

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 tests, rented or recently purchased land histories, etc. as applicable). **This form must be 100% filled out in order for your application to be considered.**

SECTION 1: General Information		NOP Rule 205.401
Name	Farm Name	Date
Owner/manager, Title		Primary contact person
List any other businesses associated with this operation/responsible person (e.g. DBA, trade names, other assumed business names)		
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)		
Are you importing any ingredients or products used in production? If so, what are they? Where are they from?		
Are you exporting any ingredients or products used in production? If so, what are they? Where are they going?		
Do you have a copy of, or access to the current organic standards (7 CFR Part 205)?		<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
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.		
Noncompliance	Date of Notice	Corrective Action Update

2. List all soil mix or growing medium ingredients used or planned for use in your greenhouse.
All inputs should be approved before use.

Product / Brand Name	Manufacturer or source	Approved by			
		OMRI	WSDA	CDFA	ISDA
		<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"/>
		<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 for your watering system?

4. Do you apply any inputs through your watering system? Yes No
 a. If yes, please include product details in applicable section(s) below.

5. 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?

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 in your soil or crop fertility?

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.
Please attach input labels and soil tests as applicable. All inputs should be approved before use.

Not applicable

Product / Brand Name	Manufacturer or source	Approved			
		OMRI	WSDA	CDFA	ISDA
		<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, where they are burned, and why:

12. Do you apply sewage sludge (biosolids) 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?

4. List the compost feedstocks / ingredients:

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 and 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

- 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.

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 preventative strategies and mechanical/physical controls 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"/> traps |
| <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"/> animal repellents |
| <input type="checkbox"/> lures | <input type="checkbox"/> bird houses | <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 should be approved before use.

Not applicable

Pest problem	Control Product / Brand Name	Manufacturer	Approved by				If restricted, describe compliance with NOP rule annotation
			O M R I	W S D A	C D F A	I S D A	
			<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?

- | | | |
|---|---|--|
| <input type="checkbox"/> insect monitoring with traps | <input type="checkbox"/> observation of crop health | <input type="checkbox"/> comparison of crop yields |
| <input type="checkbox"/> crop quality testing | <input type="checkbox"/> monitoring records kept | <input type="checkbox"/> 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/control strategies do you use?

- | | | |
|---|--|---|
| <input type="checkbox"/> crop rotation | <input type="checkbox"/> field sanitation | <input type="checkbox"/> companion planting |
| <input type="checkbox"/> plant spacing | <input type="checkbox"/> soil balancing | <input type="checkbox"/> selection of plant species/varieties |
| <input type="checkbox"/> solarization | <input type="checkbox"/> vector management | <input type="checkbox"/> timing of planting/cultivating |
| <input type="checkbox"/> other (specify): | | |

3. List all disease management inputs used or intended for use on your organic and transitional fields/crops.

All inputs should be approved before use.

Not applicable

Disease problem	Control Product / Brand Name	Manufacturer	Approved by				If restricted, describe compliance with NOP rule annotation
			O M R I	W S D A	C D F A	I S D A	
			<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"/>	
			<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?

- | | | |
|---|---|--|
| <input type="checkbox"/> observation of soil | <input type="checkbox"/> soil testing | <input type="checkbox"/> microbiological testing |
| <input type="checkbox"/> observation of crop health | <input type="checkbox"/> crop quality testing | <input type="checkbox"/> comparison of crop yields |
| <input type="checkbox"/> monitoring records kept | <input type="checkbox"/> water testing | <input type="checkbox"/> other (specify): |

7. How often do you conduct disease monitoring?

- weekly monthly annually as needed other (specify):

A. ADJOINING LAND USE:

1. List specific buffer areas you maintain for each side of each organic field. Include additional pages in needed. *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, highway district, etc.*

Location or field name / number	Type of buffer on each side of field (Examples: borrow pit, mowed area, farm road, etc.)	Width of buffer (number of ft., yards, etc.)	Adjoining land use on each side of field (Examples: conventional alfalfa field, residential yard, BLM, etc.)
	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:
	N:		N:
	S:		S:
	E:		E:
	W:		W:

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 is product 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

5. Is any other equipment used on both conventional and organic fields? Yes No
 a. If yes, describe how equipment is cleaned out between use on conventional and organic fields:

b. Are cleanout records maintained and available for auditing? 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 utilized, are they new or used? New Used
- 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

Post-harvest handling is the act of handling raw agricultural commodities without further processing. Post-harvest handling activities preserve the essential form of the product. Examples of these activities include, but are not limited to: flotation, washing, sanitizing, cooling, packing, separation from foreign objects or plant parts (e.g., cleaning grain), removal of stems leaves or husks, and storage and pest control practices. Further processing includes actions that change the essential form of the product such as chopping, peeling, cutting, waxing, coating, drying, or combining with other ingredients.

**Please note, this section may not apply to all operations. If there is no further processing done to crops harvested on your operation, please select "Not applicable" above. If N/A, you do not have to fill out the Post-Harvest Handling Supplement (pg. 25-27)*

1. Are you performing "post-harvest handling"? Yes No
- a. If yes, please include the On-Farm Processing Supplement. Supplement attached
2. Are you performing "further processing" or purchasing crops from other companies? Yes No

a. If yes, please include a complete Organic System Plan for Handlers and Processors. OSP attached

E. CROP STORAGE: No organic crop storage

1. Describe your storage locations: *(Example, hay shed, grain bin, etc.)*

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?

<input type="checkbox"/> synthetic fumigants	<input type="checkbox"/> rodenticides	<input type="checkbox"/> sprouting inhibitors	<input type="checkbox"/> none
<input type="checkbox"/> growth regulators	<input type="checkbox"/> preservatives	<input type="checkbox"/> oils	<input type="checkbox"/> ripeners
<input type="checkbox"/> waxes	<input type="checkbox"/> other (specify):		<input type="checkbox"/> 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):

5. In what form are finished products shipped?

- dry bulk liquid bulk tote bags
- plastic crates paper bags foil bags mesh bags metal drums
- cardboard drums cardboard cases tote boxes other (specify):

SECTION 8: Record Keeping System

NOP Rule 205.103

A. 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 from receipt of incoming ingredients to sale of finished products. Organic ingredients must be verified as certified organic. Amounts of organic finished products must balance with certified organic ingredients purchased. All relevant documents must identify products as "organic." All records must be accessible to the inspector.

1. Will you keep your records for 5 years? Yes

2. 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 treated with a prohibited substance and is not genetically modified. This is only necessary for seeds that have commercially available GMO seeds (e.g. alfalfa, corn, soybeans, sugar beets, etc.)
- 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
- Proof of material approvals (e.g. OMRI/WSDA/CDFA certificates)
- 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 records (please specify)

3. Which of the following records do you keep for conventional production? Not applicable
- | | | |
|--|---|---|
| <input type="checkbox"/> field maps | <input type="checkbox"/> labor records | <input type="checkbox"/> field history sheets |
| <input type="checkbox"/> storage records | <input type="checkbox"/> input records | <input type="checkbox"/> sales records |
| <input type="checkbox"/> harvest records | <input type="checkbox"/> shipping records | <input type="checkbox"/> other (specify): |

B. MARKETING:

1. Type of Marketing:
- | | | |
|--|---|--|
| <input type="checkbox"/> farmers market | <input type="checkbox"/> direct to retail | <input type="checkbox"/> CSA/subscription service |
| <input type="checkbox"/> wholesale | <input type="checkbox"/> on-farm retail | <input type="checkbox"/> bulk commodities to processor |
| <input type="checkbox"/> contract to buyer | <input type="checkbox"/> other (specify): | |

2. When organic products are sold, are they identified as organic on the sales documentation?
 Yes No (if no, please explain)

3. If labels are used, please complete the following table. Not applicable
Attach copies of all organic product labels. All labels must be approved by ISDA before use.

Name of Product/Commodity	Organic ingredients identified in information panel	“Certified organic by...” located directly below contact information	USDA Seal	ISDA Seal
	<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"/>

Organic System Plan for Crops (On-Farm Processing Supplement)

Please fill out this questionnaire detailing the minor post-harvest handling of raw organic products prior to sale. Simple processing may be included under the farm's crop certification; more complex processing will require a separate handling certification. Attach a current schematic product flow chart and facility map for each facility which will handle organic products. Use additional sheets if necessary.

**Please note, this section may not apply to all operations. If there is no further processing done to crops harvested on your operation, you do not have to fill out this On-Farm Processing Supplement.*

This form must be 100% filled out in order for your application to be considered.

SECTION 7: Maintenance of Organic Integrity	NOP Rule 205.201(a)(5) and 205.202(c)
D. POST-HARVEST HANDLING:	
1. On Farm Facility Information	<input type="checkbox"/> Site location is identified on Farm Map
Facility Name: _____ Site Address: _____ City: _____ State: _____ Zip/Postal Code: _____ County: _____	
2. What processing activities are performed? (If handling activities are not listed below then please fill out the handling/processing OSP instead of the On-Farm Processing Supplement.) <input type="checkbox"/> Washing <input type="checkbox"/> Sanitizing <input type="checkbox"/> Sorting <input type="checkbox"/> Packaging <input type="checkbox"/> Cooling <input type="checkbox"/> Mixing <input type="checkbox"/> Flotation <input type="checkbox"/> Seed Cleaning Describe the post-harvest handling activities performed at this facility:	
3. Is the processing area and equipment used for both organic and non-organic products? <input type="checkbox"/> Yes <input type="checkbox"/> No a. If yes, describe steps taken to prevent commingling and contamination:	
4. List (or attach a list of) the organic products handled or stored at this facility: <input type="checkbox"/> List Attached	
5. Attach a complete written description or schematic product flow chart which depicts each step of production from harvest to the finished product. All equipment and storage areas must be identified. <input type="checkbox"/> Product Flow Attached	
6. Do any processed products include ingredients from off-farm operations? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please fill out the handling/processing OSP instead of the On-Farm Processing Supplement.</i>	
7. Do you use any processing aids to assist in processing your products? <input type="checkbox"/> Yes <input type="checkbox"/> No a. If yes, list below and explain use:	
8. Water Use <input type="checkbox"/> No water used How is water is used in processing? <input type="checkbox"/> Processing aid <input type="checkbox"/> Cooling <input type="checkbox"/> Cleaning of organic products <input type="checkbox"/> Cleaning equipment <input type="checkbox"/> Flotation <input type="checkbox"/> Other (specify): Source of water: <input type="checkbox"/> Municipal <input type="checkbox"/> On-site well <input type="checkbox"/> Other (specify):	

Does the water meet the Safe Drinking Water Act? Yes No
Attach copy of water test, if applicable.

What on-site water treatment processes are used? None

Describe how you monitor water quality.
If applicable, attach copies of the most recent water testing performed within the previous year.

How often do you conduct water quality monitoring?
 weekly monthly annually as needed other (specify):

List cleaning or sanitizing products used in wash water. (e.g. chlorine dioxide, etc.) No Cleaners or Sanitizers Used
Attach SDS and label information for cleaner or sanitizer, if applicable.

9. Facility Sanitation

What cleaning methods are used?
 sweeping vacuuming compressed air clean in place (CIP) steam cleaning
 scraping manual washing sanitizing other (specify)

Provide information on your cleaning program and products used.
Attach label/product information for all cleaning/sanitation products.

Area	Type of cleaning	Cleaning equipment used	Products used	Frequency	Check if cleaning is documented (✓)
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

Are all surfaces which contact organic products food grade? Yes No

Do you test food contact surfaces or rinsate for cleaner/sanitizer residues? Yes No

Are any persistent cleaners/sanitizers (e.g. quaternary ammonium) used on contact surfaces that contact organic products? Yes No
 If yes, describe how the compounds/residues are removed.

10. Packaging Material

Check types of packaging material used: none

bulk paper cardboard waxed paper glass synthetic fiber metal
 foil wood aseptic natural fiber plastic other (specify)

Is packaging food grade? Yes No

Have any packaging materials been exposed to synthetic fungicides, preservatives, or fumigants? Yes No
 If yes, describe exposure, including name of products used.

Are packaging materials reused? Yes No
 If yes, describe how reusable packaging materials are cleaned prior to use.

11. Processed Product Storage

Complete the table below to list the storage facilities you use, including on-site storage locations and how the product is stored.

Use	Location	Type/capacity	Identification name or number	Is storage unit dedicated organic? (✓)	Comments on potential for contamination or commingling problems
Ingredient storage				<input type="checkbox"/>	
Packaging material storage				<input type="checkbox"/>	
In-process storage				<input type="checkbox"/>	
Finished product storage				<input type="checkbox"/>	
Off-site storage				<input type="checkbox"/>	
Other (specify)				<input type="checkbox"/>	

12. Facility Pest Control

Please name the party responsible for facility pest control. List the name, address, and phone of any pest control company used.

Check all pest problems you generally have in your processing facility or storage areas:
 flying insects crawling insects rats mice spiders birds
 other (specify)

Do you maintain a pest control log? Yes No

List all pest control products used in the last 12 months or those which are anticipated to be used in and around your processing facility.

Attach label/product information for all pest control products.

Product Brand Name	Manufacturer	Target pest	Location where used	Method of application	Date of last application