

Organic System Plan for Handlers and Processors

Please fill out this questionnaire if you are requesting organic Handler/Processing certification. Attach an Organic Product Profile (OPP) sheet for each product requested for certification, and a current schematic product flow chart and facility map for each facility which will handle organic products. Use additional sheets if necessary.

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

SECTION 1: General Information		NOP Rule 205.201 and 205.401	
Applicant/company name			
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 company began	Number of employees	Name of person overseeing organic production	Government permits/licenses
Do you have a copy of current organic standards? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What general categories of organic products are manufactured or planned to be manufactured?			
<i>Provide a complete list of products requested for certification in Section 2: Product Composition and Labeling.</i>			
List all products requested for certification as you would like to have it listed on your certificate. These must match the information provided in the following pages.			
Type of processing/handling operation, e.g. grain cleaning, canning, freezing:			
List all companies that your operation is co-packing organic product for:			<input type="checkbox"/> Not Applicable
List all companies that are co-packing organic product for your operation:			<input type="checkbox"/> Not Applicable
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?			
List previous years certified organic & name of certifying agent.		List current organic certification by other agents.	
Preferred time for inspection visit: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon Preferred method of contact: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail Give directions to the processing facility.			

List all noncompliances from last year's certification and state how they have been addressed. Not applicable

Noncompliance	Date of Notice	Corrective Action Update
<i>E.g. 205.103(b)(3) Cleaning log</i>	<i>10/21/20</i>	<i>I have implemented a new cleaning log system.</i>

Has certification ever been denied, suspended, or revoked? Yes No
 If yes, describe the circumstances. List or attach a description of the actions taken to correct noncompliances.

Is your operation: Organic only, or Split production (organic and conventional).

For split operations:
 Do you handle or process conventional items that are the same as the organic items? Yes No

List or attach a list stating the general categories of non-organic products produced by your company.:

Explain your procedures to separate and identify organic and conventional items from one another. Ensure that all practices are explained here or elsewhere in this OSP.

SECTION 2: Labeling and Product Composition NOP Rule 205.105, 205.270, 205.300-205.305 and 205.307-205.311

The NOP Regulations allow for 4 categories of products which can use the word "organic":

- A. "100% Organic"
- B. "Organic"
- C. "Made with Organic (specified ingredients or food group(s))"
- D. Products with less than 70% organic ingredients.

The % of organic ingredients is calculated by dividing the total net weight or volume (excluding salt and water) of combined organic ingredients by the total weight or volume of all ingredients (excluding salt and water). All ingredients identified as "organic" in the ingredient list must be certified by an accredited certifying agent. Ingredients sourced from non-certified exempt or excluded operations must not be identified or used as organic ingredients. All product recipes/formulations must be submitted for review and approval by ISDA. The way to submit the product formulations is via the Organic Product Profile (OPP). More information about formulation requirements can be found on the OPP form.

The regulations have very specific and strict requirements regarding the labeling of organic products. All labels must be submitted for review and approval by ISDA. It is imperative that organic producers consult the applicable labeling requirements in the regulations at §§205.300 - .311 *before* label development. It is recommended that label mock-ups be submitted for approval before any labels are printed, as the use-up of incorrect labels may not be allowed.

All OPPs and labels MUST be approved by ISDA before a product can be sold. In order for a new product to be certified organic, submit an Organic Product Profile (OPP) sheet and label to begin the certification process. Once a label and OPP are submitted, ISDA staff will conduct a review of the label/OPP. If additional information is needed in the review, ensure that all requested ingredient documentation is provided to the ISDA. Once approved, a signed copy of the label/OPP with the ISDA reviewer stamp will be sent back to the producer.

I understand and will abide by these requirements.

C. PRODUCTS HANDLED, SOLD, LABELED, OR REPRESENTED AS "MADE WITH ORGANIC (SPECIFIED INGREDIENTS OR FOOD GROUP(S))"
 (At least 70% certified organic ingredients; up to 3 ingredients or food groups can be listed on Principal Display Panel)
**If more space is needed, please attach a separate list with all requested products.*

List all "Made with organic (ingredients or food group(s))" products and check appropriate boxes below: None

Name of product (As you would like it to read on your certificate)	Label submitted to Certifying Agent (✓)	Label approved by Certifying Agent (✓)	OPP submitted to Certifying Agent (✓)	OPP approved by Certifying Agent (✓)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. PRODUCTS WITH LESS THAN 70% ORGANIC INGREDIENTS
 (organic ingredients listed only in the ingredient statement)

List all products which contain less than 70% organic ingredients: None

E. BY-PRODUCTS

Will any by-products from certified organic products be sold as certified organic? Yes No Not applicable
 If yes, list all organic products manufactured from by-products:

*Include information on organic by-products as applicable on this Organic Handling Plan.
 Attach an Organic Product Profile sheet for each product.*

F. WATER No water used

Check ways water is used in processing:
 ingredient processing aid cooling cleaning organic products
 cooking product transport cleaning equipment 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

Is steam used in the processing or packaging of organic products? Yes No
 If yes, describe how steam is used:

If steam has direct contact with organic products, do you use: No direct contact
 steam filters condensate traps testing of finished products
 testing of condensate other (specify)

List products used as boiler additives. No boiler additives used
Attach a label and product information (e.g. volatility) for boiler additives, if applicable.

Describe how you monitor water quality.

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

SECTION 3: Assurance of Organic Integrity

NOP Rule 205.201(a), 205.270 and 205.272

The NOP Regulations require that handling practices and procedures present no contamination risk to organic products from commingling with non-organic products or contact with prohibited substances. Packaging materials, bins, and storage containers must not have contained synthetic fungicides, preservatives, or fumigants. Reusable bags or containers must be clean and pose no risk to the integrity of organic products. Equipment must be cleaned to remove all conventional product and cleaning/sanitizing agents which are not allowed for organic contact. Procedures used to maintain organic integrity must be documented.

A. PRODUCT FLOW

Attach a complete written description or schematic product flow chart which shows the movement of all organic products, from incoming/receiving through production to outgoing/shipping. Indicate where ingredients are added and/or processing aids are used. Product Flow Attached

B. ORGANIC INTEGRITY

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.

Does your operation have a map or inventory of your organic supply chain? Yes No

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

Has your operation conducted an organic fraud vulnerability assessment? Yes No

Has your operation developed an organic fraud prevention plan? Yes No

Does your operation have staff training protocol to specifically cover organic requirements? Yes No

C. MONITORING**Do you have a Quality Assurance program or assessment in place?** Yes NoIf yes, what program or company do you use? ISO HACCP TQM GFSI GAP other (specify)**Product testing:** (Check all that apply) ingredients tested prior to purchase ingredients tested upon receipt finished products tested
 products tested during production other (specify)**Are ingredient samples retained?** Yes No

If yes, how long?

Are finished product samples retained? Yes No

If yes, how long?

How do you prevent the use of ingredients produced using excluded methods (genetic engineering), sewage sludge, or ionizing radiation? (Check all that apply): GE testing letters or affidavits from manufacturers other (specify)**If letters/affidavits from manufacturers are used, how often does your operation inquire as to continued compliance?** annually other (specify)**Do you have a product recall system in place?** Yes No**D. EQUIPMENT****List all equipment used in processing and check appropriate boxes below:**

Equipment Name	Capacity	Check if equipment is cleaned prior to organic production (✓)	Check if the equipment is purged prior to organic production (✓)	Check if cleaning/purging is documented (✓)
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If equipment is purged, list and describe purge procedures, quantities purged, and documentation.

E. SANITATION

Check all cleaning methods used:

- sweeping vacuuming compressed air clean in place (CIP) steam cleaning
 scraping manual washing sanitizing other (specify)

Provide information on your cleaning program, products used, and check appropriate boxes below:

Area	Type of cleaning	Cleaning equipment used	Products used	Frequency	Check if cleaning is documented (✓)
Receiving area					<input type="checkbox"/>
Ingredient storage					<input type="checkbox"/>
Product transfer					<input type="checkbox"/>
Production area					<input type="checkbox"/>
Production equipment					<input type="checkbox"/>
Packaging area					<input type="checkbox"/>
Finished product storage					<input type="checkbox"/>
Loading dock					<input type="checkbox"/>
Building exterior					<input type="checkbox"/>
Accidental spills					<input type="checkbox"/>
Other (specify)					<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 used at your operation (e.g. quaternary ammonium)? Yes No

If yes, do any persistent cleaners/sanitizers contact surfaces that contact organic products? Yes No
 If yes, describe how the compounds/residues are removed.

Where are cleaning/sanitizing materials stored?

List all cleaning and sanitizing products used on your operation below:

Attach label / product information for cleaning and sanitizing products that have not been previously approved. If approved, have the approval certificate/listing available for auditing during the inspection or upon request.

Cleaning / Sanitation Product Brand Name	Manufacturer	Approved?			Explain if each material has food contact. <ul style="list-style-type: none"> If removed from equipment, explain method of removal. If restricted, describe compliance with NOP rule annotation.
		O M R I	W S D 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"/>	

F. PACKAGING

Check types of packaging material used:

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

List suppliers for all packing materials used:

Are all packaging materials free of prohibited materials (e.g. synthetic fungicides, preservatives, or fumigants)?

Contact the packaging manufacturer if you are unsure.

Yes No

If no, describe exposure, including name of products used:

Do you use “active packaging” that emits or releases compounds into organic products (e.g. antimicrobials, ethylene scavengers, or antioxidants)?

Yes No

If yes, provide complete packaging information for review and approval by ISDA

Are any oxygen displacers (e.g. nitrogen gas) or moisture absorbers used in your packaging?

Yes No

If yes, provide information for review and approval by ISDA

Where are packaging materials stored?

Are any fungicides, fumigants, or pest control products used in this storage area?

Yes No

If yes, describe use and list specific products.

Are packaging materials reused?

Yes No

If yes, describe how reusable packaging materials are cleaned prior to use:

G. STORAGE

Provide information on your storage areas by completing the following table:

Use	Location	Type/ capacity	Identificati on 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"/>	

***If there is off-site storage, give name, address, phone number, contact person, and type of products stored at off-site facility.**

Explain how organic ingredients and products are identified and differentiated for one another in storage.

H. TRANSPORTATION OF ORGANIC PRODUCTS

Incoming Transportation:

In what forms are incoming products received?

- dry bulk liquid bulk tote bags tote boxes cardboard drums
 metal drums paper bags foil bags other (specify)

How are incoming products transported?

Do you arrange incoming product transport?

If you use transport companies, have they been notified of organic handling requirements? Yes No

Yes No
 Yes No

Are transport units used to carry non-organic products or prohibited substances?

If yes, explain how you ensure that inbound transport units are cleaned prior to loading organic products: Yes No

Yes No

Is the inspection/cleaning process documented?

Yes No

Are organic products shipped at the same time as non-organic in the same transport units? Yes No

If yes, check all steps taken to segregate organic products:

- use of separate pallets pallet tags identifying "organic"
 organic product shrink wrapped organic product sealed in impermeable containers
 separate area in transport unit other (specify)

In-Process Transportation:

How are in-process products transported?

Explain how you ensure that in-process transport units are cleaned prior to loading organic products:

Is the inspection/cleaning process documented?

Yes No

Outgoing Finished Product Transportation:

In what form are finished products shipped?

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

How are outgoing products transported?

Do you arrange outgoing product transport?

Yes No

If you use transport companies, have they been notified of organic handling requirements?

Yes No

Are transport units used to carry non-organic products or prohibited materials?

Yes No

If yes, explain how you ensure that outgoing transport units are cleaned prior to loading organic products:

Is the inspection/cleaning process documented?

Yes No

Are organic products shipped at the same time as non-organic in the same transport units? Yes No

If yes, check steps taken to segregate organic products:

- | | |
|---|--|
| <input type="checkbox"/> use of separate pallets | <input type="checkbox"/> pallet tags identifying "organic" |
| <input type="checkbox"/> organic product shrink wrapped | <input type="checkbox"/> separate area in transport unit |
| <input type="checkbox"/> organic product sealed in impermeable containers | <input type="checkbox"/> other (specify) |

SECTION 4: Pest Management

NOP Rule 205.271

NOP Regulations require management practices to prevent pests, such as removal of pest habitat, food sources, and breeding areas, and prevention of access to handling facilities. Environmental factors, such as temperature, light, humidity, atmosphere, and air circulation, may be used to prevent pests. Pests may be controlled using mechanical or physical means, such as traps, light, or sound. Lures and repellents may be used if they do not contain prohibited substances or products produced using excluded methods (genetically engineered). If these measures are not effective, a synthetic substance not on the National List may be used provided the certifying agent approves use of the substance, method of application, and measures taken to prevent contact with ingredients or organic products. Use of pest control products must be documented and included as part of the Organic Handling Plan.

Attach a facility map showing the location of equipment, storage areas, pest control, etc.

Facility map attached

What type of pest management system do you use?

- In-house (name of responsible person):
- Contract pest control service (name, address, phone number):

Are records kept of your pest monitoring activities?

Yes No

Check all aspects of your waste management system that apply:

- | | | |
|---|---|---|
| <input type="checkbox"/> on-site dumpster | <input type="checkbox"/> material recycling | <input type="checkbox"/> daily pick-up of waste |
| <input type="checkbox"/> composting | <input type="checkbox"/> field application of waste | <input type="checkbox"/> other (specify) |

Does your waste management system provide habitat and/or food sources for pests?

Yes No

If yes, please describe:

Check all pest problems you generally have:

- flying insects
- crawling insects
- rats
- mice
- spiders
- birds
- other (specify)

Check all pest prevention and management practices you use:

- | | | |
|--|---|---|
| <input type="checkbox"/> removal of exterior habitat/food sources | <input type="checkbox"/> inspection zones around interior perimeter | <input type="checkbox"/> monitoring |
| <input type="checkbox"/> sheet metal on sides of building exterior | <input type="checkbox"/> incoming ingredient inspection for pests | <input type="checkbox"/> ryania |
| <input type="checkbox"/> good sanitation | <input type="checkbox"/> clean up spilled product | <input type="checkbox"/> fogging |
| <input type="checkbox"/> sealed doors and/or windows | <input type="checkbox"/> screened windows, vents, etc. | <input type="checkbox"/> exclusion |
| <input type="checkbox"/> physical barriers | <input type="checkbox"/> positive air pressure in facility | <input type="checkbox"/> mowing |
| <input type="checkbox"/> precipitated silica | <input type="checkbox"/> ultrasound/light devices | <input type="checkbox"/> boric acid |
| <input type="checkbox"/> sticky traps | <input type="checkbox"/> repair of holes, cracks, etc. | <input type="checkbox"/> pyrethrum |
| <input type="checkbox"/> electrocutors | <input type="checkbox"/> release of beneficials | <input type="checkbox"/> nitrogen |
| <input type="checkbox"/> pheromone traps | <input type="checkbox"/> scare eye balloons | <input type="checkbox"/> rotenone |
| <input type="checkbox"/> freezing treatments | <input type="checkbox"/> mechanical traps | <input type="checkbox"/> carbon dioxide |
| <input type="checkbox"/> heat treatments | <input type="checkbox"/> vacuum treatments | <input type="checkbox"/> fumigation |
| <input type="checkbox"/> vitamin baits | <input type="checkbox"/> disodium octal tetrahydrate | <input type="checkbox"/> air showers |
| <input type="checkbox"/> diatomaceous earth | <input type="checkbox"/> crack and crevice spray | <input type="checkbox"/> air curtains |
| <input type="checkbox"/> other (specify) | | |

List all pest control products used in the last 12 months or those which are anticipated to be used. The following information may be submitted on a separate document or form if desired.

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

Are records kept of all pesticide applications?

Yes No

If a pest control substance is used, list all measures taken to prevent contact with organic products, ingredients or packaging materials.

Are any substances used which are prohibited according to the National List? Yes No

If yes, did you contact the certifying agent for prior approval before using? Yes No

If prohibited pest control products were used, what measures are you taking or planning to take to prevent their use in the future?

Are there any substances intended for use which are not listed above? Yes No

If yes, list substances intended for use:

SECTION 5: Record Keeping

NOP Rule 205.103

NOP Regulations require 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 and provided to ISDA upon request.

Will you keep your records for at least 5 years? Yes

Which of the following records do you keep for organic processing/handling?

Incoming:

- purchase orders
- contracts
- invoices
- receipts
- receiving records (12 mos.)
- receiving summary log
- bills of lading
- scale tickets
- quality test results
- Certificates of Analysis
- organic certificates for ingredients
- verification of non-GMO ingredients
- verification of ingredients produced not using sewage sludge
- verification of ingredients produced/handled without ionizing radiation
- documentation that organic ingredients are not commercially available, when using non-organic ingredients
- for imported products, import documentation tracing back all movement to last certified entity
 - Transaction Certificates
 - customs forms
 - phytosanitary certificates
- other (specify)

In-Process:

- | | | |
|--|---|---|
| <input type="checkbox"/> ingredient inspection forms | <input type="checkbox"/> blending reports | <input type="checkbox"/> equipment clean-out logs |
| <input type="checkbox"/> packaging reports | <input type="checkbox"/> sanitation logs | <input type="checkbox"/> production summary records (12 mos.) |
| <input type="checkbox"/> production reports | <input type="checkbox"/> QA reports | <input type="checkbox"/> other (specify) |

Storage:

- ingredient inventory reports finished product inventory reports other (specify)

Outgoing:

- | | | |
|---|---|--|
| <input type="checkbox"/> shipping log | <input type="checkbox"/> bills of lading | <input type="checkbox"/> scale tickets |
| <input type="checkbox"/> sales invoices | <input type="checkbox"/> sales orders | <input type="checkbox"/> sales summary log |
| <input type="checkbox"/> purchase orders | <input type="checkbox"/> phytosanitary certificates | <input type="checkbox"/> transport unit inspection/cleaning forms |
| <input type="checkbox"/> shipping summary log | <input type="checkbox"/> export declaration forms | <input type="checkbox"/> Transaction Certificates |
| <input type="checkbox"/> audit control register | <input type="checkbox"/> complaint log | <input type="checkbox"/> copies of Certificates of Organic Operation |
| <input type="checkbox"/> other (specify) | | |

Describe your lot numbering system.

Can your record keeping system track the finished product back to all ingredients? Yes No

Explain how your documents are traceable through your recordkeeping system and track organic products.

Can your record keeping system balance organic ingredients in and organic products out? Yes No

How do you monitor the inventories of organic ingredients and goods on-site?

When organic products are sold, are they identified as organic on the sales documentation?

Yes No (if no please explain)