



Organic Crops System Plan

Legal Business Name:		DBA (if any):	
Customer ID:	Physical Address:		
Responsible Party:		Phone Number and E-mail:	
Legal Status:	Sole Proprietorship	Corporation	Trust or non-profit
	Legal Partnership (federal form 1065)		Cooperative
	Other (specify):		

Please provide a brief overview of your operation

SECTION 1. General Information NOP 205.201, 205.401			Last Updated:
1. Do you have a copy of the National Organic Standards?		YES	NO
2. Year first certified:	List prior certification agencies:	List current organic certification agencies:	
3. Did you receive any non-compliances from last years certification?		YES	NO N/A
If yes, please list the noncompliance(s) and state how the issues have been resolved.			
4. Have you ever been denied certification or had your certification suspended or revoked?		YES	NO N/A
If yes, Please describe the circumstances.			



Section 3. Seeds, Seedlings, and Transplants (NOP 205.204) **Last Updated:**

1. List all seeds used or planned for use in the current season. Check the appropriate boxes and provide other information as needed. **Attach additional pages as necessary**

- No seeds are used
- All seeds are certified organic
- No certified organic seeds are used (fill out table below)
- There is a mix of organic and non-organic Seeds (fill out table below)

SEED VARIETY/BRAND	UNTREATED	TREATED	TYPE/ BRAND OF TREATMENT (if applicable)	ATTEMPTS TO USE ORGANIC SEED DOCUMENTED?

Attach additional sheets as necessary. **NOTE: IF YOU ARE USING NON-ORGANIC SEEDS IN YOUR OPERATION, YOU MUST DOCUMENT THREE ATTEMPTS TO SOURCE ORGANIC SEED AND HAVE THIS AVAILABLE FOR REVIEW DURING YOUR ON-SITE INSPECTION.**

2. Do you use annual or biannual seedlings?	YES	NO
If yes, are they produced on farm?	YES	NO
<i>NOTE: If produced on farm, please add potting soils used and all other inputs to input inventory and include the Greenhouse Addendum with your application if applicable.</i>		

Section 4. Soil Fertility and Crop Nutrient Management (NOP 205.203, 205.205): **Last Updated:**

General Information

1. What are your soil types? N/A
2. What are your soil/nutrient deficiencies, if any? *Please attach copies of any test results on file.*



3. How do you monitor the effectiveness of your fertility management plan?			
Soil testing	Microbiological testing	Tissue 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	Other (specify):
5. Rate the effectiveness of your fertility management program:			
Excellent	Satisfactory	Needs improvement	
6. What are the major components of your soil and crop fertility plan?			
Crop rotation	Green manure/ plowdown	Cover crops	Subsoiling
Complete year fallow	Incorporation of residues	On-farm manure	Off-farm manure
Soil amendments	Side dressing	Foliar Fertilizers	
Inoculants	Biodynamic preparations	Other (specify):	

***PLEASE LIST ALL FERTILITY INPUTS USED OR INTENDED TO BE USED ON THE INPUT INVENTORY ***

7. Do you burn crop residues? If yes, please describe materials used and reason for burning:	YES	NO
8. Do you apply sewage sludge to fields? If yes, lists fields where applied:	YES	NO
Compost use NOP 205.203(c)(2)		
<i>If you produce your own compost please keep and attach compost productions record that demonstrates compliance with 205.203(c)(2) include composting method, (in-vessel, static aerated pile, windrows, etc.) temperature records, and C:N ratio.</i>		
9. Do you use compost?	YES	NO
10. Do you purchase compost?	YES	NO
11. What is the compost feedstock?		
NA- no compost used Animal bedding Plant based Newspaper/paper	Animal based (manure, urine, feces, other excrement) Vermicast (worm castings) Wood chips/sawdust Other (specify):	



**Manure use
NOP 205.203(c)(1)**

The NOP stipulates restrictions on the use of raw manure on crops that are intended for human consumption and the length of time before harvest that raw manure can be applied. Manure is defined as "feces, urine, other excrement, and bedding produced by livestock that has not been composted." To be considered compost, composting records must be available for review.

1. What type of manure do you use at your operation?

None Liquid Semi-solid Piled Partially composted
Fully composted Other (specify):

2. What type 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
Crops for human consumption whose edible portion does not have direct contact with the soil

Section 5. Natural Resource Conservation and Water (NOP 205.200, 205.203(a)): **Last Updated:**

1. What conservation practices do you use? *Ex. low till/no till, mulch, cover crop, composting, contour farming, conservation buffers, habitat, invasive species management, riparian buffer, wetlands, windbreak, etc.*

2. What soil erosion problems do you experience and why? Please describe your efforts to minimize soil erosion:

3. How do you monitor the effectiveness of your soil conservation program?

4. How often do you conduct conservation monitoring?

Weekly Monthly Annually As needed Other (specify):

Please ensure that all sources of water used on the farm are designated on the farm map

5. Please indicate all uses of water at the operation:

None Livestock Foliar sprays Crop washing
Greenhouse Irrigation Other (specify):

6. Water sources:

N/A Municipal/county On-site wells River/creek/pond Irrigation District Spring
Other (specify):



7. Type of irrigation system:				
None	Drip	Flood	Center pivot	Wheel line
Hand line	Other (specify):			
8. Is system shared with another operator?			YES	NO
If yes, does the other grower inject fertilizers, pesticides, algacides, sanitizers, or any other substance through the shared irrigation system?			YES	NO
9. What practices do you use to maintain or improve water quality? <i>Ex: scheduled use, laser leveling/ land forming, drip irrigation, micro-spray, etc.</i>				
10. How do you monitor the effectiveness of your water quality management program?				
11. How often do you conduct water quality monitoring?				
Weekly	Monthly	Annually	As needed	Other (specify):
12. What steps do you take to plan/provide for biodiversity and conservation? <i>Ex. designated habitat zones, planting native species, pollinator plants</i>				

PLEASE LIST ALL INPUTS APPLIED THROUGH IRRIGATION SYSTEMS AND CLEANERS/SANITIZERS FOR LINES ON THE INPUT INVENTORY

Section 6. Crop Management	Last Updated:
NOP(205.205, 205.206):	

Annual Crop Rotation Plans	N/A
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CROP ROTATION PLAN	FIELD #/ID	ANTICIPATED CHANGES



Perennial Cropping systems		N/A
1. Indicate the practices in place to introduce biological diversity:		
Alley cropping	Intercropping	Hedgerows
Other:	Native ground cover	
Weed Management Plan		
1. What are your weed problems, if any?		N/A
2. What weed control methods do you use (for example, flame weeding, hand weeding, hand tools, herbicides, mulch, etc.)?		
Records of weed control methods, including dates and fields must be available for review during inspection. Any inputs used should be included on your Input Inventory Sheet.		
3. If you use synthetic mulches or corn gluten as weed control measures, how do you ensure that you are in compliance with NOP regulations regarding these materials? Please explain.		
4. How do you monitor the effectiveness of your weed management program (for example weed counting, comparison of crop yields, observation of weed types, etc.)?		
5. How often do you conduct weed monitoring?		
Weekly	Monthly	Annually
As needed	Other (specify):	
Pest Management Plan		
1. What are your pest problems?		N/A
Rodents	Gophers	Birds
Other(specify):	Insects(specify):	
2. Do you work with a pest control advisor? If yes, please provide name and contact information:		YES NO
3. How often do you conduct pest monitoring?		
Weekly	Monthly	Annually
As needed	Other(specify):	



4. How do you monitor the effectiveness of your pest management plan?

Insect monitoring with traps	Observation of crop health	Comparison of crop yields
Crop quality testing	Monitoring records kept	
Other(specify):		

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

Crop rotation	Selection of plant species/variety	Frog ponds
Bird houses	Companion planting	Hand picking
Trap crops	Timing of planting	Monitoring
Traps	Physical barriers	Physical removal
Inspect repellents	Lures*	IPM
Parasite/predator species	Animal repellents*	Bat house
Limited use of prohibited products*		Use of approved products*
Use of restricted products*		Development of habitat for natural enemies
Other(specify):		

*** ALL PEST CONTROL INPUTS MUST BE LISTED ON THE INPUT INVENTORY ***

Pest management records including dates and fields must be available for review during inspection. Any inputs used should be included on your Input Inventory Sheet.

Disease Management Plan

1. What are your problem crop diseases, if any?

2. How do you monitor the effectiveness of your disease management plan?

Soil testing	Microbiological testing	Tissue testing
Observation of soil	Observation of crop health	Comparison of crop yields
Crop quality testing	Other(specify):	

3. What disease prevention strategies do you use?

Crop Rotation	Field Sanitation	Selection of plant Varieties/species
Timing of planting/ cultivating	Plant spacing	Vector Management
Soil balancing	Solarization	Companion planting
Limited use of prohibited products*		Use of approved products*
Use of restricted products*	Compost/ tea use*	
Other(specify):		

** These items must be listed on Input Inventory*



4. How often do you conduct disease monitoring?

Weekly Monthly Annually As needed Other (specify):

Disease monitoring records including dates and fields must be available for review during inspection. Any inputs used should be included on your Input Inventory Sheet.

***PLEASE LIST ALL DISEASE MANAGEMENT INPUTS USED OR INTENDED TO BE USED ON THE INPUT INVENTORY ***

Section 7. Maintenance of Organic Integrity (NOP 205.201(a)(5), 205.202(c)): **Last Updated:**

Adjoining Land Use **N/A**

Please list specific buffer areas you maintain in the table below:

All buffer zones listed here should be designated along with adjoining land uses on field maps. Attach additional sheets as necessary.

FIELD #/ID	TYPE OF BUFFERS (Ex. Roadway, 2ft of crop, etc.)	WIDTH OF BUFFER	ADJOINING LAND USE (Ex. County road, conventional field, etc.)	IS THE BUFFER HARVESTED?	
				YES	NO
				YES	NO
				YES	NO
				YES	NO
				YES	NO

1. What procedures do you have in place to ensure that buffer zone crops that may be harvested do not contaminate or commingle with crops intended for organic sale, including equipment usage in buffer zone?



2. Other than the buffer zones listed above, what additional safeguards do you employ to prevent accidental contamination of organic crops?

NONE

Written Notification to:

Highway departments
Aerial spray companies
Airports

Electrical Companies
Drainage/irrigation districts
Other(specify):

Adjoining land owners
Farm service office

3. Have you posted signs along roadsides that adjoin organic fields?

YES NO

4. Do any fields or portions of fields flood frequently (more than once every ten years)?

YES NO

If yes, please list field numbers as they correspond to your field map.

5. How do you monitor for crop contamination?

Visual observation Residue analysis GMO testing Photographs
Wind direction/ speed data Other(specify):

6. How often do you conduct crop contamination monitoring?

Weekly Monthly Annually As needed Other(specify):

Parallel and Split Production

7. Do you grow the same crops organically and conventionally (including transitional acreage)?

YES NO

If yes, please list specific crop varieties that you are growing in table below for both organic and transitional/conventional crops.

SPECIFIC CROP/ VARIETY	FIELD #/ID	TRANSITIONAL OR CONVENTIONAL	ORGANIC CROP VARIETY	GMO?	TOTAL ACRES	PLANNED USE OF CROP <i>Ex. Feed, cover crop</i>

**Attach additional sheets as necessary*



Please list prohibited inputs (i.e. soil amendments, pesticides, herbicides etc.) used on **conventional** crops. *Attach additional sheets as necessary.*

PRODUCT NAME	WHO APPLIES? SELF OR CUSTOM?	FIELD #/ID WHERE APPLIED	WHERE IS IT STORED?

**Attach additional sheets as necessary*

Equipment			N/A
List equipment used for planting, tilling, cultivation, spraying, and harvesting			
EQUIPMENT NAME	OWNED (O) RENTED (R) CUSTOM (C)	CHECK IF USED FOR BOTH ORGANIC AND CONVENTIONAL	IS EQUIPMENT CLEANOUT DOCUMENTED BEFORE USE ON ORGANIC FIELDS?

8. Is your equipment maintained so that fuel, oil and hydraulic fluid do not leak?	YES	NO	N/A
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Please describe your contamination risk strategy for equipment that may previously have been contaminated by prior use or is not applicable to wash out procedures:

Harvest	
9. How are your crops harvested?	Mechanical By hand
10. Are any organic crops custom or contract harvested? <i>If yes, please have cleaning affidavits or cleaning records available for review during inspection.</i>	YES NO



11. Describe steps taken to protect organic crops from commingling and contamination during harvest:	
12. What containers are used for harvesting? Gravity wagons/ boxes Truck boxes Cardboard/ wax boxes Wooden totes Plastic containers Other (specify):	
13. Are containers new each harvest or re-used? If re-used, what did they contain prior to use for organic crops? Please describe cleaning procedures done to ensure re-used containers do not provide contamination risk to organic integrity.	New Re-used
14. Are the containers used for organic crops only?	YES NO
15. Describe potential contamination or commingling problems you have with harvest of organic crops and procedures you have in place to address those risks:	
Post-Harvest Handling N/A	
16. Describe your post-harvest handling procedures and equipment:	
17. Is the processing area and equipment used for both organic and non-organic products? If yes, describe steps taken to prevent commingling and contamination.	YES NO
18. Are any products being labeled? <i>If yes all product labels must be submitted and approved by ODA prior to use.</i>	YES NO
19. Does packaging present any contamination problems for your organic products? If yes, what are they?	YES NO



20. Check types of packaging material used:

Paper	Cardboard	Wood	Glass	Metal	Foil	Waxed Paper
Aseptic	Natural fiber	Synthetic	Plastic	Dry bulk	Liquid bulk	Tote bags
Tote boxes	Paper bags	Mesh bags	Cardboard drums	Plastic crates		Metal drums
Other (specify):						

Crop Storage N/A

22. Are all storage sites at the address listed on page 1? Yes NO

STORAGE ID	ADDRESS	TYPE OF CROPS STORED	TYPE OF STORAGE (EX. COLD, DRY)	CAPACITY

23. Do you use the same storage areas for organic, transitional, buffer, and/or conventional crops? YES NO
If yes, how do you segregate organic crops from non-organic crops?

24. Are any stored crop inputs used or planned for use on organic crops? YES NO
If yes, please list in input inventory

NOTE: Please be sure to list any inputs used for cleaning, pest control, etc. for storage units on the Input Inventory

Transportation

25. Who is responsible for arranging transportation of organic products?
Self Buyer N/A Other(specify):

26. What potential contamination or commingling problems do you have with the transport of organic crops and what procedures do you have in place to mitigate that risk?



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

- Dedicated organic only Inspecting transport units prior to loading Cleaning transport units prior to loading
- use of clean truck affidavits Letter/contract with transport company stating organic requirements
- Other (specify):

Section 8: Recordkeeping System (NOP 205.103):

Last Updated:

1. The following records are mandatory *as applicable* and will be requested during your inspections. Please check all records that are kept:

- Field maps
- Field activity log(s)
- Field history sheets
- Documentation of previous land use for rented and/or newly purchased land
- Input records for soil inoculants, seeds, manure, foliar sprays, and pest control products
(*be sure to keep all labels for inspector examination*)
- Documentation of attempts to source organic seeds and/or planting stock
- Documentation of organic seedlings
- Residue analysis of inputs (i.e. manure sourced off-farm)
- Compost production records
- Monitoring records (soil tests, tissue tests, water tests, quality tests, observational)
- Equipment cleaning records
- Harvest records that show field numbers, date of harvest and harvest amounts
(including customer harvest records)
- Labor records
- Storage records (including field numbers, amounts stored and cleaning)
- Clean transport records
- Sales records
(purchase order, contract, invoice, cash receipts, cash receipt journal, sales journal, etc.)
- Shipping records
(scale ticket, dump station ticket, bill of lading, etc.)
- Transaction certificates
- Audit control summary
- Other (specify):

Please have all records available to inspector for examination during annual inspection.



Please describe your traceability system and how records related to organic crops are maintained.
(Reminder: The NOP standard requires that record are maintained for no less than 5 years)

Section 9. Signature and Attachments

I affirm that all statements made in this Organic System Plan are true and correct to the best of my knowledge.

Representative Name (printed): _____ Date: _____

Representative Signature: _____

Please list any attachments.