**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.**

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| 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:  Sole proprietorship  Corporation  Legal partnership (federal form 1065)  Trust or non-profit   Cooperative   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 them listed on your organic certificate. \**Note that this list needs to match the rest of the information provided in your OSP.* | | | | | | | |
| Are you importing any ingredients or products used in production from another country? If so, what are they? Where are they from? | | | | | | | |
| Are you exporting any ingredients or products to another country? 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)?  Yes  No | | | | | | | |
| Do you intend to certify any livestock (slaughter stock, dairy, or layers) this year?   Yes  No  If yes, have you filled out an Organic Livestock Plan Questionnaire?  Yes  No | | | | | | | |
| Do you have any off-farm or on-farm processing done? (cleaning, bagging, bottling, etc.)  Yes  No  If yes, have you filled out an Organic Handling Plan Questionnaire?  Yes  No | | | | | | | |
| Give directions to your farm for the inspector:    When are you available for the inspection?  Morning  Afternoon  Preferred method of contact:  Phone  Email  Mail | | | | | | | |
| 1. Did you have any noncompliances from last year’s certification?  Yes  No  Not applicable 2. If yes, please complete the following table; listing each noncompliance. | | | | | | | |
| **Noncompliance** | | | **Date of Notice** | | **Corrective Action Update** | | |
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| 1. Have you ever been denied certification?  Yes  No  Not applicable 2. If yes, please describe the circumstances, including the certification agent involved, the reason certification was denied, and any steps taken:      1. Has your certification ever been suspended or revoked?  Yes  No  Not applicable 2. If yes, please describe the circumstances, including the company name, certifying agent involved, the reason certification was suspended or revoked, and any steps taken: | | | | | | | |

Section 2A: Organic and Transitional Field Farm Plan Information

**Crop Year:**

Instructions: Fill out this form for all fields (organic and transitional). Use additional sheets to provide information for all fields managed by your operation. Attach field history sheets and legible maps for each field. Maps must show field names/numbers, acreage, boundaries, and location. Alternative formats for submitting farm plan information may be provided in lieu of these tables.

**\*Code: O = Organic; T = In Transition/Conversion to Organic**

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| **Crop Grown** | **Field**  **Name/ Number** | **\*Status O/T** | **Farmable Acres** | **Date Transition Completed** | **Parcel address / legal description** | **Rented (R) or Owned (O)** | **Projected yield (volume)** | **Field Irrigated (Y/N)** | **Planned use of crop (sale, seed, livestock feed, etc.)** | **Check if GMO (✔)** |
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Section 2B: Conventional Field Farm Plan Information

**Crop Year:**

Instructions: Fill out this form for all conventional (non-organic and non-transitioning) fields managed by your operation. Use additional sheets to provide information for all fields managed by your operation. Alternative formats for submitting farm plan information may be provided in lieu of these tables.

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| **Crop Grown** | **Field**  **Name/ Number** | **Farmable Acres** | **Parcel address / legal description** | **Rented (R) or Owned (O)** | **Projected yield (volume)** | **Field Irrigated (Y/N)** | **Planned use of crop (sale, seed, conventional livestock feed, etc.)** | **Check if GMO (✔)** |
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| SECTION 2C: Farm Plan Information NOP Rule 205.201(a) and 205.202(a) and (b) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Are you adding any new organic fields this year?  Yes  No 2. If yes, you must submit signed statements from the previous manager(s) stating the use of all inputs applied during the previous 3 years on all newly rented or purchased fields.  Land Use Affidavit(s) Attached 3. Did you have any organic crop failure during the previous crop season? If so, describe the crop failure and list which fields and crops were impacted.      1. List prohibited inputs used on conventional crops; such as synthetic fertilizers, herbicides, or insecticides.  Not applicable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Product name** | | | | | **Who applies? Self (S) or**  **Custom (C)** | | | | | | | | **Field numbers where applied** | | | | | | | | | | | | | | | **Where is product stored?**  **(on-farm or off-farm location)** | | | | | | | | | | | | | | | | |
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| SECTION 3: Seeds and Seed Treatments NOP Rule 205.204 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. List all **organic seeds** used or planned for use in organic production. This includes seeds planted for cover crops. Please disclose any information about seed treatments including, but not limited to, pelletization, disinfection, inoculation, priming, coating, and/or the application of pesticides. Please have organic certificates for seeds and records to show treatments are allowed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Seed Variety** | | | **Supplier** | | | | | | **Certified by** | | | | | **Fields Where Planted** | | | | | | | | | | | **Seed Coating/Treatment** *(If applicable)* | | | | | | | | | | | | | | | | | | | |
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| 1. List all **conventional seeds** used or planned for use in organic production. This includes seeds planted for cover crops. Please disclose any information about seed treatments including, but not limited to, pelletization, disinfection, inoculation, priming, coating, and/or the application of pesticides. All treatments used must be approved for organic production before use. If you are using conventional seeds, attempts to source organic versions and/or reasons that the organic version is not of the necessary form, quality, or quantity, must be submitted annually.   *\*Commercial availability - The ability to obtain a production input in an appropriate form, quality, or quantity to fulfill an essential function in a system of organic production or handling.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Seed Variety** | | | | **Attempts to source organic seed** | | | | | | | | | | | | | | | **Supplier of Seed Purchased** | | | | | | | | | | | | | | | | **Seed Coating/Treatment**  (*if applicable)* | | | | | | | | | |
|  | | | | **Company** | | | | | | | | **Date** | | | | | | |  | | | | | | | | | | | | | | | | **Type/Brand/**  **Manufacturer** | | | | | | **Approved by** | | | |
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| SECTION 4: Source of Seedlings and Perennial Stock NOP Rule 205.204 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A. SEEDLINGS & PLANTING STOCK   Not applicable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. List all **organic seedlings and planting stock** used or planned for use in organic production. Please disclose any information about treatments including, but not limited to, pelletization, disinfection, inoculation, priming, coating, and/or the application of pesticides. Please have organic certificates for seedlings and planting stock and records to show treatments are allowed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Seedling/Planting Stock Variety** | | | | **Supplier** | | | | | | | | **Certified by** | | | | | | | | | | | | **Treatment** (*if applicable)* | | | | | | | | | | | | | | | | | | | | |
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| 2. List all **conventional seedlings and planting stock** used or planned for use in organic production. Please disclose any information about treatments including, but not limited to, pelletization, disinfection, inoculation, priming, coating, and/or the application of pesticides. All treatments used must be approved for organic production before use. If you are using conventional seedlings and/or planting stock, attempts to source organic versions and/or reasons that the organic form is not of the necessary form, quality, or quantity, must be submitted annually.  *\*Commercial availability- The ability to obtain a production input in an appropriate form, quality, or quantity to fulfill an essential function in a system of organic production or handling.*  *\*\*Conventional seedlings can only be used under rare circumstances approved by ISDA.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Seedling/Planting Stock Variety** | | | | **Attempts to source organic seedling/planting stock** | | | | | | | | | | | **Supplier of Seedlings/**  **Planting Stock** | | | | | | | | | | | | | | | | | | | **Treatment** (*if applicable)* | | | | | | | | | | |
|  | | | | **Company** | | | | | | | **Date** | | | |  | | | | | | | | | | | | | | | | | | | **Type/Brand/ Manufacturer** | | | | | | **Approved by** | | | | |
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| 1. Do you sell, label, or represent seedlings or planting stock as organic?  Yes  No 2. If yes, were seedlings or planting stock, purchased as organic or maintained under a system of organic management for a period of no less than 1 year.  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B. GREENHOUSE / INDOOR GROWING SYSTEMS  Not applicable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Please complete this table for each greenhouse, hoop house, or cold frame. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name/ID** | **Type** | | | | | | | | | | | **Size** | | | | | | | | | **Dedicated Organic** | | | | | | | | | | | | **Plants are planted in:** | | | | | | | | | | | |
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| 1. 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** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. What equipment do you use for your watering system?      1. Do you apply any inputs through your watering system?  Yes  No 2. If yes, please include product details in applicable section(s) below. 3. Do you grow non-organic crops in your greenhouse?  Yes  No      * 1. If yes, how do you separate and identify organic and non-organic growing areas?      * 1. If yes, how do you label organic and non-organic seedlings/plants?      * 1. If yes, how do you prevent commingling of organic and non-organic soil mixes during mixing and storage?      * 1. If yes, how do you prevent drift of prohibited materials through ventilation and/or watering systems?      * 1. If yes, how do you clean seedling containers and equipment? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SECTION 5: Soil and Crop Fertility Management NOP Rule 205.200, 205.203, and 205.205 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A. GENERAL INFORMATION AND EVALUATION: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. What are your general soil types?      1. What are your soil/nutrient deficiencies?      1. 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):   1. How often do you conduct fertility monitoring?   weekly  monthly  annually  as needed  other (specify):   1. Rate the effectiveness of your fertility management program.   excellent  satisfactory  needs improvement   1. What changes do you anticipate in your soil or crop fertility?      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):   1. 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 must be approved before use.*   Not applicable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Product / Brand Name** | | | | | | **Manufacturer or source** | | | | | | | | | | | | **Approved By** | | | | | | | | | | | | | | **If restricted, describe compliance with NOP rule annotation** | | | | | | | | | | | | |
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| If you use fertilizers with high salt content (sodium nitrate, potassium sulfate, etc.), how do you prevent salt build-up?  Not applicable  1. Do you burn crop residues?  Yes  No 2. If yes, please describe what materials are burned, where they are burned, and why:      1. Do you apply sewage sludge (biosolids) to fields?  Yes  No 2. 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    1. If yes, what is the initial C:N ratio:      * 1. If yes, what composting method do you use?   in-vessel  static aerated pile  windrows  other (specify)   * + 1. If in-vessel or static aerated pile system what temperature do you maintain?      * + 1. If in-vessel or static aerated pile system, how long do you maintain this temperature?      * + 1. If windrow system, what temperature do you maintain?      * + 1. If windrow system, how long do you maintain this temperature?      * + 1. If windrow system, how many times are materials turned?      1. List the compost feedstocks / ingredients: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C. MANURE USE: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. What forms of manure do you use?  none  liquid  semi-solid   piled  fully composted  grazing cattle  other (specify) 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  1. If you grow crops for human consumption and use raw manure, complete the following table: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Crop(s)** | | | | | | | | **Field name / numbers** | | | | | | | | | | | | | | | | | | **Date manure is applied** | | | | | | | | | | | | | **Expected date of harvest** | | | | | |
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| What is the source of the manure you use?  on-farm  off-farm  Not applicableList all sources of off-farm manure: List all manure ingredients/additives: 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. 2. Does your field map include features such as hedgerows, woodlands, wetlands, riparian zones, and special habitats?   Yes  No 3. List native plants present, and/or wildlife seen moving through farm *(note priority species)*:      1. 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):   1. 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): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Biodiversity Management: Uncultivated Area Biodiversity.  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): 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):     1. List problem invasives:      1. 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): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Biodiversity Management: Cropland Area Biodiversity. 2. 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): 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):   1. Have you assessed the farm for biodiversity problems and greatest opportunities, and developed goals and a timeline for biodiversity conservation?  Yes  No 2. If yes, describe/explain:    How do you monitor farm biodiversity? visually  species counts  other *(describe/explain)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Biodiversity Management: When livestock are involved.  No livestock  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):   1. 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):   1. 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):   1. List problems with predators or other wildlife: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Biodiversity Management: Wild Harvest Enterprises.  No wild harvest 2. 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): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Soil Conservation 2. 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): What soil erosion problems do you experience (why and on which fields)?   none  1. Describe your efforts to minimize soil erosion problems listed above:      1. Describe how you monitor the effectiveness of your soil conservation program:      1. 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):     1. Source of water:  on-site well(s)  river/creek/pond  spring   municipal/county  irrigation district  other (specify):   1. If water is sourced from an irrigation district, what is the name of the managing company?      1. 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   1. Type of irrigation system:   none  drip  flood  center pivot  wheel lines  other (specify):   1. What input products are applied through the irrigation system?  none      1. What products do you use to clean irrigation lines/nozzles?  none      1. Is the system shared with another operator?  Yes  No 2. If yes, what products do they use?      1. Is the system flushed and documented between conventional and organic use?   Yes  No  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):   1. List known contaminants in water supplies in your area (*Attach residue analysis and/or salinity test results, if applicable):*      1. Describe your efforts to minimize water contamination problems listed above.  Not applicable      1. Describe how you monitor the effectiveness of your water quality program.      1. How often do you conduct water quality monitoring?   weekly  monthly  annually  as needed  other (specify): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SECTION 6: Crop Management NOP Rule 205.205 and 205.206 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A. CROP ROTATION PLANS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Please describe your crop rotation(s) for each field over an extended period of time (at least 5 years). Keep in mind that ISDA is accepting rotation plans that include two years of a consecutive planting of the same annual crop family without interruption as part of a larger compliant crop rotation plan.   *Example: wheat - cover crop peas – wheat – alfalfa – alfalfa – alfalfa - corn | Field 2 | possible different cover crop* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Crop rotation plan** | | | | | | | | | | | | | | | | **Field numbers where plan is followed** | | | | | | | | | | | | | | | | | | | | | | **Anticipated changes** | | | | | | |
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| 1. Are you requesting an alternative crop rotation plan?  Yes  No    1. If yes, have you submitted the Alternative Crop Rotation Plan form to ISDA?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B. WEED MANAGEMENT PLAN: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. What are your problem weeds?      1. What weed control methods do you use?   crop rotation  field preparation  prevention of weed seed set  delayed seeding  monitoring soil temperature  soil sterilization  use of hand tools  use of fast emerging varieties  mechanical cultivation  hand weeding  mowing  livestock grazing  flame weeding  steam weeding  electrical  smother crops  non-synthetic mulch  black fallow  synthetic mulch  corn gluten  other (specify):   1. List all weed control products used or intended for use in the current season on organic and transitional fields.  *All inputs must be approved before use.*  Not applicable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Weed problem** | | **Control Product / Brand Name** | | | | | | | | **Manufacturer** | | | | | | | **Approved by** | | | | | | | | | | | | | | **If restricted, describe compliance with NOP rule annotation** | | | | | | | | | | | | | |
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| Are any restricted weed management strategies implemented?  Yes  NoIf you use plastic or other synthetic mulches, is the mulch removed at the end of the growing or harvest season?  Yes  NoIf no, why not?   1. If you use corn gluten, is the corn genetically modified?  Yes   No 2. If no, what verification do you have?      1. If you use soap-based herbicides, list all areas where used:      1. If you use newspaper or other recycled paper for mulch, do you use paper with glossy or colored inks?   Yes  No   1. Rate the effectiveness of your weed management program:   excellent  satisfactory  needs improvement What changes do you anticipate?   1. 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):   1. How often do you conduct weed monitoring?   weekly  monthly  annually  as needed  other (specify): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| C. PEST MANAGEMENT PLAN: | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. What are your problem pests?  rodents  gophers  birds   insects (list):  other animals (specify):   1. Do you work with a pest control advisor?  Yes  No 2. If yes, give name and contact information: | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. What preventative strategies and mechanical/physical controls do you use to control pest damage to crops?   IPM  crop rotation  selection for plant species/varieties  timing of planting  companion planting  development of habitat for natural enemies  frog ponds  bat houses  traps  hand picking  monitoring  trap crops  physical barriers  physical removal  animal repellents  lures  bird houses  release of predators/parasites of pest species  insect repellents  other (specify):   1. List all pest control products used or intended for use in the current season on organic and transitional fields.   *All inputs must be approved before use.*  Not applicable | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Pest problem** | | **Control Product / Brand Name** | | | | **Manufacturer** | | | | | **Approved by** | | | | | | | | | | | **If restricted, describe compliance with NOP rule annotation** | | | |
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| 1. Rate the effectiveness of your pest management program?   excellent  satisfactory  needs improvement What changes do you anticipate?   1. 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)   1. How often do you conduct pest monitoring?   weekly  monthly  annually  as needed  other (specify):   1. Describe locations where treated wood is in contact with soil where organic crops are grown? | | | | | | | | | | | | | | | | | | | | | | | | | |
| D. DISEASE MANAGEMENT PLAN: | | | | | | | | | | | | | | | | | | | | | | | | | |
| What are your problem crop diseases?   1. What disease prevention/control strategies do you use?   crop rotation   field sanitation  companion planting  plant spacing  soil balancing  selection of plant species/varieties  solarization  vector management  timing of planting/cultivating  other (specify):   1. List all disease management inputs used or intended for use on your organic and transitional fields/crops.   *All inputs must be approved before use.*  Not applicable | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Disease problem** | **Control Product / Brand Name** | | | | | | **Manufacturer** | | | | | | | **Approved by** | | | | | | | | | **If restricted, describe compliance with NOP rule annotation** | | |
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| 1. Rate the effectiveness of your disease management program?   excellent  satisfactory  needs improvement What changes do you anticipate?   1. 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):   1. How often do you conduct disease monitoring?   weekly  monthly  annually  as needed  other (specify): | | | | | | | | | | | | | | | | | | | | | | | | | |
| SECTION 7: Maintenance of Organic Integrity NOP Rule 205.201(a)(5) and 205.202(c) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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. The adequacy of your buffers will be evaluated annually during your inspection.* | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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.)* | | | | | | |
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| 1. Are crops harvested from buffers?  Yes  No    1. If yes, describe non-organic use (sale, livestock feed, seed, etc.):        * 1. 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?      1. Have you posted "No Spray" signs along roadsides that adjoin organic fields?  Yes  No 2. 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):     1. Do any fields or portions of fields flood frequently? (more than once every ten years)   Yes  No 2. If yes, list field numbers      1. How do you monitor for crop contamination?   visual observation  residue analysis  GMO testing  photographs  wind direction/speed data  other (specify)   1. How often do you conduct crop contamination monitoring?   weekly  monthly  annually  as needed  other (specify) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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?** | | | | | |
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| 1. Is equipment maintained so that fuel, oil and hydraulic fluid do not leak?  Yes  No  Not applicable 2. Do you use a sprayer:  Yes  No 3. If yes, what type?      1. Is the sprayer used on organic fields?  Yes  No 2. If yes, did you purchase it new or used?  Used  New 3. Is it cleaned prior to use on organic fields?  Yes  No 4. Is any other equipment used on both conventional and organic fields?  Yes  No    1. 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 3. If yes, provide name and address of custom harvester:      1. Describe steps taken to protect organic crops from commingling and contamination during harvest:      1. Are any of the following used during harvest activities:  not applicable   steam balers  spray paint  silage inoculants   1. What containers are used for harvesting?   none  gravity wagons/boxes  truck boxes  cardboard/waxed boxes  wooden totes  plastic containers  other (specify):   1. If containers are utilized, are they new or used?  New  Used 2. If used, what did they contain prior to organic use?      1. Are the containers used for organic crops only?  Yes  No 2. 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. 28-30)* | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Are you performing “post-harvest handling” as defined above?  Yes  No    1. 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    1. 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** |
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| * + - 1. Do you use the same storage areas for organic, transitional, buffer, and/or conventional crops?  Yes  No      1. If yes, how do you segregate organic crops from non-organic crops?      * + - 1. How do you clean storage units prior to storage of organic crops?      * + - 1. How do you prevent/control insect pests in crop storage areas?      * + - 1. How do you control rodents in crop storage areas?      * + - 1. What stored crop inputs have you used in the last three years?  none   synthetic fumigants  rodenticides  sprouting inhibitors  ripeners  growth regulators  preservatives  oils  coloring agents  waxes  other (specify):   * + - 1. Are any stored crop inputs used or planned for use on organic crops?  Yes  No  1. 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):   1. Describe how organic products are transported:      1. Describe potential contamination or commingling problems with the transport of organic crops?  none    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):   1. 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  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 field maps  labor records  field history sheets  storage records  input records  sales records  harvest records  shipping records  other (specify): | | | | | | | | | | | | | | | | | | | | | | | | | |
| B. ORGANIC INTEGRITY: | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Explain how your operation ensures organic integrity by addressing areas of potential commingling and/or contamination. List specific control points you have identified in your process and state how you have addressed them to protect organic integrity, or attach a copy of your organic integrity program.      1. Does your operation have a map or inventory of your organic supply chain?  Yes  No 2. Does your operation have a supplier and product verification process to confirm, on an on-going basis, the approved organic status of any product used?  Yes  No 3. Has your operation conducted an organic fraud vulnerability assessment?  Yes  No 4. Has your operation developed an organic fraud prevention plan?  Yes  No 5. Does your operation have staff training protocol to specifically cover organic requirements? Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | |
| C. MARKETING: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type of Marketing: farmers market  direct to retail  CSA/subscription service wholesale  on-farm retail  bulk commodities to processor contract to buyer  other (specify):  1. When organic products are sold, are they identified as organic on the sales documentation?   Yes  No (if no, please explain)   1. 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** | | | | | | | | **Label submitted to Certifying Agent** | | | | | | | | | | | | | | | | **Label Approved by Certifying Agent** | |
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FIELD HISTORY SHEET

Instructions: Fill out this Field History Sheet for all fields (organic, transitional, and conventional). You can use your own form as long as it contains the same information. List all inputs used or planned for use, including compost and/or manure. Inputs that have already been applied must include the rate and date of application unless you are keeping separate input records. Keep copies for your files. This form should accompany your Organic Farm Plan.

Code: O = Organic; T = In Transition/Conversion to Organic; C = Conventional

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Code** | **Field**  **No.** | **Acres** | **Year:** | | **Year:** | | **Year:** | | **Year:** | |
| **Crop** | **Inputs** | **Crop** | **Inputs** | **Crop** | **Inputs** | **Crop** | **Inputs** |
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**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.**

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| 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 | | | | | | | | 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.)*   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Washing | Sanitizing | Sorting | | Packaging | | Cooling | | Mixing | | | Flotation | Seed Cleaning | |  | |  | |  | |  |   Describe the post-harvest handling activities performed at this facility: | | | | | | | | | | | | | | | | | | |
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| 3. Is the processing area and equipment used for both organic and non-organic products?  Yes  No   1. 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:  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.  Product Flow Attached | | | | | | | | | | | | | | | | | | |
| 6. Do any processed products include ingredients from off-farm operations?  Yes  No  *If yes, please fill out the handling/processing OSP instead of the On-Farm Processing Supplement.* | | | | | | | | | | | | | | | | | | |
| 7. Do you use any processing aids to assist in processing your products?  Yes  No  a. If yes, list below and explain use: | | | | | | | | | | | | | | | | | | |
| 8. Water Use  No water used  How is water is used in processing?  Processing aid  Cooling  Cleaning of organic products  Cleaning equipment  Flotation  Other (specify):  Source of water:  Municipal  On-site well  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 (✔) |
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| 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 | | |  | | | |  | |  | | |  | | | |  | | |
| Packaging material storage | | |  | | | |  | |  | | |  | | | |  | | |
| In-process storage | | |  | | | |  | |  | | |  | | | |  | | |
| Finished product storage | | |  | | | |  | |  | | |  | | | |  | | |
| Off-site storage | | |  | | | |  | |  | | |  | | | |  | | |
| Other (specify) | | |  | | | |  | |  | | |  | | | |  | | |
| 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 | |
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