



Organic Handling/Processing 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's products and product flow

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 year's 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 2. Company Overview **Last updated:**
NOP 205.201

1. Please indicate which handling categories apply to this facility and your company. Please check all that apply.

- | | | |
|---------------------------------------|---|-------------------|
| Packer of raw agriculture products | Processor of single ingredient products | Wholesale Grocery |
| Repacker of raw agricultural products | Processor of multi-ingredient products | Distributor |
| Warehouse/ Storage facility | Other (please specify): | |

2. What specific type of handling or processing occurs at this facility? (i.e. fruit packing, IQF vegetables, grain cleaning, etc.).

PRODUCT REQUESTED FOR CERTIFICATION	100% ORGANIC (100%), ORGANIC (O), OR MADE WITH (MW) CATEGORY?	PRODUCT FORMULATION SUBMITTED? (REQUIRED FOR ALL MULTI- INGREDIENT PRODUCTS)	LABEL SUBMITTED ? (REQUIRED FOR ALL RETAIL AND NON-RETAIL CONTAINER LABELS)	PROJECTED PRODUCTION AMOUNT
	(100%) (O) (MW)			
	(100%) (O) (MW)			
	(100%) (O) (MW)			
	(100%) (O) (MW)			
	(100%) (O) (MW)			
	(100%) (O) (MW)			
	(100%) (O) (MW)			

Attach additional sheets as necessary

3. Does your company own the organic products that are handled at this facility?	Yes No	Own some/ custom handle some
If yes, at what point do you take ownership of the ingredients or products handled at your facility?		



5. Does your company handle or process, or plan to handle or process, the same product in both an organic and conventional form?	YES NO
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If yes, please provide a list of products that you handle or process in BOTH an organic and conventional form.

PRIVATE LABELING: 6. Does your company plan to custom process or custom label organic products for another company?	YES NO
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If yes, please complete the table below with the company or companies that you plan to custom label or custom process for.

Company Name	Product Name (as appears on label)	Is the contracting company an organically certified company?	Certification agency listed on the label
		YES NO	
		YES NO	
		YES NO	

Please attach additional sheets as necessary

SUB-CONTRACTS 7. Does your company plan to contract with any farms or other handling facilities to produce, process, store or label organic products?	YES NO
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If yes, please complete the table below. *Attach additional sheets if necessary.*

Contract Farm/ Company Name	Address	Phone No.	Organic Certification Agency of Farm/Contracting Company

8. Is your company responsible for sourcing ingredients for the organic products processed at your facility?	YES NO
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If no, please identify the responsible party or parties.

9. Do you import organic ingredients?	YES NO
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If yes, what documents do you require suppliers to submit in order to verify organic certification status?		
10. Please indicate how organic products handled or processed by your company are marketed. <i>Please check all that apply.</i>		
Bulk Sales to Food Processors	Direct Sales to customers	
Bulk Sales to Food Distributors or Retail Stores	Retail to Food Distributors or Retail Stores	
Other (please specify):		
11. Do you export finished/packed products?	YES	NO
If yes, please indicate which countries you intend to export to:		
If yes, please explain how you verify compliance with international trade agreements for countries of destination?		

Section 3. Harvest and Transportation of Organic Crops NOP 205.103, 205.270, 205.272	Last updated:	
1. Does your company arrange for, or is your company responsible for, the harvest of organic crops?	YES	NO
If yes, how do you ensure that there are no non-organic crop residues in harvest equipment? Equipment used for organic crops only Equipment is cleaned prior to organic crop harvest or use		
Is harvest equipment cleaning documented?	YES	NO
If yes, please indicate what type of cleaning documentation is maintained. clean truck/equipment affidavits clean-out records other (please specify):		
2. Does your company arrange for, or is your company responsible for, the transportation of organic crops?	YES	NO
If yes, how do you ensure there are no non-organic crop residues in transport equipment? Equipment used for organic crops only Equipment is cleaned prior to use for organic Other: (please specify)		
Is transport equipment cleaning documented?	YES	NO



If yes, please indicate what type of cleaning documentation is maintained.
 clean truck/equipment affidavit clean-out records other (please specify):

3. Does your company provide harvest containers to farms for organic products?	YES	NO
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If yes, are the containers:
 New Used for organic crops only Cleaned prior to use Lined prior to use

How are harvest containers identified as organic?

Section 4. Receiving Incoming Organic Products **Last updated:**
NOP 205.103, 205.270, 205.272

1. How are organic products/ingredients received at your facility? *Please check all that apply.*
 Bins Bulk Bags Wholesale Boxes Drums Bulk trailer
 Totes Pails Retail Packages Other (specify):

2. What receiving/shipping documents accompany incoming organic products?
Please check all that apply.
 Organic Certificate Clean truck affidavit Scale ticket Field ticket
 Transaction certificate Bill of Lading Invoice Contracts
 Purchase order Other (specify)

3. How are products identified as organic on receiving documents?

4. Is an internal lot code assigned at the time of receipt of organic products?	YES	NO
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If yes, please describe the lot code system. *e.g. Date and organic designation "MMDDYYOG"*

5. Please describe how your company ensures incoming organic products are protected from contamination by prohibited substances and commingling with non-organic products.



Section 5. Cleaning and Sanitation NOP 205.103, 205.272	Last updated:
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1. Check all cleaning methods used prior to processing or handling organic products

N/A (no cleaning or purging occurs)	Sweeping	Compressed air	Steam cleaning
Purging of equipment *	Scraping	Vacuuming	Sanitizing
Clean in place (CIP)	Steam Cleaning		Manual Cleaning
Other (specify):			

** Purging equipment entails running organic product to flush conventional product residue from equipment*

3. Is the use of cleansers followed by a potable water rinse?	YES	NO	N/A
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4. Does your facility test food contact surfaces or rinsate water for cleaner/sanitizer residue?	YES	NO	N/A
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5. Please describe how your operation ensures organic products are not contaminated by a cleanser/sanitizer from a food contact surface?

6. Please describe how your operation documents and records cleaning, sanitation, and/or purge practices and procedures. *Attach a separate sheet if necessary.*

*** PLEASE LIST ALL CLEANING AND/OR SANITATION MATERIALS USED ON FOOD CONTACT EQUIPMENT AND FOOD CONTACT SURFACES ON THE INPUT INVENTORY. ***

Section 6. Packing and Processing NOP 205.103, 205.270, 205.272	Last updated:
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1. Please indicate what production records are maintained by your company.

Equipment clean-out logs	Ingredient Usage Report	Shrinkage Log	Waste log
Product specification sheets	Ingredient inventory report	Production log	QC reports
Ingredient Inspection forms	Finished inventory reports	Packaging reports	Batch recipes
Other (specify):			

2. How are products identified as organic on production documents?

3. Are your packaging or processing lines and/or equipment dedicated for use with organic products only?	YES	NO
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If no, please describe how you ensure organic products are not contaminated with prohibited materials or commingled with non-organic products during packing and/or processing.



4. How are partial pallets/boxes/drums of organic products handled and how do you ensure they are protected from commingling with non-organic products during packing or processing?

Section 7. Post-Harvest Materials **Last updated:**
NOP 205.272, 205.601

1. Please indicate what types of post-harvest materials are used at your facility (for both conventional and organic products if applicable) *check all that apply*

- | | | | |
|------------------|-----------------------|---------------------|--------------------|
| None used | Anti-microbial agents | Anti-foaming agents | Anti-fungal agents |
| Waxes | Sprouting inhibitors | Sanitizers | Flotation Agents |
| Other (specify): | | | |

* PLEASE LIST ALL POST-HARVEST MATERIALS USED AT YOUR FACILITY ON THE INPUT INVENTORY. PLEASE BE SURE TO INDICATE WHICH MATERIALS ARE USED WITH ORGANIC PRODUCTS. *

Section 8. Processing Aids **Last updated:**
NOP 205.272, 205.605-205.606

1. Please indicate what types of processing aids are used in the manufacturing of products at your facility. (for both organic and conventional is applicable) *Check all that apply.*

- | | | | |
|------------------|---------------------------------|-------------------|-----------------|
| None used | Anti-sticking or release agents | Anti-caking agent | Filtering agent |
| Enzymes | Other (specify): | | |

* PLEASE LIST ALL PROCESSING AIDS USED AT YOUR FACILITY ON THE INPUT INVENTORY. PLEASE BE SURE TO INDICATE WHICH MATERIALS ARE USED WITH ORGANIC PRODUCTS. *

SECTION 9. Water **Last updated:**
NOP 205.103, 205.272, 205.601, 205.605

1. How is water used at your facility? *Check all that apply*

- Not used- Skip to next section**
- | | | | | |
|------------|------------------------|--------------------|---------|---------|
| Ingredient | Product Transportation | Cleaning equipment | Cooling | Cooking |
| Cleaning | Other (specify): | | | |

2. Source of water:
Municipal On-site well Other (specify):

3. Does the water meet the requirements of the Safe Water Drinking Act?	YES	NO
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4. Is water treated on-site? <i>If yes, please indicate what water treatment processes are used on the Input Inventory.</i>	YES	NO
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5. Describe how you monitor water quality.



6. Is chlorine, calcium hypochlorite, chlorine dioxide, or sodium hypochlorite used in wash or flume water at your facility? <i>If yes, please include the substances used on the Input Inventory.</i>	YES	NO
<p>If Chlorine is used for water treatment, how often do you monitor or test discharge or effluent water to ensure the residual chlorine level is at or below 4 ppm? Daily Monthly Weekly Annually Other (please specify):</p>		
Please describe how you document the results of your monitoring or testing.		
7. Is steam used in the processing or packaging of food products? If not, skip to next section.	YES	NO
If yes, does steam have direct contact with organic food products?	YES	NO
<p>If yes, do you use:</p> <p>Testing of condensate Steam filters Condensate traps Testing of finished products Other (please specify):</p>		
Are boiler water additives used during food handling or processing? <i>If yes, please list all products used as boiler additives (for both conventional and organic production, if applicable) on the Input Inventory.</i>	YES	NO

Section 10. Storage NOP 205.270, 205.272	Last updated:
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1. Does your company store organic products? <i>If not, skip to next section.</i>	YES	NO	
If yes, are all storage facilities located at the address listed on the first page?	YES	NO	
USE	LOCATION/NAME OF STORAGE AREA(S)	TYPE/ CAPACITY	DEDICATED ORGANIC?
Incoming raw product			YES NO
Ingredient storage			YES NO
Packaging material storage			YES NO
In-process storage			YES NO
Finished product storage			YES NO
Other (please specify):			YES NO

**If off-site storage is contracted remember to record the information about the facility under contract parties in Section 2, page 3.*



2. Please describe how you ensure organic products are not contaminated with prohibited materials or commingled with non-organic products during storage. Please include details on both incoming product storage and finished product storage.

Section 11. Packaging, Storage Containers, and Shipping Containers **Last updated:**
NOP 205.270, 205.272

1. Does this facility pack organic products into retail packages or place organic products in storage or shipping containers? <i>If not, skip to next section.</i>	YES NO
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If yes, what type(s) of packaging materials or storage/shipping containers do you use? Please check all that apply.

Paper	Glass	Aseptic	Cardboard	Metal	Synthetic fiber	Wood	Foil
Plastic	Waxed paper		Natural fiber	Poly	Other (please specify):		

2. Are all packaging materials and/or storage and shipping containers food grade?	YES NO
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3. Have any packaging and/or storage and shipping containers been exposed to synthetic fungicides, preservatives, or fumigants?	YES NO
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4. Are packaging materials and/or storage and shipping containers reused?	YES NO
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If yes, please describe how organic product is protected from contamination when placed in the reused container.

5. Please describe how you identify packages or containers as organic.

6. Is all packaging and labeling equipment cleared of organic identification prior to all subsequent conventional runs?	YES NO
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Section 12. Shipping Outgoing Organic Products **Last updated:**
NOP 205.103, 205.270, 205.272

1. How do organic products leave your facility? *Please check all that apply.*

Bins	Bulk bags	Wholesale boxes	Bulk trailer	Totes	Retail packages	Drums
Other (please specify):						



2. Please indicate what shipping or sales documents are maintained by your company. *Please check all that apply.*

Pallet/tote ticket Clean truck affidavit Contracts Bill of lading Purchase order
 Certificates of analysis Sales invoice Scale ticket Other (specify):

3. Do all documents clearly identify products as organic? YES NO

4. Does your company arrange outgoing product transport? YES NO
 If not, skip to next section.

If yes, have transport companies been notified of organic handling requirements? YES NO

How does your company ensure outgoing transport units are cleaned prior to loading loose, bulk organic products?

Not Applicable (only packaged goods are shipped) Clean-out records
 Clean truck/equipment affidavit Other (specify):

6. Are organic products shipped in the same transport units as non-organic products? YES NO

If yes, please indicate what steps are taken to segregate organic products.

Use of separate pallets Separate area in transport unit Organic product shrink wrapped
 Organic product sealed in impermeable containers Other (specify):

**Section 13. Pest Management
 NOP 205.271**

Last updated:

1. What type of pest management system does your facility use?

In-house - Name of responsible person:
 Contract pest control service – Name, address, phone number:

None used.

2. Check all pest problems at your facility.

No pest problems Flying insects Birds Crawling insects Rodents
 Other (specify):



3. Check all pest management practices used at your facility.

Good Sanitation	Ultrasound/light devices	Fogging**	Sealed doors and/or Windows
Pyrethrum*	Crack and crevice spray**	Pheremone traps*	Removal of exterior habitat/food sources
Air curtains	Clean-up spilled product	Sticky traps	Incoming ingredient inspection
Vitamin Baits*	Release of beneficials	Rotenone*	Screened windows/vents
Electrocuters	Heat treatments	Monitoring	Repair of cracks/holes
Fumigation**	Diatomaceous Earth*	Mechanical traps	Freezing treatments
Boric acid*	Physical barriers	Other (specify):	

* Please list all products indicated with * and ** on the Input Inventory.

**The use, frequency and method of application of these substances must be given prior approval by the Oregon Dept. of Agriculture. Please contact an ODA Certification Specialist to explain how you plan to use these substances and how organic products are protected from exposure to these substances.

Section 14. Quality Assurance and Record-Keeping NOP 205.103, 205.270, 205.272	Last updated:
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1. Do you have standard operating procedures for organic processing and/or handling? If yes, please attach a copy to this application.	YES	NO
2. Do you have a Quality Assurance program in place? If yes, what program? ISO HACCP Total Quality Management Other (please specify):	YES	NO
3. Are any outside quality assessment services used (ie. GlobalGAP, PrimusGFS, SQF, GHP)? If yes, please list.	YES	NO
4. Does your company conduct product testing? If yes, please list the types of testing conducted.	YES	NO
5. Are ingredient samples retained?	YES	NO
6. Are finished product samples retained?	YES	NO
7. Do you have a recall system in place?	YES	NO
8. Does your company conduct internal audits?	YES	NO
9. Can your recordkeeping system track the finished product back to all ingredients?	YES	NO
10. Can your recordkeeping system balance organic ingredients in and organic products out?	YES	NO
11. The NOP requires records related to an organic product be maintained for five years. Please describe your system for maintaining records related to organic products.		



Section 15. Signature and Attachments
Updated

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

Representative Name _____ Date _____

Signature

Please list any attachments: