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| **GENERAL INFORMATION** | | |
| **CERTIFIED ENTITY** | **Name**  **Client ID:** PLc-OR-\_\_\_\_ | |
| **Inspected location where this on site visit was conducted** | **Name** (if different from certified entity):  **Exact address:** | |
| **Inspector name:** |  | |
| **Inspector contact information:** | **Telephone**        **e-mail** | |
| **Date Inspected:** |  | |
| **Inspection duration:** | **Time arrived:**       **Time departed:** | |
| **Please confirm that you have received prior to the inspection the following documents:** | Organic System Plan Specific instructions within this report  Format  Previous inspection report  Last certification decision documents | Yes  No  Yes  No  Yes  No  Yes  No |
| **Please confirm that during the inspection you had a copy of the NOP Standards NOP Guidances, Policy Memos and Instructions applicable to this inspection.** | Yes  No  - if No, explain why: | |
| **Who was the authorized representative knowledgable of the operation with whom you conducted the inspection and the exti interview?** |  | |
| **Person(s) Interviewed (name and position)** |  | |
| **Were there any limitation(s) that difficulted the activities and objectives of this inspection** | No  Yes.. If Yes, please describe, | |
| **Did you see any aspects of the crop management plan that might not be manageable with available equipment or resources?** | No  Yes If yes, please describe, | |
| **Did you find any serious organic integrity issues that deserve immediate attention and a rush review?** | No  **Yes -- needs a RUSH review**  If yes, please describe, | |
| **Date this report was submitted to Primus Auditing Ops:** |  | |
| **Brief Narrative Description of the operation and this audit:** | | |

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| **Follow up on previous non compliances or requirements for certification continuation** | |
| Please describe how each one of the non compliances or additional requiremenst identified in the certification decision letter have been corrected and implemented. | |
| **Non compliance / additional requirements** | **Inspector verification** |
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| **Specific Instructions** | |
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**Inspection Report based on the verification of the**

**different sections of the Organic System Plan**

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| SECTION 1: General Information NOP Rule 205.401 |
| **Please confirm that the information of this OSP section was verified as current and correct. Comment any discrepancies/changes:** |
| **Did the applicant have a current copy of the NOP standards?**  Yes  No If No, please explain |
| **Did the applicant demonstrate comprehensive understanding of and commitment to follow National Organic Standards?**  Yes  No If No, please explain |
| **Specific Instructions** |
| **Insert more Specific Instructions here by typing over this text or delete this row**  **r**  Inspector verification**:** |
| **Insert more Specific Instructions here by typing over this text or delete this row**  Inspector verification**:** |

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| SECTION 1: Scope verificatiON: LAND, CROPS, PRODUCTS NOP Rule 205.201(a) and 205.202(a) and (b) |
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| **PLEASE BE VERIFY CAREFULLY OSP SECTIONS 1a, 1b AND 1c**  **AS THEY REPRESENT THE SCOPE OF THE AUDIT**  **AND WILL DETERMINE WHAT WILL BE LISTED IN THE CERTIFICATE.** |
| **CHANGES TO CERTIFICATE:**  **Please compare with applicant current certificate with these sections 1a, 1b and 1c and clearly identify anything that has been added or removed:**  No changes from current certificate  The following changes are being requested to be made to certificate: |

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| 1.a: Fields - LAND TO BE CERTIFIED |  |
| **Please confirm that the information of this OSP section was verified as current and correct. Comment any discrepancies/changes.** If there are any changes, please note them in the table 1a of the OSP, sign and date this table, have applicant do the same and attach it to your report.  No changes in OSP Table 1a  The following changes were made in OSP Table 1a and a modified, signed and dated version is attached to this report: | |
| **Specific Instructions** | |
| **Insert more Specific Instructions here by typing over this text or delete this row**  Inspector verification**:** | |
| **Insert more Specific Instructions here by typing over this text or delete this row**  Inspector verification**:** | |

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| 1.b: Crops - TO BE LISTED IN THE FARM CERTIFICATE |  |
| **Please confirm that the information of this OSP section was verified as current and correct. Comment any discrepancies/changes.** If there are any changes, please note them in the table 1b of the OSP, sign and date this table, have applicant do the same and attach it to your report  No changes in OSP Table 1b  The following changes were made in OSP Table 1b and a modified, signed and dated version is attached to this report: | |
| **Have all crops requested for certification been planted?**  Yes  NoIf No, explain**.** | |
| **Comment upon the crops inspected, including any general conditions of crops and other general observations:** | |
| **Specific Instructions** | |
| **Insert more Specific Instructions here by typing over this text or delete this row**  Inspector verification**:** | |
| **Insert more Specific Instructions here by typing over this text or delete this row**  Inspector verification**:** | |

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| 1c: Products - TO BE LISTED IN CERTIFICATE BY ID MARK AND MARKET NOP Rule 205.201(a) |
| **Please confirm that the information of this OSP section was verified as current and correct. Comment any discrepancies/changes. If there are any changes, please note them in the table 1c of the OSP, sign and date this table, have applicant do the same and attach it to your report**  No changes in OSP Table 1c  The following changes were made in OSP Table 1c and a modified, signed and dated version is attached to this report: |
| **Did you verify which labels are in use (including but not limited to label binder review, interview, physical inspection of packaging material and label storage area, and physical inspection of finished product warehouse)?**  Yes  No  - If no, please explain |
| **Are some labels used or to be used different from those approved by Primus Auditing Ops?**  Yes  No  - If yes, please explain (and attach legible color copies/pictures)  Are some labels non compliant with NOP labeling requirements? |
| **Specific Instructions** |
| **Insert more Specific Instructions here by typing over this text or delete this row**  Inspector verification**:** |
| **Insert more Specific Instructions here by typing over this text or delete this row**  Inspector verification**:** |

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| SECTION 2: Land requirements NOP Rule 205.201(a) and 205.202(a) and (b) |  |
| **FOR ALL NEW FIELDS:** N/A - No new fields  **Please confirm the accuracy of the Field History Affidavits, describe any change or difference.** | |
| **FOR ALL NEW FIELDS:** N/A - No new fields  **Explain what evidence is available to demonstrate that no prohibited substance has been used in the previous 3 years of all newly rented or purchased fields.** | |
| **THE FOLLOWING QUESTIONS ARE APPLICABLE TO ALL FIELDS:**  **Did you see any evidence of prohibited input use this year or residual from previous years?** Yes  No  **If YES, describe in detail all facts, observations and evidence and clearly indicate in which fields** | |
| **Have all fields distinct and defined boundaries easily distinguishable in the ground and accurately reflected in their maps** (maps must be updated every year to show current adjoining land use)?  Yes  No If No, describe in detail:  **Is total field acreage and total crop acreage clearly defined for each field and consistent among maps, Field Histories, Annual Field Information, and this Organic System Plan?**  Yes  No. If no, describe in detail | |
| **Have buffer zones been established?** (adequacy of buffer zones is discussed in section 7)  Yes, and inspector considers them sufficient to prevent unitentional drift  Yes, but inspector considers they are not sufficient to prevent unitentional drift (refer to section 7 for more details)  No, and based on current adjoining land use inspector considers they are not needed.  No, and based on adjoining land use inspector considers they are needed (refer to section 7 for more details).  Please explain in section 7 your answer describing all objective facts and evidence. | |
| *Maps for each field must be current and dated. An updated (revised or new) map must be submitted whenever information on the map changes (field numbers, acres, buffers, adjoining land use, etc.). Show boundaries and area to be certified. The map should be 8 1⁄2 x 11”. This may be a county parcel map, Farm Service Agency map, aerial photograph, or a detailed hand-drawn map, as long as it is clearly readable when photocopied. The map should include the following: field name(s)/number(s), boundaries and area to be certiried (acres), north arrow, adjoining land use(s), buffers (if applicable), windbreaks, hedgerows or woodlands, and landmarks such as buildings, farm or public roads, railroad tracks*  **Are there accurate and complete maps for each field?**  Yes  No. If No, describe in detail: | |
| **Please confirm that the information of this OSP section was verified as current and correct. Comment any discrepancies/changes:** | |
| **Specific Instructions** | |
| **Insert more Specific Instructions here by typing over this text or delete this row**  Inspector verification**:** | |
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| SECTION 3: Seeds and Planting Stock NOP Rule 205.204 |  |
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| 3.a: Seeds and Seed Treatments |  |
| *NOP Rule requires the use of organically grown seeds, unless the variety is not commercially available. If using non-organic seeds, producer must have records of attempts to source organic seed. Synthetic seed treatments are prohibited unless included on the National List. Genetically engineered/modified (GMO) seeds and inoculants are prohibited in organic production. NOP Rule uses the phrase "excluded methods" to refer to GMO products. It is advised that producer saves all seed and inoculant labels, and documentation of commercial unavailability of organic seeds to show the inspector.* | |
| **Please confirm that the information of this OSP section was verified as current and correct. Comment any discrepancies/changes:** | |
| **Are records available detailing sources, varieties and purchases for all seeds and inoculants?**  Yes  No  If this is not available for all seed, please list which seed or inoculant is missing documentation | |
| **Does the applicant maintain commercial availability forms for non-organic seed used?**  Yes  NoPlease list non-organic seed used for which there is no commercial availability documentation: | |
| **Is any non-organic seed used treated with synthetic seed treatments?**  Yes  No  - If so, please list which seed and the treatment compound, and note if the use of the treatment is the result of Federal or State phytosanitary regulations**.** | |
| **Did you see any indication that any genetically engineered/modified (GMO) seeds or inoculants are used by the applicant anywhere in the operation?**  Yes  No  - If so, which crops are GMO or grown using genetically modified inoculant?  - If Non-GMO Affidavits are not available for seed used in non-organic portions of the operation, please list the developer and variety of seed missing Non-GMO Affidavits**.** | |
| **Please conduct a mass balance for certified prganic seed purchased vs acreage planted.** Choose one or more crops and verify all seed purchase documents (invoice, BoL) and compare them with planting records. Verify if total acreage is consistent with total seed purchased. Explain your findings and show your calculations | |
| **Specific Instructions** | |
| **Insert more Specific Instructions here by typing over this text or delete this row**  Inspector verification**:** | |
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| 3b: Source of Seedlings and Perennial Stock NOP Rule 205.204 |  |
| *Annual seedlings must be produced according to organic standards. Non-organic perennial plants (planting stock) must be managed organically for at least one year prior to harvest of crop or sale of the plant as certified organic planting stock. Organic planting stock must be used if commercially available. A prohibited treatment may be used only if such treatment is a Federal or State phytosanitary requirement. Annual seedlings or transplants must always be organic per § 205.204(a)(3), unless producer has been granted a temporary variance by the Agricultural Marketing Services (AMS) Administrator in accordance with § 205.290(a)(2) due to an extreme weather event or business disruption beyond the control of the producer.* | |
| **A. IF SEEDLING IS PURCHASED**  Not applicable | |
| **Please confirm that the information of this OSP section was verified as current and correct. Comment any discrepancies/changes:** | |
| **Are records available detailing sources, varieties, and non-GMO status for all seedlings and/or perennial stock?**  Yes  No  **- If this is not available, please list which seedling/planting stock is missing documentation:** | |
| **Did you see documentation that verifies that annual seedlings are purchased or obtained from a certified facility?**  Yes  No  - If yes, please cite the facility and certification body for all certified organic seedlings | |
| **Please conduct a mass balance for certified organic seedlings purchased vs acreage planted.** Choose one or more crops and verify all seedlings purchase documents (invoice, BoL) and compare them with planting records. Verify if total acreage is consistent with total seedlings purchased. Explain your findings and show your calculations | |
| **If conventional seedlings are used), does the applicant have documentation from the USDA permitting the use of non-organic annual seedlings as an emergency measure (temporary variance)?**. Yes  No  N/A **,** no conventional seedling used | |
| **Specific Instructions** | |
| **Insert more Specific Instructions here by typing over this text or delete this row**  Inspector verification**:** | |
| **Insert more Specific Instructions here by typing over this text or delete this row**  Inspector verification**:** | |

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| **B. IF ORGANIC SEEDLINGS ARE GROWN ON-FARM:**  Not applicable |
| **Please confirm that the information of this OSP section was verified as current and correct. Comment any discrepancies/changes:** |
| **Please conduct a mass balance for certified organic seedlings produced on farm vs acreage planted.** Choose one or more crops and verify all seedlings production records and compare them with planting records. Verify if total acreage is consistent with total seedlings produced. Explain your findings and show your calculations |
| **Specific Instructions** |
| **Insert more Specific Instructions here by typing over this text or delete this row**  Inspector verification**:** |
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| **C. IF BOTH ORGANIC AND NON-ORGANIC PLANTS ARE GROWN IN THE GREENHOUSE:**  Not applicable |
| **Please confirm that the information of this OSP section was verified as current and correct. Comment any discrepancies/changes:** |
| **Specific Instructions** |
| **Insert more Specific Instructions here by typing over this text or delete this row**  Inspector verification**:** |
| **Insert more Specific Instructions here by typing over this text or delete this row**  Inspector verification**:** |

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| **D. PLANTING STOCK FOR PERENNIAL CROPS:**  Not applicable |
| **Please confirm that the information of this OSP section was verified as current and correct. Comment any discrepancies/changes:** |
| **Have non organic perennial planting stock been managed organically for at least one year before harvest?**  Yes  No  N/A **,** no non organic planting stock used |
| **Specific Instructions** |
| **Insert more Specific Instructions here by typing over this text or delete this row**  Inspector verification**:** |
| **Insert more Specific Instructions here by typing over this text or delete this row**  Inspector verification**:** |

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| SECTION 4: Soil and Crop Fertility Management NOP Rule 205.203 and 205.205 |  |
| A. GENERAL INFORMATION AND EVALUATION: | |
| **Please confirm that the information of this OSP section was verified as current and correct. Comment any discrepancies/changes:** | |
| **Specific Instructions** | |
| **Insert more Specific Instructions here by typing over this text or delete this row**  Inspector verification**:** | |
| **Insert more Specific Instructions here by typing over this text or delete this row**  Inspector verification**:** | |

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| **List all fertility inputs used or intended for use in the current season on proposed organic and transitional fields.***.* |
| **Please confirm that the information of this OSP section was verified as current and correct. Comment any discrepancies/changes:** |
| **Based on purchase records, inventory records, physical verification of warehouse, application records and other relevant documents, please list all fertility inputs being used in the organic farm operation that ARE NOT included in the Organic System Plan:**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Brand name** (provide specific formulation used) | **Supplier** | **Reason to use** | **Where Used**  (field and crop) | **When Used**  (last application) | **Comments** | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |   **Attach legible copy/picture of labels for all products listed here.** |
| **Specific Instructions** |
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| **Insert more Specific Instructions here by typing over this text or delete this row**  Inspector verification**:** |

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| **B. ON-FARM COMPOSTING:**  Not applicable  *NOP Rule 205.203(c)(2) requires that the composting process include a C:N ration of between 25:1 and 40:1, frequent turning and maintenance of temperatures between 131ºF. and 170ºF for a specific number of days, depending on the method of composting.*  ***NOP Guidance 5021*** *provides further information.* |
| **Please confirm that the information of this OSP section was verified as current and correct. Comment any discrepancies/changes:** |
| **Please describe the composting process including any documentation maintained verifying the process is compliant with NOP 205.203 requirements and/or NOP Guidance 5021**. Be specific on which documentation was reviewed and give examples. |
| **Specific Instructions** |
| **Insert more Specific Instructions here by typing over this text or delete this row**  Inspector verification**:** |
| **Insert more Specific Instructions here by typing over this text or delete this row**  Inspector verification**:** |

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| **C. MANURE USE:**  Not applicable  *NOP Rule 205.203(c)(1) requires that raw manure be fully composted unless applied to fields with crops not for human consumption or incorporated into the soil 120 days prior to harvest for crops whose edible portions has direct contact with the soil, or 90 days prior to harvest for all other crops for human consumption.*  ***NOP Guidance 5006*** *provides further information for the use of processed (dried and heated) uncomposted manure.* |
| **Please confirm that the information of this OSP section was verified as current and correct. Comment any discrepancies/changes:** |
| **If uncomposted manure is used, please verify its use is compliant with NOP 205.203 requirements (pre-harvest interval) and/or to NOP Guidance 5006.** Please do a spot check of records and report the specific documents reviewed and the evidence obtained (field, crop, application date, harvest date). |
| **Specific Instructions** |
| **Insert more Specific Instructions here by typing over this text or delete this row**  Inspector verification**:** |
| **Insert more Specific Instructions here by typing over this text or delete this row**  Inspector verification**:** |

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| **D. NATURAL RESOURCES:**  NOP Rule 205.200 and 205.203(a) requires that production practices maintain or improve the natural resources of the operation, including soil and water quality. Practices must minimize erosion. |
| **Please confirm that the information of this OSP section was verified as current and correct. Comment any discrepancies/changes:** |
| **Did you see any evidence of erosion?**  Yes  No  - If YES, please list which fields, describe the situation. Explain if it is a systematic/extended problem or an isolated one (give a sense of proportion): |
| **Specific Instructions** |
| **Insert more Specific Instructions here by typing over this text or delete this row**  Inspector verification**:** |
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| SECTION 5: Crop Rotation NOP Rule 205.205 |  |
| *NOP Rule requires a crop rotation plan that maximizes soil organic matter content, prevents weed, pest, and disease problems, and manages deficient or excess plant nutrients. Crop rotation may include sod, cover crops, green manure crops, and catch crops. Producers must utilize sanitation measures to remove disease vectors, weed seeds, and habitat for pests. Cultural practices, including selection of plant species and varieties adapted to site-specific conditions, must be used to enhance crop health.* | |
| **Please confirm that the information of this OSP section was verified as current and correct. Comment any discrepancies/changes:** | |
| **Please describe in detail the primary rotation being used for the fields to be certified and if it meets the NOP rotation objectives as.** | |
| **Specific Instructions** | |
| **Insert more Specific Instructions here by typing over this text or delete this row**  Inspector verification**:** | |
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| SECTION 6: Crop pest, weed and disease management NOP Rule 205.206 |  |
| *NOP Rule requires management practices to prevent phytosanitary problemas Producers must utilize sanitation measures to remove disease vectors, weed seeds, and habitat for pests. Cultural practices, including selection of plant species and varieties adapted to site-specific conditions, must be used to enhance crop health.*  *Approved synthetic materials on the National List 205.601 may only be used when management practices are documented to be insufficient to prevent or control problems. All weed, pest, and disease inputs must be approved. A "restricted" input has specific annotations for its use. If you use a "restricted" material, you must provide evidence of how you address the materials' annotation.* | |

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| **A. WEED MANAGEMENT PLAN:** |
| **Please confirm that the information of this OSP section was verified as current and correct. Comment any discrepancies/changes:** |
| **Specific Instructions** |
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| **B. PEST MANAGEMENT PLAN:** |
| **Please confirm that the information of this OSP section was verified as current and correct. Comment any discrepancies/changes:** |
| **Specific Instructions** |
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| **Insert more Specific Instructions here by typing over this text or delete this row**  Inspector verification**:** |

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| **List all pest control products used or intended for use in the current season on organic and transitional fields.** *.* |
| **Please confirm that the information of this OSP section was verified as current and correct. Comment any discrepancies/changes:** |
| **Based on purchase records, inventory records, physical verification of warehouse, application records and other relevant documents, please list all pest contrtol inputs being used in the organic farm operation that ARE NOT included in the Organic System Plan:**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Brand name** (provide specific formulation used) | **Supplier** | **Reason to use** | **Where Used**  (field and crop) | **When Used**  (last application) | **Comments** | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |   **Attach legible copy/picture of label for all products listed in this table.** |
| **Specific Instructions** |
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| **C. DISEASE MANAGEMENT PLAN** |
| **Please confirm that the information of this OSP section was verified as current and correct. Comment any discrepancies/changes:** |
| **Specific Instructions** |
| **Insert more Specific Instructions here by typing over this text or delete this row**  Inspector verification**:** |
| **Insert more Specific Instructions here by typing over this text or delete this row**  Inspector verification**:** |

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| **List all disease management inputs used or intended for use on your organic and transitional fields/crops***.* |
| **Please confirm that the information of this OSP section was verified as current and correct. Comment any discrepancies/changes:** |
| **Based on purchase records, inventory records, physical verification of warehouse, application records and other relevant documents, please list all disease management inputs being used in the organic farm operation that ARE NOT included in the Organic System Plan:**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Brand name** (provide specific formulation used) | **Supplier** | **Reason to use** | **Where Used**  (field and crop) | **When Used**  (last application) | **Comments** | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |   **Attach legible copy/picture of label for all products listed in this table.** |
| **Specific Instructions** |
| **Insert more Specific Instructions here by typing over this text or delete this row**  Inspector verification**:** |
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| SECTION 7: Maintenance of Organic Integrity NOP Rule 205.201(a)(5) and 205.202(c) |  |

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| A. Adjoining Land Use:  *NOP RULE requires that organic production areas have distinct boundaries and buffer zones to prevent the unintended application of a prohibited substance or contact with a prohibited substance that is applied to adjoining land not under organic management. Adjoining land includes crop land, pastures, residential property, fallow land, etc. Buffer areas may change annually, depending on contamination potential from adjoining land uses. The width of the minimum buffer is dependent on certifying agent policy. The NOP Rule requires that the buffer must be sufficient in size or other features (windbreaks, diversion ditches) to prevent the unintended contact by prohibited substances applied to adjacent land areas. Crops within the required buffer must be left unharvested or harvested, stored, and disposed of as nonorganic crop, with records kept of crop disposition. Indicate buffer zones and show all adjoining land uses on your field maps*. |
| **Buffer areas (continuation from section 2, land requirements)**  **Please conduct a risk assessment for contamination from adjoining land use and list the main contamination risks currently present.**    **Please describe main buffer areas in terms of size and other features:**    **Please explain why do you think your buffer areas are / are not sufficient as described in section 2 of this report.**    If crop is harvested from buffer areas, describe use (sale, non-organic livestock feed, seed, etc) and describe if commingling risk is adequately managed. |
| **Please confirm that the information of this OSP section was verified as current and correct. Comment any discrepancies/changes:** |
| **Specific Instructions** |
| **Insert more Specific Instructions here by typing over this text or delete this row**  Inspector verification: |
| **Insert more Specific Instructions here by typing over this text or delete this row**  Inspector verification: |

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| B. SPLIT PRODUCTION: |
| **Please confirm that the information of this OSP section was verified as current and correct. Comment any discrepancies/changes:** |
| **If parallel production is occurring, the non-organic fields in parallel production with the organic crops must be inspected**. List non organic fields visited here**:** |
| **Describe the documentation reviewed (including audits of production and sales records for the organic and non-organic crop) indicating that practices are in place that will assure contamination of the organic crop from parallel production will not occur during production and handling** |
| **Does the applicant appear to have the management, administrative ability and audit trail (input sourcing, production, harvest, storage, and disposition records) to track the organic and non-organic crops from seed to sale?**  Yes  No Describe. |
| **Specific Instructions** |
| **Insert more Specific Instructions here by typing over this text or delete this row**  Inspector verification**:** |
| **Insert more Specific Instructions here by typing over this text or delete this row**  Inspector verification**:** |

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| C. EQUIPMENT:  *To prevent commingling and contamination, all equipment used in organic crop production must be free of non-organic crops and prohibited materials, Equipment used for both organic and non-organic farming must be cleaned and flushed prior to use on organic fields or crops.* |
| **Please confirm that the information of this OSP section was verified as current and correct. Comment any discrepancies/changes:** |
| **Please verify that spray equipment being used for organic production is dedicated organic or that a documented clean-out program is in place. Is it suffiient to prevent contamination?** Report your findings: |
| **Did you see evidence (may include but is not limited to documentation) that equipment used on both organic and non-organic crops (including custom equipment) is cleaned prior to use on the organic fields?**  Yes  No Explain: |
| **Specific Instructions** |
| **Insert more Specific Instructions here by typing over this text or delete this row**  Inspector verification**:** |
| **Insert more Specific Instructions here by typing over this text or delete this row**  Inspector verification**:** |

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| **D. HARVEST:**  *NOP Rule 205.272(b)(1) and (2) requires that containers, bins, and packaging materials must not contain synthetic fungicides, preservatives, or fumigants. All reusable containers must be thoroughly cleaned and pose no risk of contamination prior to use.* |
| **Please confirm that the information of this OSP section was verified as current and correct. Comment any discrepancies/changes:** |
| Describe steps taken to protect organic crops from commingling and contamination during harvest. |
| **Specific Instructions** |
| **Insert more Specific Instructions here by typing over this text or delete this row**  Inspector verification**:** |
| **Insert more Specific Instructions here by typing over this text or delete this row**  Inspector verification**:** |

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| **E. POST-HARVEST HANDLING:**  *NOP Rule 205.201(a)(5) requires that post-harvest handling procedures do not contaminate organic products with non-organic crops or prohibited materials. For on-farm processing, you may need to complete an Organic Handling Plan Questionnaire.* |
| **Please confirm that the information of this OSP section was verified as current and correct. Comment any discrepancies/changes:** |
| **If water comes into contact with organic products during post-harvest handling, is a current bacteriological and nitrate test available?**  Yes  No List results if a current test (< 1 year old) is not attached to the OSP: |
| **If Chlorine is used, confirm the accuracy of this OSP section. Are NOP Guidance 5026 requirements met?**  Yes  No  N/A, chlorine not used If NO, explain: |
| **Please briefly describe pest control procedures used at all post-harvest and/or handling facilities, including a list of substances used and describe if they may pose a contamination risk** |
| **Specific Instructions** |
| **Insert more Specific Instructions here by typing over this text or delete this row**  Inspector verification**:** |
| **Insert more Specific Instructions here by typing over this text or delete this row**  Inspector verification**:** |

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| **F. CROP STORAGE:**  No organic crop storage  *Operators must keep organic and non-organic crops in separate storage areas and prevent commingling and contamination. Storage records must be maintained* |
| **Please confirm that the information of this OSP section was verified as current and correct. Comment any discrepancies/changes:** |
| **Specific Instructions** |
| **Insert more Specific Instructions here by typing over this text or delete this row**  Inspector verification**:** |
| **Insert more Specific Instructions here by typing over this text or delete this row**  Inspector verification**:** |

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| **G. TRANSPORTATION:**  Not applicable |
| **Please confirm that the information of this OSP section was verified as current and correct. Comment any discrepancies/changes:** |
| **Specific Instructions** |
| **Insert more Specific Instructions here by typing over this text or delete this row**  Inspector verification**:** |
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| SECTION 8: Record Keeping System NOP Rule 205.103 |  |
| *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 the field/location where they were produced/harvested. All records must be accessible to the inspector.* | |

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| A. RECORDS: |
| *Records must be available for the inspector for review and copying during normal business hours*Please list any records that were requested but were not available for your review and explain the situation |
| **Please confirm that the information of this OSP section was verified as current and correct. Comment any discrepancies/changes:** |
| Are records kept for at least 5 years?  Yes  No- What evidence supports your answer? |
| **Specific Instructions** |
| Complete the Trace Back and the Mass Balance audit exercises attached to this section. If not done, please explain in detail why: |
| **Insert more Specific Instructions here by typing over this text or delete this row**  Inspector verification**:** |
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| **B. MARKETING:** |
| **Please confirm that the information of this OSP section was verified as current and correct. Comment any discrepancies/changes:** |
| **Specific Instructions** |
| **Insert more Specific Instructions here by typing over this text or delete this row**  **Inspector verification:** |
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| **TRACE BACK:**  **Conduct at least one trace back analysis and report your results.** Choose a product from title transfer document (invoice or BoL) and trace it back to field of origin. Verify if product can be traced back from sale, through storage, harvest, crop management practices, planting and seed. List all documents reviewed and identify in each document the piece of information that allows to link it to the next document   |  |  |  |  | | --- | --- | --- | --- | | **Number** | **Name of document** | **Linking information**  **to previous and following document** | **Other comments (findings)** | | **FIRST LINE** | *Start with an invoice or BoL (a title transfer document)* |  |  | | **2** |  |  |  | |  | | **3** |  |  |  | |  | | **4** |  |  |  | |  | | **5** |  |  |  | |  | | **6** | Insert more rows as needed |  |  | |  | | **LAST LINE** | End with planting in field of origin |  | | |
| **Specific Instructions** |
| **Insert more Specific Instructions here by typing over this text or delete this row**  Inspector verification**:** |
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| **MASS BALANCE**  **Please conduct an annual inventory balance for crops sold as organic compared to crops planted (acreage) and harvested.** Choose one crop based on a risk analysis (difficulty to grow organic, market demand, price premium, parallel production, etc). Please summarize the audit and results in a narrative fashion. Show your calculations |
| **Specific Instructions** |
| **Insert more Specific Instructions here by typing over this text or delete this row**  Inspector verification**:** |
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| SAMPLING NOP Rule 205.403(c)(3), 205.670(b) |
| **Specific Instructions** |
| **Insert more Specific Instructions here by typing over this text or delete this row**  Inspector verification**:** |
| **Insert more Specific Instructions here by typing over this text or delete this row**  Inspector verification**:** |
| **Sampling Conducted:**  **Were there any samples collected?**  Yes  No  If yes, provide, as applicable, information regarding   |  |  | | --- | --- | | a. Number and type of samples collected |  | | b. Reason for sampling |  | | c. Name of person collecting samples |  | | d. Sample collection procedures | Did the procedure used follow Primus Auditing Ops SOP for sampling?  Yes  No  If No, explain why | | e. Sample preservation methods |  | | f. Copies of receipts for samples taken | Did the applicant received a copy of receipt? Yes  No  If No, explain why | | g. Sample transportation |  | | h. Date submitted |  | | i. Chain of custody documentation |  | | j. Laboratory used |  | | k. Tests requested |  | | m. Test cost | Did the inspector had or will have to pay for this test? Yes  No  If Yes, explain why | |