are kept with regard to the operation and a copy of each of those logs

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.

b. Marketing

1) Is your product sold at the retail level _____ Yes _____ No

If yes, list the products and attach copies of the retail labels

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2) Is your product sold at the wholesale level for further processing/handling _____ Yes _____ No

If yes, do you label the shipping containers _____ Yes _____ No

If yes, list the products and attach copies of the labels

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If no, explain why the containers are not labeled
