

## Organic System Plan for Crops

Please fill out this questionnaire if you are requesting organic farm/crop certification. Use additional sheets if necessary. You must submit farm maps, field history sheets and all other supporting documents (input labels, soils or tissue test, rented or recently purchased land histories, etc.). **This form must be 100% filled out in order for your application to be considered. Incomplete applications will not be forwarded to the inspector.**

SECTION 1: General Information		NOP Rule 205.401
Name	Farm Name	Date
Legal status: <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Legal partnership (federal form 1065) <input type="checkbox"/> Trust or non-profit <input type="checkbox"/> Cooperative <input type="checkbox"/> Other (specify):		
Year first certified	List prior agencies of organic certification	List current agencies of organic certification
List all crops or products requested for certification. (As you would like to have listed on your certificate)		
Do you have a copy of current organic standards? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you intend to certify any livestock (slaughter stock, dairy, or layers) this year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, have you filled out an Organic Livestock Plan Questionnaire? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have any off-farm or on-farm processing done? (cleaning, bagging, bottling, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, have you filled out an Organic Handling Plan Questionnaire? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Give directions to your farm for the inspector:		
When are you available for the inspection? <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		
1. Did you have any noncompliances from last year's certification? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable		
a. If yes, please complete the following table; listing each noncompliance.		
<b>Noncompliance</b>	<b>Date of Notice</b>	<b>Corrective Action Update</b>
2. Have you ever been denied certification? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable		
b. If yes, please describe the circumstances, including the certification agent involved, the reason certification was denied, and any steps taken:		
3. Has your certification ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable		
a. If yes, please describe the circumstances, including the certifying agent involved, the reason certification was suspended or revoked, and any steps taken:		







B. GREENHOUSE

Not applicable

1. Please complete this table for each greenhouse, hoop house, or cold frame.

ID	Type	Size	Dedicated Organic	Plants are planted in:	
				Ground	Pots
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. List all soil mix or growing medium ingredients used or planned for use in your greenhouse.

Product	Brand name or source	Approved			
		NOP	ISDA	WSDA	OMRI
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. What equipment do you use in your watering system?

4. Do you grow non-organic crops in your greenhouse?  Yes  No

a. If yes, how do you separate and identify organic and non-organic growing areas?

b. If yes, how do you label organic and non-organic seedlings/plants?

c. If yes, how do you prevent commingling of organic and non-organic soil mixes during mixing and storage?

d. If yes, how do you prevent drift of prohibited materials through ventilation and/or watering systems?

e. If yes, how do you clean seedling containers and equipment?

Name:

Date:

A. GENERAL INFORMATION AND EVALUATION:

1. What are your general soil types?
  
2. What are your soil/nutrient deficiencies?
  
3. How do you monitor the effectiveness of your fertility management program?
  - soil testing                       tissue testing                       microbiological testing
  - observation of soil               observation of crop health               comparison of crop yields
  - crop quality testing               other (specify):
  
4. How often do you conduct fertility monitoring?
  - weekly               monthly               annually               as needed               other (specify):
  
5. Rate the effectiveness of your fertility management program.
  - excellent               satisfactory               needs improvement
  
6. What changes do you anticipate?
  
7. What are the major components of your soil and crop fertility plan?
  - crop rotation               inter-planting               green manure plow down/cover crops
  - soil amendments               summer fallow               incorporation of crop residues
  - on-farm manure               off-farm manure               biodynamic preparations
  - subsoiling               soil inoculants               side dressing
  - compost               foliar fertilizers               other (specify):
  
8. List all fertility inputs used or intended for use in the current season on proposed organic and transitional fields.  
*All inputs used during the current year and previous three years must be listed on the Field History Sheet.  
 Please attach input labels and soil tests as applicable.*

Not applicable

Product	Manufacturer	Approved			
		NOP	ISDA	WSDA	OMRI
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. If you use or plan to use restricted fertility inputs, how do you comply with the "annotation"?
  - Not applicable

10. If you use fertilizers with high salt content (sodium nitrate, potassium sulfate, etc.), how do you prevent salt build-up?  Not applicable

11. Do you burn crop residues?  Yes  No

a. If yes, please describe what materials are burned and why:

12. Do you apply sewage sludge to fields?  Yes  No

a. If yes, list fields where applied:

#### B. COMPOST USE:

You must maintain records verifying that compost production meets NOP 205.203(c)(2). Failure to have verification of compliance for compost containing animal manure will require 90 or 120 days between application and harvest.

1. Do you use compost?  Yes  No

2. Do you purchase compost?  Yes  No

3. Do you make your own compost?  Yes  No

a. If yes, what is the initial C:N ratio:

b. If yes, what composting method do you use?

in-vessel  static aerated pile  windrows  other (specify)

i. If in-vessel or static aerated pile system what temperature do you maintain?

ii. If in-vessel or static aerated pile system, how long do you maintain this temperature?

iii. If windrow system, what temperature do you maintain?

iv. If windrow system, how long do you maintain this temperature?

v. If windrow system, how many times are materials turned?

**C. MANURE USE:**

1. What forms of manure do you use?     none     liquid     semi-solid  
 piled     fully composted     other (specify)
2. What types of crops do you grow? Check all boxes that apply.  
 crops not used for human consumption  
 crops for human consumption whose edible portion has direct contact with the soil or soil particles  
 crops for human consumption whose edible portion does not have direct contact with the soil or soil particles
3. If you grow crops for human consumption and use raw manure, complete the following table:

Crop(s)	Field numbers	Date manure is applied	Expected date of harvest

4. What is the source of the manure you use?     on-farm     off-farm     Not applicable
5. List all sources of off-farm manure:
6. List all manure ingredients/additives:
7. If you use manure, what are the potential contaminants (pit additives, feed additives, pesticides, antibiotics, heavy metals, etc.) from these sources? *Attach residue analysis/additive specifications for manure, if available.*

**D. NATURAL RESOURCES:**

1. Biodiversity Management: Whole Farm Biodiversity Considerations.
- a. Does your field map include features such as hedgerows, woodlands, wetlands, riparian zones, and special habitats?     Yes     No
- b. List native plants present, and/or wildlife seen moving through farm (*note priority species*):
- c. What steps do you take to plan/provide for biodiversity conservation?  
 understand farm's location within watershed  
 ascertain what native plants and animals existed on the land before it was a farm  
 learn about regional natural areas and conservation priorities  
 work with neighbors/others to enhance biodiversity (connectivity, restoration, etc.)  
 other (describe/explain):

d. How do you manage water for the needs of crops/livestock, native species and riparian ecosystems?

- plant regionally appropriate crops                       conserve water  
 manage water for priority species                       retain/restore vegetated riparian buffers/wetlands  
 protect/improve natural hydrology/ecological function of riparian area  
 other (describe/explain):

2. Biodiversity Management: Uncultivated Area Biodiversity.

a. What actions do you take to provide habitat for pollinators, insect predators, birds and bats?

- bird/bat/bee boxes                       maintain/provide natural roosting/nesting/foraging sites  
 hedgerows/windbreaks                       other (describe/explain):

b. How are you restoring and/or protecting natural areas?

- manage for native plants/wildlife specific to the site                       preserve/restore wildlife corridors  
 native habitats not converted to farmland since certification                       establish legal conservation areas  
 other (describe/explain):

c. List problem invasives:

d. What actions do you take to control invasive plant/animal species, especially those threatening natural areas?

- use weed- and pest-free inputs                       suppress invasives using organic methods  
 monitor for new introductions and control immediately                       learn about invasives  
 other (describe/explain):

3. Biodiversity Management: Cropland Area Biodiversity.

a. How do you conserve and provide habitat for wildlife?

- wildlife-friendly fences                       companion planting/intercropping  
 crop diversity                       manage fallow fields for wildlife  
 other (describe/explain):

b. How do you schedule farm practices to benefit wildlife?

- plan fields to leave food/cover for wildlife                       avoid nests during breeding season  
 stagger mowing/tilling practices                       other (describe/explain):

c. Have you assessed the farm for biodiversity problems and greatest opportunities, and developed goals on a timeline for biodiversity conservation?                       Yes                       No

i. If yes, describe/explain:

d. How do you monitor farm biodiversity?

- visually                       species counts                       other (describe/explain)

4. Biodiversity Management: When livestock are involved.

No livestock involved

a. How do you protect riparian areas and sensitive habitats?

- fence without impacting wildlife                       control sensitive area access  
 prevent bank erosion                       animals fed away from water  
 other (describe/explain):

b. What are you doing to improve your pasture or rangeland?

- prevent overgrazing                       active grazing management system  
 reseed trampled/eroded areas         plant native pasture  
 prescribed burning                       other (describe/explain):

c. What wildlife-friendly management practices do you use?

- grazing scheduled when predation pressure low     guard animals  
 livestock spend night in protected area               circumstances of livestock death documented  
 other (describe/explain):

d. List problems with predators or other wildlife:

5. Biodiversity Management: Wild Harvest Enterprises.

No wild harvest

a. How do you maintain or improve the sustainability of the harvested species?

- harvest from stable populations     minimize disruption of priority species/sensitive habitats  
 avoid erosion                               allow re-establishment  
 monitor wild crop sustainability        other (describe/explain):

6. Soil Conservation

a. What soil conservation practices are used?

- terraces                       contour farming               conservation tillage               winter cover crops  
 firebreaks                       strip cropping               permanent waterways               under sowing/inter-planting  
 tree lines                       retention ponds               maintain wildlife habitat               riparian management  
 windbreaks                       other (specify):

b. What soil erosion problems do you experience (why and on which fields)?

none

c. Describe your efforts to minimize soil erosion problems listed above:

d. Describe how you monitor the effectiveness of your soil conservation program:

e. How often do you conduct conservation monitoring?

- weekly     monthly     annually     as needed     other (specify):

E. WATER USE:

Not applicable

1. Check the boxes that describe water use on your operation.

- irrigation                       livestock                       foliar sprays  
 washing crops                       greenhouse                       other (specify):

2. Source of water:

- on-site well(s)               river/creek/pond               spring  
 municipal/county               irrigation district               other (specify):

- a. If water is sourced from an irrigation district, what is the name of the managing company?
- b. If water is sourced from an irrigation district, how do you prevent unintended algaecide application to crops.  
 Documents from the irrigation district that show no applications  
 Documents from the irrigation district that show application dates and corresponding water shut offs
3. Type of irrigation system:  
 none       drip       flood       center pivot       other (specify):
4. What input products are applied through the irrigation system?  none
5. What products do you use to clean irrigation lines/nozzles?  none
6. Is the system shared with another operator?  Yes       No
- a. If yes, what products do they use?
7. Is the system flushed and documented between conventional and organic use?  Yes       No
8. What practices are used to protect water quality?  
 fencing livestock from waterways       scheduled use of water to conserve its use  
 tensiometer/monitoring       laser leveling/land forming  
 drip irrigation       micro-spray  
 sediment basin       compost/fertilizer stored away from water  
 other (specify):
9. List known contaminants in water supplies in your area (*Attach residue analysis and/or salinity test results, if applicable*):
10. Describe your efforts to minimize water contamination problems listed above.  Not applicable
11. Describe how you monitor the effectiveness of your water quality program.
12. How often do you conduct water quality monitoring?  
 weekly       monthly       annually       as needed       other (specify):

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**A. CROP ROTATION PLANS:**

1. Please describe your crop rotation(s).

Crop rotation plan	Field numbers where plan is followed	Anticipated changes

**B. WEED MANAGEMENT PLAN:**

1. What are your problem weeds?

2. What weed control methods do you use?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> crop rotation          | <input type="checkbox"/> field preparation              | <input type="checkbox"/> prevention of weed seed set |
| <input type="checkbox"/> delayed seeding        | <input type="checkbox"/> monitoring soil temperature    | <input type="checkbox"/> soil sterilization          |
| <input type="checkbox"/> use of hand tools      | <input type="checkbox"/> use of fast emerging varieties | <input type="checkbox"/> mechanical cultivation      |
| <input type="checkbox"/> hand weeding           | <input type="checkbox"/> mowing                         | <input type="checkbox"/> livestock grazing           |
| <input type="checkbox"/> flame weeding          | <input type="checkbox"/> steam weeding                  | <input type="checkbox"/> electrical                  |
| <input type="checkbox"/> smother crops          | <input type="checkbox"/> non-synthetic mulch            | <input type="checkbox"/> black fallow                |
| <input type="checkbox"/> synthetic mulch        | <input type="checkbox"/> soap-based herbicides          | <input type="checkbox"/> corn gluten                 |
| <input type="checkbox"/> other (specify): _____ |   |  |

3. List all weed control products used or intended for use in the current season on organic and transitional fields. *All inputs used or intended for use during the current year and in the previous three years must be listed on your Field History Sheet.*  Not applicable

Weed problem	Control product	Approved				If restricted, describe compliance with NOP rule annotation
		N O P	I S D A	W S D A	O M R I	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

4. Are any restricted weed management strategies implemented?  Yes  No

a. If you use plastic or other synthetic mulches, is the mulch removed at the end of the growing or harvest season?  Yes  No

i. If no, why not?

b. If you use corn gluten, is the corn genetically modified?  Yes  No

i. If no, what verification do you have?

c. If you use soap-based herbicides, list all areas where used:

d. If you use newspaper or other recycled paper for mulch, do you use paper with glossy or colored inks?  Yes  No

5. Rate the effectiveness of your weed management program:

excellent  satisfactory  needs improvement

6. What changes do you anticipate?

7. How do you monitor the effectiveness of your weed management program?

weed counts  records kept of observations/counts  
 observation of weed types  comparison of crop yields  
 other (specify):

8. How often do you conduct weed monitoring?

weekly  monthly  annually  as needed  other (specify):

### C. PEST MANAGEMENT PLAN:

1. What are your problem pests?  rodents  gophers  birds

insects (list):  
 other animals (specify):

2. Do you work with a pest control advisor?  Yes  No

a. If yes, give name and contact information:

3. What strategies do you use to control pest damage to crops?

<input type="checkbox"/> IPM	<input type="checkbox"/> crop rotation	<input type="checkbox"/> selection for plant species/varieties
<input type="checkbox"/> timing of planting	<input type="checkbox"/> companion planting	<input type="checkbox"/> development of habitat for natural enemies
<input type="checkbox"/> frog ponds	<input type="checkbox"/> bat houses.	<input type="checkbox"/> use of restricted products
<input type="checkbox"/> hand picking	<input type="checkbox"/> monitoring	<input type="checkbox"/> trap crops
<input type="checkbox"/> physical barriers	<input type="checkbox"/> physical removal	<input type="checkbox"/> use of approved products
<input type="checkbox"/> lures	<input type="checkbox"/> bird houses	<input type="checkbox"/> limited use of prohibited products
<input type="checkbox"/> animal repellents	<input type="checkbox"/> traps	<input type="checkbox"/> release of predators/parasites of pest species
<input type="checkbox"/> insect repellents	<input type="checkbox"/> other (specify):	

4. List all pest control products used or intended for use in the current season on organic and transitional fields. *All inputs used or intended for use during the current year and in the previous three years must be listed on your Field History Sheet.*  Not applicable

Pest problem	Control product	Approved				If restricted, describe compliance with NOP rule annotation
		N O P	I S D A	W S D A	O M R I	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

5. Rate the effectiveness of your pest management program?

excellent       satisfactory       needs improvement

6. What changes do you anticipate?

7. How do you monitor the effectiveness of your pest management program?

insect monitoring with traps       observation of crop health       comparison of crop yields  
 crop quality testing       monitoring records kept       other (specify)

8. How often do you conduct pest monitoring?

weekly       monthly       annually       as needed       other (specify):

9. Describe locations where treated wood is in contact with soil where organic crops are grown?

**D. DISEASE MANAGEMENT PLAN:**

1. What are your problem crop diseases?

2. What disease prevention strategies do you use?

crop rotation       field sanitation       limited use of prohibited materials  
 plant spacing       soil balancing       selection of plant species/varieties  
 solarization       vector management       timing of planting/cultivating  
 companion planting       use of restricted materials       use of approved materials  
 compost/tea use       other (specify):

3. List all disease management inputs used or intended for use on your organic and transitional fields/crops. *All inputs used or intended for use during the current year and used in the previous three years must be listed on your Field History Sheet.*  Not applicable

Disease problem	Control product	Approved				If restricted, describe compliance with NOP rule annotation
		N O P	I S D A	W S D A	O M R I	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

4. Rate the effectiveness of your disease management program?  
 excellent       satisfactory       needs improvement

5. What changes do you anticipate?

6. How do you monitor the effectiveness of your disease management program?  
 observation of soil       soil testing       microbiological testing  
 observation of crop health       crop quality testing       comparison of crop yields  
 monitoring records kept       water testing       other (specify):

7. How often do you conduct disease monitoring?  
 weekly       monthly       annually       as needed       other (specify):

Name:

Date:

## A. ADJOINING LAND USE:

1. List specific buffer areas you maintain. *Buffers must be managed organically. If buffers are not under your direct control, a written agreement must be made with the responsible party; such as the weed superintendent.*

Location or field number	Type of buffer	Width of buffer	Adjoining land use
	N:		N:
	S:		S:
	E:		E:
	W:		W:
	N:		N:
	S:		S:
	E:		E:
	W:		W:
	N:		N:
	S:		S:
	E:		E:
	W:		W:
	N:		N:
	S:		S:
	E:		E:
	W:		W:
	N:		N:
	S:		S:
	E:		E:
	W:		W:
	N:		N:
	S:		S:
	E:		E:
	W:		W:
	N:		N:
	S:		S:
	E:		E:
	W:		W:
	N:		N:
	S:		S:
	E:		E:
	W:		W:

2. Are crops harvested from buffers?  Yes  No

a. If yes, describe non-organic use (sale, livestock feed, seed, etc.):

b. If crops are harvested from the buffer zones with equipment used for harvesting organic crops, what safeguards do you use to protect organic crops from contact with buffer crops during harvest?

3. What additional safeguards do you use to prevent accidental contamination?  none

Written agreements with:  adjoining landowners  highway departments  
 farm service office  aerial spray companies/airports  mosquito abatement  
 drainage commissions  electric companies  other (specify):

4. Have you posted "No Spray" signs along roadsides that adjoin organic fields?  Yes  No

5. Do any fields or portions of fields flood frequently? (more than once every ten years)  Yes  No

a. If yes, list field numbers

b. How do you monitor for crop contamination?

visual observation  residue analysis  GMO testing  
 photographs  wind direction/speed data  other (specify)

c. How often do you conduct crop contamination monitoring?

weekly  monthly  annually  as needed  other (specify)

6. If you grow any conventional or transitional crops, please fill out the following tables.  Not applicable

Crop	Field ID	Transitional (T) or conventional (C)	Check if GMO (✓)	Total acreage	Planned use of crop (sale, seed, conventional livestock feed, etc.)	Same as Organic crop? Y or N
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			

a. List prohibited inputs used on conventional crops; such as synthetic fertilizers, herbicides, or insecticides.

Product name	Who applies? self (S) or custom (C)	Field numbers where applied	Where stored? (on-farm or off-farm location)

**B. EQUIPMENT:**

1. List all equipment used for planting, cultivation, spraying, and harvesting on organic fields.  Not applicable

Equipment name	Owned (O), rented (R), or custom (C)	Check if used on both organic and conventional (✓)	How is equipment cleaned before use on organic fields?
		<input type="checkbox"/>	

2. Is equipment maintained so that fuel, oil and hydraulic fluid do not leak?  Yes  No  Not applicable

3. Do you use a sprayer:  Yes  No

a. If yes, what type?

4. Is the sprayer used on organic fields?  Yes  No

a. If yes, did you purchase it new or used?  Used  New

b. Is it cleaned prior to use on organic fields?  Yes  No

**C. HARVEST:**

1. How are your organic crops harvested?  mechanical  by hand

2. Are any organic crops custom harvested?  Yes  No

a. If yes, provide name and address of custom harvester:

3. Describe steps taken to protect organic crops from commingling and contamination during harvest:

4. What containers are used for harvesting?

- none                       gravity wagons/boxes                       truck boxes                       cardboard/waxed boxes  
 wooden totes                       plastic containers                       other (specify):

a. If containers are used, are containers new or used?  used  new

i. If used, what did they contain prior to organic use?

b. Are the containers used for organic crops only?  Yes  No

5. Describe potential contamination or commingling problems with harvest of organic crops:  none

D. POST-HARVEST HANDLING:  Not applicable

1. Describe your post-harvest handling procedures and equipment:

2. Is the processing area and equipment used for both organic and non-organic products?  Yes  No

a. If yes, describe steps taken to prevent commingling and contamination:

3. Does packaging present any contamination problems for your organic products?  Yes  No

a. If yes, what are they?

4. Check types of packaging material used:

<input type="checkbox"/> none	<input type="checkbox"/> bulk	<input type="checkbox"/> paper	<input type="checkbox"/> cardboard	<input type="checkbox"/> metal
<input type="checkbox"/> glass	<input type="checkbox"/> synthetic fiber	<input type="checkbox"/> foil	<input type="checkbox"/> plastic	<input type="checkbox"/> waxed paper
<input type="checkbox"/> natural fiber	<input type="checkbox"/> wood	<input type="checkbox"/> aseptic	<input type="checkbox"/> other (specify):	

5. In what form are finished products shipped?

<input type="checkbox"/> plastic crates	<input type="checkbox"/> paper bags	<input type="checkbox"/> foil bags	<input type="checkbox"/> mesh bags	<input type="checkbox"/> tote bags
<input type="checkbox"/> cardboard drums	<input type="checkbox"/> cardboard cases	<input type="checkbox"/> tote boxes	<input type="checkbox"/> other (specify):	

E. CROP STORAGE:  No organic crop storage

1. Describe your storage locations:

Storage ID #	Type of crops stored	Type of storage	Capacity/size

2. Do you use the same storage areas for organic, transitional, buffer, and/or conventional crops.  
 Yes  No

a. If yes, how do you segregate organic crops from non-organic crops?

3. How do you clean storage units prior to storage of organic crops?

4. How do you prevent/control insect pests in crop storage areas?

5. How do you control rodents in crop storage areas?

6. What stored crop inputs have you used in the last three years?

synthetic fumigants

rodenticides

sprouting inhibitors

none

growth regulators

preservatives

oils

ripeners

waxes

other (specify):

coloring agents

7. Are any stored crop inputs used or planned for use on organic crops?

Yes

No

a. If yes, specify input and retain labels:

F. TRANSPORTATION:

Not applicable

1. Who is responsible for arranging transportation of organic products?

self

buyer

other (specify):

2. Describe how organic products are transported:

3. Describe potential contamination or commingling problems with the transport of organic crops?  none

4. What steps are taken to protect the integrity of organic products during transport?

dedicated organic only

inspecting transport units prior to loading

use of Clean Truck Affidavits

cleaning transport units prior to loading

letter/contract with transport company stating organic requirements

other (specify):

Name:

Date:

A. RECORDS: *Please have these records available for the inspector.*

## 1. Which of the following records do you keep for organic production?

- Receipts of seeds and transplants delivered to farm
- Invoices of seeds and transplants purchased
- Seed packages and labels
- Phone logs of attempts to obtain organic seeds and transplants
- Seed catalogs
- Letters from seed suppliers concerning the availability of organic seeds
- Organic certificates for organic seeds purchased
- For seed savers - Harvest records showing production of organic seed
- Seed treatment records
- Verification from supplier that non-organic seed is not genetically modified. This is only necessary for seeds that have commercially available GMO seeds (e.g. corn, soybeans, sugar beets)
- Fertilizer and soil amendments - application records for fertilizers, manure, compost, soil amendments, and synthetic micronutrients
- Pest control products – application records for pesticides, acidifiers, spreader/stickers and other spray adjuvants
- Crop production aids – application records for foliar sprays, gibberellic acid, kelp or other approved products
- Invoices or receipts for all materials purchased including custom applicator invoices
- Farm activity log
- Invoices for contracted services (e.g. seeding, mowing, spreading manure, etc.)
- Recommendations from pest consultants or other field persons
- Soil, water and tissue analysis reports
- Records of cultivation practices, weeding and planting dates
- Compost production records
- Cropping history or land use for the previous three years
- Material application records for the previous three years
- A copy of the organic certificate if the land was previously certified under another producer's certificate
- Lease Agreements
- Maps
- Yield records (e.g. pounds harvested, weigh tickets, boxes harvested)
- Receipts from processor or warehouse for delivery of organic product
- Custom harvest records
- Clean truck affidavits
- Deposit records, ledgers, receipts
- Purchase orders
- Invoices
- Sales summaries from wholesalers or processors
- other (please specify)

## 2. How long do you keep your records?



