**Organic System Plan – Handler**

This document must be completed and submitted as an electronic word document.

Person updating/completing this Organic System Plan : Date:

*Select one depending if this is an initial application for certification or a renewal application for continuation of certification:*

[ ]  NEW APPLICANT

[ ]  RENEWAL APPLICATION

[ ]  RENEWAL APPLICATION WITH OSP UPDATES

*National Organic Program (NOP) regulations require Organic System Plans (OSPs) to be reviewed and updated annually. Whenever you anticipate a change in your operation’s practices, procedures or materials, please update and re-submit the sections or pages that reflect that change.*

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| SECTION H1: General Information NOP Rule §205.201 and §205.401 |
| 1a. Business / Operation Name | 1b. dba Name (if applicable) |
| 1c. Address | 1d. City | 1e. For office use onlyPLc:  |
| 1f. State | 1g. Zip code | 1h. Country |
| 1i Billing information: [ ] Same as Physical address |
|  Address:       City:       State:       Zip code:       Country:        |
| 1j. Legal representative  | 1k. Authorized representative (contact person for certification) |
| 1l. Phone | 1m. Fax | 1n. Email  |
| 1o. Alternate Contact(s): | Name:  | Email: Phone #:       |
|  | Name: | Email:Phone #:       |
|  | Name: | Email:Phone #:       |
| 1p. Legal status: [ ]  Sole proprietorship [ ]  Trust or non-profit [ ]  Corporation [ ]  Cooperative [ ]  Legal partnership (federal form 1065) [ ]  Other (specify)  |
| 1q. Does a State Organic Program apply to your operation? [ ]  Yes [ ]  No | 1r. If yes, list State:  Date of Application: | 1s. State Registration #:  Expiration Date: |
| 1t. Does your operation’s projected gross agricultural income from organic sales total $5,000 or less annually? [ ]  Yes [ ]  No **If yes**, do you intend to sell your products to anyone that will resell them as “organic” or use as an ingredient in an “organic” product? [ ]  Yes [ ]  No***\*If you answered “Yes” to the first question and “No” to the second, you may be considered an exempt operation. Please feel free to contact Primus Auditing Ops for further information before continuing.*** |
| 1u. Production Months:[ ]  January [ ]  February [ ]  March [ ]  April [ ]  May [ ]  June [ ]  July [ ]  August [ ]  September [ ]  October [ ]  November [ ]  December1v. What are your business hours?:      1w. What is your inspection language preference? 1x. What language is your documentation? 1y. Does your operation handle: [ ]  Organic product only [ ]  Both organic and non organic product 1z. Do you understand the current organic standards? [ ]  Yes [ ]  No1aa. Do you have a copy of current NOP organic standards? [ ]  Yes [ ]  No1bb. Give clear driving directions to the facility requested for organic certification for the inspector or confirm, the GPS will get you to the facility location:  * When are you available to contact? [ ]  Morning [ ]  Afternoon [ ]  Evening
* When are you available for inspection? [ ]  Morning [ ]  Afternoon [ ]  Evening
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| SECTION 2: Prior Organic Certification and/or Noncompliance §205.405 (e) |
| 2a. Have you ever been denied certification, suspended or revoked? [ ]  Yes [ ]  No**If yes**, list the certifier name:2b. You must provide all documentation related to the denial, suspension or revocation of certification. Did you submit the supporting information? [ ]  Yes [ ]  No*If you answered No; in order to proceed with the review process Primus Auditing Ops must obtain all information to conduct a compliance review*. |
| 2c. Are you currently certified organic? [ ]  Yes [ ]  No | 2d. If yes, please attached a copy of your current organic certificate |
| 2e. Have you ever been certified organic? [ ]  Yes [ ]  No | 2f. If yes, please attached a copy of your previous organic certificate |
| 2g. List all non-compliances from your last certification and state how the non-compliances have been addressed.  [ ]  No non-compliances [ ]  Non-Compliances: *Attach documentation that verified non-compliances have been addressed.* Attached [ ]  Yes [ ]  No |

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| SECTION 3: Scope verification: HANDLING, PRODUCTS NOP Rule 205.201(a) and 205.202(a) and (b) |
| YEAR: 3a Does your operation import or export any products to other countries? [ ]  Yes [ ]  No If **yes**, list countries:  Imports:  Exports:If yes, you must request and complete the International Markets OSP Addendum3b. Are you adding or removing facilities this year (Change of physical location)? [ ]  Yes [ ]  NoIf Yes, please explain      3c. Are you adding or removing products, labels, or ID marks this year? [ ]  Yes [ ]  NoIf Yes, please explain      3d. Are you adding or removing requested standards (NOP, EU, US-CAN Equivalency, etc.) this year? [ ]  Yes [ ]  NoIf yes , please list below and you must request and complete the International Markets OSP Addendum3e. Have you reviewed the Organic System Plan and verified that it is current and the practices described are being implemented? [ ]  Yes [ ]  No 3f. Date of last OSP submitted for review: [ ] N/A, first time applicant3g. Please describe any additional changes made to the OSP:[ ] N/A, first time applicant*Please fill in subsections 4 and 5. Please be advised that the information disclosed in this section on facilities and products will be used to develop the organic certificate and its attached products list. Review carefully and verify it is consistent with other sections of this Plan.* Signature  Date*If making updates between annual certification dates, complete this page and the applicable section of the OSP where the update is made.* Send updated OSP to organicadmin@primusauditingops.com when complete.  |
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| SECTION 4: Facility Information [ ]  Not applicable  NOP Rule §205.201 and §205.401 |
| 4a. [ ]  Not applicable, the company is a:[ ]  trader [ ]  broker [ ]  private label owner that does not process or store organic products in a facility.4b. Do you manage and or are requesting certification for other sites? [ ]  No [ ]  Yes If yes, complete the following: |
| 4c. Complete ALL information for each location managed by the Organization (conventional & organic sites): |
| **Site ID/Name** | **Site Address, city, state** | **Country** | **Contact Name and Phone Number** | **Description of Site activities and responsibilities:** |
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| 4d. Write a short description of your operation’s process:         |
| 4e. Process Flow Diagram Attached[ ]  Yes [ ]  No*\* Provide a schematic or written description of the process flow from receiving through to finished product shipping.* *\*Include equipment, all areas where processing aids are used, and any areas that are critical to maintaining organic integrity.*  |
| 4f. Products handled at this facility: [ ]  Organic & Non-organic [ ]  Organic 4g. Estimated annual total production at this facility: % non-organic       % organic

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| 4h. Please list all conventional products handled in your facility:  |
| 1.      | 6. | 11. | 16. |
| 2.      | 7. | 12. | 17. |
| 3.      | 8. | 13. | 18. |
| 4.      | 9. | 14. | 19. |
| 5.      | 10. | 15. | 20. |

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| 4I. Do you have a Quality Program in place?[ ]  Yes [ ]  No **If yes**, please list:       **If yes**, are you audited by a third party for this system? [ ]  **Yes** [ ]  No **If yes**, list name of audit company:      *Please have your most recent audit report available at the inspection.* |

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| SECTION 5: Products - TO BE LISTED IN CERTIFICATE BY ID MARK AND MARKET NOP Rule §205.201(a) |
| **PRODUCT\***requested for certification *if marketed / labeled by specific varieties**please list them separately* | **ID Mark**list all ID marks including all non-retail, retail and private labels used or to be used this year use one separate line per each id mark | **Specify Label Type:**1.Indicate if the label is retail or non-retail. 2.Check private label if ID mark is not owned by the legal entity on this OSP. | **Label attached**mark with X IF label is been attached see note 1 | **Market****see note 2** |  |
| **NOP** | **Other****Please specify Equivalency Request:** | **Inspector Use Only** |
|       |       | [ ]  Retail[ ] Non-Retail[ ] Private Label | [ ]  | [ ]  | [ ]  |       | [ ]  |
|       |       | [ ]  Retail[ ] Non-Retail[ ] Private Label | [ ]  | [ ]  | [ ]  |       | [ ]  |
|       |       | [ ]  Retail[ ] Non-Retail[ ] Private Label | [ ]  | [ ]  | [ ]  |       | [ ]  |
|       |       | [ ]  Retail[ ] Non-Retail[ ] Private Label | [ ]  | [ ]  | [ ]  |       | [ ]  |
|       |       | [ ]  Retail[ ] Non-Retail[ ] Private Label | [ ]  | [ ]  | [ ]  |       | [ ]  |
|       |       | [ ]  Retail[ ] Non-Retail[ ] Private Label | [ ]  | [ ]  | [ ]  |       | [ ]  |
|       |       | [ ]  Retail[ ] Non-Retail[ ] Private Label | [ ]  | [ ]  | [ ]  |       | [ ]  |
|       |       | [ ]  Retail[ ] Non-Retail[ ] Private Label | [ ]  | [ ]  | [ ]  |       | [ ]  |
|       |       | [ ]  Retail[ ] Non-Retail[ ] Private Label | [ ]  | [ ]  | [ ]  |       | [ ]  |
|       |       | [ ]  Retail[ ] Non-Retail[ ] Private Label | [ ]  | [ ]  | [ ]  |       | [ ]  |
|       |       | [ ]  Retail[ ] Non-Retail[ ] Private Label | [ ]  | [ ]  | [ ]  |       | [ ]  |
|       |       | [ ]  Retail[ ] Non-Retail[ ] Private Label | [ ]  | [ ]  | [ ]  |       | [ ]  |
|       |       | [ ]  Retail[ ] Non-Retail[ ] Private Label | [ ]  | [ ]  | [ ]  |       | [ ]  |
|       |       | [ ]  Retail[ ] Non-Retail[ ] Private Label | [ ]  | [ ]  | [ ]  |       | [ ]  |
|       |       | [ ]  Retail[ ] Non-Retail[ ] Private Label | [ ]  | [ ]  | [ ]  |       | [ ]  |
|       |       | [ ]  Retail[ ] Non-Retail[ ] Private Label | [ ]  | [ ]  | [ ]  |       | [ ]  |
|       |       | [ ]  Retail[ ] Non-Retail[ ] Private Label | [ ]  | [ ]  | [ ]  |       | [ ]  |
|       |       | [ ]  Retail[ ] Non-Retail[ ] Private Label | [ ]  | [ ]  | [ ]  |       | [ ]  |

***Please complete a Product Formulation Worksheet for each for multi-ingredient product.*** *Attached:* *[ ]  Yes [ ]  No*

***Please complete a Supplier List form to include all ingredient/product suppliers used.*** *Attached:* *[ ]  Yes [ ]  No*

***Please complete a Private Label Agreement for each brand name that you do not own.*** *Attached:**[ ]  Yes [ ]  No*

***NOTE 1****: All labels must be approved by Primus Auditing Ops prior to their use. This includes private labels. Please send them as high resolution pdf, jpg, or bmp color electronic files or as high resolution 8.5 x 11 color hard copies.*

***NOTE 2****: If finished product is intended to be marketed in Canada, the EU or Japan, or other countries, additional verification is needed to the relevant equivalency agreement or arrangement. Please contact Primus Auditing Ops for assistance in adding international markets to the scope of your verification. Please complete the Equivalency Agreements OSP Addendum.*

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| SECTION 6: Natural Resources [ ]  Not applicable  NOP Rule §205.200 |
| **NOP regulation 205.200 states:** The producer or handler of a production or handling operation intending to sell, label, or represent agricultural products as “100 percent organic,” “organic,” or “made with organic (specified ingredients or food group(s))” must comply with the applicable provisions of this subpart. Production practices implemented in accordance with this subpart must maintain or improve the natural resources of the operation, including soil and water quality. Please carefully answer the questions below regarding maintaining and improving natural resources. |  |
| **6a. Water** [ ]  Not applicable6b. Check the water source that your operation uses: [ ]  Municipal, list municipality name:  [ ]  Well [ ]  Other, describe: 6c. Attach a copy of the water analysis verifying portability if water is from a non-municipal source. Is the document Attached? [ ]  Yes [ ]  NoName of document: 6d. Describe any practices in place used to conserve water:  | [ ]  |
| **6e. Waste Management** [ ]  Not applicable6f.Describe any practices in place used for waste management: 6g. Do you recycle waste materials? [ ]  Yes [ ]  No Please describe:  | [ ]  |
| **6h. Energy Conservation** [ ]  Not applicableDescribe any practices in place used for energy conservation (i.e. solar, wind):  | [ ]  |
| **6i. Air Quality** [ ]  Not applicableDescribe any practices in place used for air quality management:  | [ ]  |

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| SECTION 7: Organic Integrity [ ]  Not applicable  NOP Rule §205.270 and §205.272 |
| 7a. Do you process any conventional (non-organic) products (known as “split/ parallel production”)? [ ]  Yes [ ]  No * If yes, please explain what administrative practices and/or physical barriers are in place to prevent commingling and/or contamination of organic products with non-organic ingredients, products, and/or prohibited substances.

7b. Please provide a list of non-organic products processed (generic categories may be used). Is the document attached? [ ] No [ ] Yes, name of document:       | [ ]  |
| 7c. Production Process Flow Diagram Attached? [ ]  Yes [ ]  No*Please provide a schematic or written description of the process flow from receiving through to finished product shipping. Include all areas where processing aids are used, and any areas that are critical to maintaining organic integrity.* 7d. Do you have a Program in place for (Standard Operating Procedure)? [ ]  Yes [ ]  No If yes, please attach and list the name of the document:      If yes, are you audited by a third party for this system? [ ]  Yes [ ]  No If yes, list name of audit company:      *Please have your most recent audit report available at the inspection.* | [ ]  |
| 7e. Are incoming ingredients sampled for quality or testing? [ ]  Yes [ ]  No If yes, are sampling tools dedicated for organic use only? [ ]  Yes [ ]  NoIf no, please describe how sampling equipment is cleaned prior to organic sampling and or attach your procedure:       | [ ]  |

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| SECTION 8: Organic Integrity - Storage [ ]  Not applicable  NOP Rule §205.270 and §205.272 |
| 8a. Are organic ingredients stored at this facility? [ ]  Yes [ ]  No 8b. Are organic finished goods stored at this facility? [ ]  Yes [ ]  No 8c. Are organic ingredients or finished goods ever stored at an offsite warehouse?[ ]  Yes [ ]  No ***If yes****, please have the warehouse complete a Storage Facility Affidavit (Org-037) or provide an organic certificate from the Warehouse used.* Attached?[ ]  Yes [ ]  No | [ ]  |
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| **Storage** | **Type** **(Cold, Dry, Frozen)** | **Dedicated Organic** | **Offsite Used** | **Capacity** | **ID Name / Number** |
| Ingredients |  | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |  |
| Work in Process |  | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |  |
| Finished Goods |  | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |  |
| Packaging Materials |  | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |  |
| Other:  |  | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |  |  |

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| 8d. If Storage Areas Are Not Dedicated for Organic Use, Please Describe How Commingling with Non-Organic Products Is Prevented:       | [ ]  |

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| 8e. In what form are finished products shipped?**[ ]**  dry bulk [ ]  liquid bulk [ ]  tote bags [ ]  tote boxes [ ]  paper bags [ ]  foil bags [ ]  metal drums [ ]  mesh bags [ ]  cardboard drums [ ]  cardboard cases [ ]  plastic crates [ ]  other (specify)      8f. Check types of packaging material used:**[ ]**  bulk [ ]  paper [ ]  cardboard [ ]  wood [ ]  glass [ ]  metal [ ]  foil [ ]  plastic [ ]  waxed paper [ ]  aseptic [ ]  natural fiber [ ]  synthetic fiber [ ]  other (specify)      8g. Is packaging documented to be free of any packaging materials, storage containers, or bins that contain a synthetic fungicide, preservative, or fumigant? [ ]  Yes [ ]  No *If yes, please attach documented evidence.* | [ ]  |
| 8h. Do you use water in your post-harvest handling? [ ]  Yes [ ]  No * If yes, does it come into direct contact with crop or food contact surfaces? [ ]  Yes [ ]  No
* If yes, have you documented that water meets the Safe Drinking Water Act? [ ]  Yes [ ]  No- Attach test results.
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| SECTION 9: Organic Integrity - Equipment and Sanitation [ ]  Not Applicable  NOP Rule §205.270, §205.272 And §205.605 |
| 9a. List All Equipment Used in Processing And Packaging. | [ ]  |
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| **Equipment Name****Please List** | **Dedicated Organic?** | **Is Equipment Cleaned or Purged Prior To Organic Processing?** | **Is Cleaning Documented?** |
|  | [ ]  Yes [ ]  No | [ ]  Cleaned [ ]  Purged | [ ]  Yes [ ]  No |
|  | [ ]  Yes [ ]  No | [ ]  Cleaned [ ]  Purged | [ ]  Yes [ ]  No |
|  | [ ]  Yes [ ]  No | [ ]  Cleaned [ ]  Purged | [ ]  Yes [ ]  No |
|  | [ ]  Yes [ ]  No | [ ]  Cleaned [ ]  Purged | [ ]  Yes [ ]  No |
|  | [ ]  Yes [ ]  No | [ ]  Cleaned [ ]  Purged | [ ]  Yes [ ]  No |
|  | [ ]  Yes [ ]  No | [ ]  Cleaned [ ]  Purged | [ ]  Yes [ ]  No |
|  | [ ]  Yes [ ]  No | [ ]  Cleaned [ ]  Purged | [ ]  Yes [ ]  No |
|  | [ ]  Yes [ ]  No | [ ]  Cleaned [ ]  Purged | [ ]  Yes [ ]  No |
|  | [ ]  Yes [ ]  No | [ ]  Cleaned [ ]  Purged | [ ]  Yes [ ]  No |
|  | [ ]  Yes [ ]  No | [ ]  Cleaned [ ]  Purged | [ ]  Yes [ ]  No |
|  | [ ]  Yes [ ]  No | [ ]  Cleaned [ ]  Purged | [ ]  Yes [ ]  No |
|  | [ ]  Yes [ ]  No | [ ]  Cleaned [ ]  Purged | [ ]  Yes [ ]  No |
|  | [ ]  Yes [ ]  No | [ ]  Cleaned [ ]  Purged | [ ]  Yes [ ]  No |

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| 9b. List any input used, including but not limited to cleaners, disinfectants, sanitizers, harvest fungicides or insecticides, waxes, coats, seals, wash water additives, etc.***Note: Permission of materials may be established by an EPA "For Organic Production" label, by the brand name listed on the Organic Materials Review Institute (OMRI) or Washington State Department of Agriculture (WSDA) List, or a list maintained or recognized by an accredited certifier. If the materials do not appear on one of these lists, you must obtain approval from Primus Auditing Ops******by submitting a label or other documentation from the manufacturer that fully discloses all ingredients. Please be advised that some materials are allowed with restrictions related to their source, manufacturing process or use. Primus Auditing Ops may request additional information as needed before assessing compliance. Keep all your inputs compliance documentation current (18 months or less).***

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| **Brand Name****(List Specific Formulation)** | **ingredients****(including any inerts, additives, preservatives, coadyuvants, inoculants, etc)** | **Direct contact with Food?** | **Compliance Approval****by:****(see note above)** | **Label****and also Compliance approval documentation attached?** | **If Product is Restricted (allowed in the National List but with annotations), describe how you comply with this NOP rule annotation.** |
|       |       | [ ]  Yes [ ]  No |       | [ ]  Yes [ ]  No |       |
|       |       | [ ]  Yes [ ]  No |       | [ ]  Yes [ ]  No |       |
|       |       | [ ]  Yes [ ]  No |       | [ ]  Yes [ ]  No |       |
|       |       | [ ]  Yes [ ]  No |       | [ ]  Yes [ ]  No |       |
|       |       | [ ]  Yes [ ]  No |       | [ ]  Yes [ ]  No |       |
|       |       | [ ]  Yes [ ]  No |       | [ ]  Yes [ ]  No |       |
|       |       | [ ]  Yes [ ]  No |       | [ ]  Yes [ ]  No |       |

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| 9c. Use of Chlorine: NOP requirements*- For food handling facilities and equipment, chlorine materials may be used up to maximum-labeled rates for disinfecting and* *sanitizing food contact surfaces. Rinsing is not required unless mandated by the label use directions.**- Water used in direct post-harvest crop or food contact (including flume water to transport fruits or vegetables and wash water in* *produce lines) is permitted to contain chlorine materials at levels approved by the Food and Drug Administration or the Environmental* *Protection Agency for such purpose*1. *Rinsing with potable water that does not exceed the maximum residual disinfectant limit for the chlorine material under the*

*SDWA must immediately follow this permitted use.* 1. *Certified operators should monitor the chlorine level of the final rinse water, the point at which the water last contacts the*

*organic product. The level of chlorine in the final rinse water must meet limits as set forth by the SDWA.* 1. *Water used as an ingredient in organic food handling should not exceed the maximum residual disinfectant limit for the*

*chlorine material under the SDWA, as required by the Organic Food Production Act (7 U.S.C. 6510(a)(7)).* 9d. Do you use chlorine or chlorine containing products? [ ]  Yes [ ]  No 9e. If yes, please describe its purpose, specific formulation (attach label) and where and how it is used.      9f. Please describe how you verify and document that chlorine use meets the above mentioned NOP  requirements:      *If chlorine levels are monitored, please attach a label or spec sheet of the test kit used.* | [ ] [ ] [ ] [ ]  |

 |  [ ]  |
| 9g. Are all food contact surfaces food grade? [ ]  Yes [ ]  No | [ ]  |
| 9h. If purging is used, please describe purging procedures (or attach SOP): [ ]  Not applicable  Describe,  | [ ]  |
| 9i. If cleaning records are not maintained, please describe why:  | [ ]  |
| 9j. Are there any cleaners or sanitizers used on food contact surfaces that are not rinsed? [ ]  Yes [ ]  No *Please list all cleaners, detergents and sanitizers used on equipment on the Materials List.* Attached? [ ]  Yes [ ]  No | [ ]  |
| 9k. Are any prohibited sanitizers (i.e. Quaternary ammonia) used? [ ]  Yes [ ]  No**If yes**, how do you verify that residues are removed from food contact surfaces prior to processing organic products, describe?  | [ ] [ ]  |
| *9l. Please attach Standard Sanitation Operating Procedures if applicable.* Attached[ ]  Yes [ ]  No | [ ]  |

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| SECTION 10: Organic Integrity - Water and Boiler Usage [ ]  Not applicable NOP Rule §205.270, §205.272, and §205.605 |
| **Water** [ ]  Not applicable, water is not used10a. In what capacity is water used? [ ]  cleaning and sanitation [ ]  cooking [ ]  cooling [ ]  ingredient [ ]  transport [ ]  processing aid[ ]  other, describe:        | [ ]  |
| 10a. Are there onsite water treatments used? [ ]  Yes [ ]  No *If yes, please list all water treatment chemicals on the Materials List.* Attached? [ ]  Yes [ ]  No | [ ]  |
| Boiler Use [ ]  Not applicable, a boiler is not used 10c. Does steam come into direct contact with organic products/ingredients during processing or packaging? [ ]  Yes [ ]  No If yes, do you use boiler chemicals? [ ]  Yes [ ]  No *10D. If yes, please list all boiler treatment chemicals on the Materials List.* Attached[ ]  Yes [ ]  NoIf yes, please describe how you prevent contamination of organic products from boiler chemicals:       | [ ]  |

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| SECTION 11: Organic Integrity - Transportation [ ]  Not applicable  NOP Rule §205.270 and §205.272  |
| 11a. Are you responsible for the transportation of incoming ingredients and/or outgoing finished goods?  [ ]  Yes [ ]  No11b. How are products received or shipped? [ ]  Field bins or boxes [ ]  bulk tankers [ ]  bulk railcars [ ]  palletized [ ]  totes [ ]  impermeable packaging [ ]  permeable packaging [ ]  drums [ ]  bags [ ]  boxes [ ]  other:        | [ ]  |
| 11c. Do you receive organic ingredients in permeable or unsealed packaging (i.e. tankers, jute bags) or in re-usable containers (i.e. field bins, trays, railcars, tankers)? [ ]  Yes [ ]  No***Please note that transporters that combine or split unpackaged loads may need to be certified organic, with exception of milk haulers.***11d. **If yes**, how do you verify organic ingredients have not been contaminated during transportation? [ ]  notify transport companies of organic status [ ]  truck inspections [ ]  dedicated organic transport vehicle [ ]  clean truck affidavit [ ]  wash tags [ ]  certified supplier provides documentation [ ]  other:       | [ ]  |
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| SECTION 12: Organic Integrity - Packaging [ ]  Not applicable  NOP Rule §205.270, §205.272, and §205.605 |
| 12a. What type of packaging is used? [ ]  Not applicable, packaging is not used[ ]  aseptic [ ]  cardboard [ ]  glass [ ]  metal [ ]  natural fiber [ ]  synthetic fiber [ ]  paper [ ]  plastic [ ]  wood [ ]  other, describe:       | [ ]  |
| 12b. Is all packaging food grade? [ ]  Yes [ ]  No | [ ]  |
| 12c. Are packaging and/or containers ever re-used (i.e. totes, bins, cardboard cartons)? [ ]  Yes [ ]  No **If yes**, please list:      **If yes**, are re-used packaging/containers dedicated organic? [ ]  Yes [ ]  No **If no**, please attach SSOP or describe practices in place to prevent commingling and/or contamination from non-organic product use:       | [ ] [ ]  |
| 12d. Is all packaging free from synthetic fungicides, preservatives and fumigants? [ ]  Yes [ ]  No12e. Describe how this is verified:       | [ ]  |

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| SECTION 13: Pest Control [ ]  Not applicable NOP Rule §205.271 |
| 13a. Who is responsible for pest control? [ ]  in-house [ ]  contracted pest control company (name & number with an invoice copy):       | [ ]  |
| 13b. Do you have any pest issues? [ ]  Yes [ ]  No **If yes**, please list problem pests:       |  |
| 13c. What pest controls are in place?[ ]  exclusion [ ]  removal of habitat [ ]  sanitation [ ]  mechanical (traps) [ ]  pheromone traps [ ]  monitoring [ ]  National List allowed materials [ ]  prohibited materials [ ]  other:       | [ ]  |
| 13d. What strategies are used to prevent damage to the organic products before applying an approved substance to control it?         | [ ]  |
| 13e. Are these preventative practices documented? [ ]  Yes [ ]  No  | [ ]  |
| 13f. Before applying an approved substance to control the pest damage, do you document if the preventative practices were sufficient? [ ]  Yes [ ]  No  | [ ]  |
| 13g. Are pest control materials used in processing or storage areas? [ ]  Yes [ ]  No **If yes**, what procedures are in place to prevent contamination of organic ingredients, packaging and finished goods (SOP can be used in place of describing)?       | [ ]  |
| 13h. Are pest control materials NOT listed on §205.605 and §205.606 used? [ ]  Yes [ ]  No **If yes**, is there documented justification for use and verification that the pest control hierarchy in §205.271 has been followed? [ ]  Yes [ ]  No | [ ]  |
| 13i. Are pest control practices and material use documented? [ ]  Yes [ ]  No **If yes**, what records are used? [ ]  pesticide use log [ ]  removal/re-entry records [ ]  cleaning records [ ]  other:      *Please list all pest control materials used on the Materials List.* Attached[ ]  Yes [ ]  No | [ ]  |
| 13j. How do you monitor the effectiveness of your pest management program?       | [ ]  |
| 13k. Rate the effectiveness of your disease management: [ ]  excellent [ ]  satisfactory [ ]  needs improvement | [ ]  |
| 13l. What changes do you anticipate?       | [ ]  |

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| SECTION 14: Record Keeping System NOP Rule 505.103 |
| *NOP Rule requires that records disclose all activities and transactions of the operation, be maintained for 5 years, and demonstrate compliance with the NOP Rule. Organic products must be tracked back to receiving. All records must be accessible to the inspector for review and copying during normal business hours.* |  |
| 14a. Please describe how records track finished products back to the receiving of ingredients:       | [ ]  |
| 14b.Please describe your lot and or numbering system:       | [ ]  |
| 14c. Where is the lot number located on the finished product packaging?       | [ ]  |
| 14d. RECORDS: Which of the following records do you keep for organic production?**[ ]**  Receiving records **[ ]** Ingredient invoices, BOLs, Certificates of Analyses [ ]  Supplier certificates [ ]  Documentation of commercial unavailability for non-organic ingredients used in 95% organic products [ ]  Weight tickets [ ]  Verification of non-GMO, non-irradiated, no sewage sludge, National List annotations [ ]  Cleaning and sanitation records [ ]  Pest control records [ ]  Employee training records [ ]  Sampling and inspection records [ ]  QA reports [ ]  Ingredient inventory reports [ ]  Finished goods inventory reports [ ]  Export certificates [ ]  Label use records [ ]  Storage records that show storage location, identification, amounts, and cleaning activities [ ]  Clean transport records [ ]  Sales records (purchase order, contract, invoice, cash receipts, cash receipt journal, sales journal, etc.) [ ]  Shipping records (scale ticket, dump station ticket, bill of lading) [ ]  Transaction Certificates [ ]  Audit control summary [ ]  Complaint log [ ]  Other:      Are all records that verify organic compliance maintained for a minimum of 5-years beyond creation?[ ]  Yes [ ]  No | [ ]  |
| 14e. Which of the following records do you keep for conventional production? [ ]  Not applicable, no conventional [ ]  Same as the records listed above [ ]  other:        | [ ]  |
| Section 17: Traceback and Mass Balance |
| During the on-site inspection, inspectors are expected to conduct thorough trace-back audits and mass balance audits to verify traceability and record-keeping requirements (*§*205.103). Please make sure to have the documentation available needed to complete a mass balance and trace back during the onsite audit. Please note that the inspector will pick a product to conduct a traceback and choose the time frame to conduct a mass balance (may range from 1 month- 1 year). *What is a traceback?**A traceback is a trail of documentation that can be used to trace the origin of product and material inputs. The system should also show that it can trace forward and indicate which customer(s) received the product. This is usually accomplished by lot coding materials throughout a process and recording these lot codes at different points in the process.*  ***What is a mass balance?*** *A mass balance is defined as a reconciliation of the amount of incoming raw material against the amount used in the resulting finished products, taking into account process waste and rework. The purpose is to verify that the organic inputs purchased and used by the operation are sufficient in quanitity to produce the organic products that were sold.* *Each operation’s record system keeping is distinctive, however example of documents that can be used to complete a mass balance are:* * *Ingredients receiving records and purchase invoices*
* *Inventory records for raw and finished goods*
* *Harvest logs*
* *Sales and shipping records for finished goods*

*References:* *NOP Guidance 2602 Instruction Recordkeeping:* [*https://www.ams.usda.gov/sites/default/files/media/2602.pdf*](https://www.ams.usda.gov/sites/default/files/media/2602.pdf) |

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| SECTION 15: Affirmation  |
| I affirm that all statements made in this application are true and correct. I understand that the operation may be subject to unannounced inspection and/or sampling for residues at any time as deemed appropriate to ensure compliance with the Organic Foods Production Act of 1990 and National Organic Program Rules and Regulations. I understand that acceptance of this questionnaire in no way implies granting of certification by the certifying agent. I agree to provide further information as required by the certifying agent. **Name and Signature of Operator**      **Date**       I have attached the following documents: [ ]  Map(s)  [ ]  Flow Chart [ ]  Supplier List [ ]  Product Formulation Worksheet(s) [ ]  Materials List [ ]  SOP(s) and/or SSOP(s) [ ]  Private Label Agreement [ ]  Organic product label(s), if applicable [ ]  Equivalency Agreements OSP Addendum [ ]  Warehouse Affidavit(s) [ ]  Other:       [ ]  I have made copies of this questionnaire and other supporting documents for my own records.**Submit completed form, fees, and supporting documents to:*****Organic Certification Program******Primus Auditing Ops******1259 Furukawa Way******Santa Maria, CA 93458******805.623.5563******PrimusOrganic@primusauditingops.com******www.primusauditingops.com*** |