



2024 CROP ORGANIC SYSTEM PLAN

Date:

Customer ID: AG-C000 OC

Legal business name:

DBA:

Legal Business Status:		
<input type="checkbox"/> Trust/non-profit	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC
<input type="checkbox"/> Legal Partnership	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Cooperative
<input type="checkbox"/> Other:		

Primary contact name:

Phone:

e-mail:

Organic Certification contact name:

Phone:

e-mail:

Main site address:

Official mailing address:

Website address:

Are all sites/facilities located at the same address (Including storage, cleaning, handling, etc.)?

☐ Yes ☐ No. *If no, please attach a list that includes all site addresses and include additional site registration forms for each.*

Please provide a brief overview of your operation:

Crops intended for your 2024 certificate:



Do you have a copy of the National Organic Program Standards?

☐ No ☐ Yes

Do you use the Organic Integrity Database (<https://organic.ams.usda.gov/integrity/>)

☐ No ☐ Yes

Year first certified:

Prior certifiers:

Current certifiers:

Have you ever been denied certification or had your certification suspended or revoked?

☐ No ☐ Yes.

If yes, please describe the circumstances:

What percentage of your production is organic?

Please check all that apply to your operation:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Annual crops | <input type="checkbox"/> Perennial Crops | <input type="checkbox"/> Pasture | <input type="checkbox"/> Hemp production |
| <input type="checkbox"/> On-site storage | <input type="checkbox"/> Greenhouse | <input type="checkbox"/> Product packaging | <input type="checkbox"/> Use of open/
exposed water |
| <input type="checkbox"/> Off-site storage | <input type="checkbox"/> Product washing | <input type="checkbox"/> Product labeling | <input type="checkbox"/> Leased land |
| <input type="checkbox"/> Importing products | <input type="checkbox"/> Product drying | <input type="checkbox"/> Bulk sales | <input type="checkbox"/> Transitional land |
| <input type="checkbox"/> Exporting of products | <input type="checkbox"/> Minimal handling | <input type="checkbox"/> Retail sales | <input type="checkbox"/> Contract harvest/
applications |
| <input type="checkbox"/> Parallel production
(both organic and non-
organic products) | <input type="checkbox"/> Production with
hydro/ aero/
aquaponics | <input type="checkbox"/> Use of sodium/
Chilean Nitrate | <input type="checkbox"/> Multiple, non-
contiguous sites |



2024 CROP ORGANIC SYSTEM PLAN – SECTION 2

Date:

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DBA:

2. FARM PLAN

NOP 205.201(a); 205.201(a)&(b)

Do you perform any on-farm washing, packing, or processing?

☐ No ☐ Yes. *If yes, please describe:*

Do you subcontract any of the following out to other operations while the product is still owned by your operation? ☐ No ☐ Yes:

☐ Harvesting ☐ Cleaning ☐ Packing ☐ Storage

☐ Transportation ☐ Distribution ☐ Other:

Subcontractor name	Address	Phone number	Subcontracted activity	Organic Certifier (if applicable)

Attach additional sheets as necessary

Is exposed, unpackaged, bulk, or loose organic product handled at these subcontractors?

☐ No ☐ Yes. *If yes, please describe how you prevent contamination/ commingling:*

Name:

Title:

Date:

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



2024 CROP ORGANIC SYSTEM PLAN – SECTION 3

Date:

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DBA:

3. SEEDS, SEEDLINGS, AND TRANSPLANTS

NOP 205.204

Planting material type, brand & variety	Is seed organic, untreated, or treated?	Type/ brand of treatment	Are attempts to obtain organic seed documented?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Attach additional sheets if necessary.

How do you source organic planting materials?

How do you monitor the organic status of your suppliers?

Frequency:



How do you monitor the organic status of incoming organic planting materials?

Frequency:

How do you prevent the use of ingredients produced using excluded methods (genetic engineering, sewage sludge, and ionizing radiation)?

- | | | |
|---|-------------------------------------|---|
| <input type="checkbox"/> Certified organic ingredients only | <input type="checkbox"/> GE Testing | <input type="checkbox"/> Letters from Manufacturers |
| <input type="checkbox"/> Other: | | |

How are organic products received?

- | | | | | | |
|---|--------------------------------|--------------------------------|--------------------------------|--|--------------------------------|
| <input type="checkbox"/> Bins | <input type="checkbox"/> Totes | <input type="checkbox"/> Boxes | <input type="checkbox"/> Pails | <input type="checkbox"/> Retail Packages | <input type="checkbox"/> Drums |
| <input type="checkbox"/> Bulk <input type="checkbox"/> Other: | | | | | |

Please describe how incoming organic products are protected from contamination and commingling with non-organic products (*applicable only to parallel production and bulk plant materials*):

Do you use annual or bi-annual seedlings?

- ☐ No ☐ Yes. *If yes, are these produced on farm?* ☐ No ☐ Yes

Name:

Title:

Date:

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



2024 CROP ORGANIC SYSTEM PLAN – SECTION 4

Date:

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DBA:

4. SOIL FERTILITY AND CROP NUTRIENT MANAGEMENT:

NOP 205.203; 205.205

What are your soil types?

How do you monitor the effectiveness of your fertility management plan?

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Soil testing | <input type="checkbox"/> Microbiological testing | <input type="checkbox"/> Tissue testing | <input type="checkbox"/> Crop quality testing |
| <input type="checkbox"/> Recorded observation of soil | <input type="checkbox"/> Recorded observation of crop health | | |
| <input type="checkbox"/> Comparison of crop yields | <input type="checkbox"/> Other: | | |

Frequency:

What are your soil/nutrient deficiencies (if any)?

What are the major components of your soil and crop fertility plan?

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Crop rotation | <input type="checkbox"/> Green manure/ plow down | <input type="checkbox"/> Cover crops | <input type="checkbox"/> Subsoiling |
| <input type="checkbox"/> Complete year fallow | <input type="checkbox"/> Incorporation of crop residues | <input type="checkbox"/> Manure | <input type="checkbox"/> Compost |
| <input type="checkbox"/> Soil amendments | <input type="checkbox"/> Side dressing | <input type="checkbox"/> Foliar fertilizers | <input type="checkbox"/> Alternate shallow and deep root crops |
| <input type="checkbox"/> Alternate heave/ light feeding | <input type="checkbox"/> Other: | | |

Do you burn crop residues? ☐ No ☐ Yes

If yes, please describe materials used and reason for burning:



Do you apply sewage sludge to fields? ☐ No ☐ Yes
If yes, please list fields where applied:

Do you use compost? ☐ No ☐ Yes
If yes, please list source:

What is the compost feedstock?	<input type="checkbox"/> N/A, no compost used	
<input type="checkbox"/> Animal bedding	<input type="checkbox"/> Newspaper/ paper	<input type="checkbox"/> Animal Based (manure, urine, feces, other excrement)
<input type="checkbox"/> Plant-based	<input type="checkbox"/> Vermicast (worm castings)	<input type="checkbox"/> Woodchips/ sawdust
<input type="checkbox"/> Other:		

Do you use manure? <input type="checkbox"/> No <input type="checkbox"/> Yes:		
<input type="checkbox"/> Piled	<input type="checkbox"/> Liquid	<input type="checkbox"/> Semi-solid
<input type="checkbox"/> Fully composted	<input type="checkbox"/> Partially composted	<input type="checkbox"/> Other:

What types of crops do you grow? Check all that apply
<input type="checkbox"/> Crops not for human consumption.
<input type="checkbox"/> Crops for human consumption whose edible portion has direct contact with the soil.
<input type="checkbox"/> Crops for human consumption whose edible portion does not have direct contact with the soil.

Name:	Title:	Date:
<i>I affirm that all statements made in this Organic System Plan are true and correct to the best of my knowledge.</i>		



2024 CROP ORGANIC SYSTEM PLAN – SECTION 5

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5. NATURAL RESOURCES, BIODIVERSITY, CONSERVATION, AND WATER

NOP 205.200; 205.203(a)

What soil conservation practices do you use? (e.g.: low till/no till, cover crop, composting, contour farming, conservation buffers, riparian buffers, wetland, windbreak, interplanting, under-sowing, retention ponds, long term sod, avoid working saturated soils, avoid steep, avoid highly erodible land, etc.)

What soil erosion problems do you experience and why?

Please describe your efforts to minimize soil erosion:

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

Frequency:

Please indicate all water uses at the operation:

- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Livestock | <input type="checkbox"/> Foliar Sprays |
| <input type="checkbox"/> Crops washing | <input type="checkbox"/> Irrigation | <input type="checkbox"/> Greenhouse |
| <input type="checkbox"/> Other: | | |



Water sources: (select all that apply)		
<input type="checkbox"/> None	<input type="checkbox"/> On-site wells	<input type="checkbox"/> Municipal/ county
<input type="checkbox"/> River/ creek/ pond	<input type="checkbox"/> Irrigation district	<input type="checkbox"/> Spring
<input type="checkbox"/> Other:		

Type of irrigation system:		
<input type="checkbox"/> None	<input type="checkbox"/> Drip	<input type="checkbox"/> Flood
<input type="checkbox"/> Center pivot	<input type="checkbox"/> Wheel line	<input type="checkbox"/> Hand line
<input type="checkbox"/> Other:		

Is this system shared with another operator? ☐ No ☐ Yes

If yes, does the other grower inject fertilizers, pesticides, algaecides, sanitizers, or any other substance in the irrigation system?

What practices do you use to maintain or improve water conservation?

(e.g.: Scheduled use, laser leveling, land forming, drip irrigation, micro-spray, plant regionally appropriate crops, plant drought tolerant natives, encourage infiltration in fields/pastures, etc.)

What practices do you use to share water resources with wildlife and or aquatic ecosystems?

(e.g.: Provide clean water sources for drinking/bathing/nesting, use fish screens with pumps, manage water for priority species, retain/restore vegetated riparian buffers/wetlands, etc.)

What practices are used to minimize water pollution?

(e.g.: fencing livestock, stream crossing, increase organic matter for better infiltration, sediment basin, compost/fertilizer stored away from water, calculate nutrient budgets, prevent nutrient leaching from over-irrigation, established grassed waterways/ terraces/ riparian buffers, etc.)



How do you monitor the effectiveness of your water conservation and water quality program?

Frequency:

List wildlife and dominant native plants present on your farm (note priority species):

What actions do you take to provide habitat for pollinators, insect predators, birds, bats, and other wildlife? *(e.g.: Bird/bat boxes and perches, hedgerows, blooming mixed crops, trees, shrubs, timing of field activities, brush piles, wildlife friendly fences, etc.)*

How are you restoring and/or protecting natural areas? *(e.g.: Woodlands, grasslands, riparian habitats, replace weedy areas with native species, establish conservation areas, etc.)*

What actions do you take to control invasive plant/animal species, especially those that threaten natural areas? *(e.g.: Learn about invasive species, weed/pest free seed usage, planting competing beneficials, biological control, etc.)*

How do you monitor farm biodiversity?

Frequency:

Name:	Title:	Date:
<i>I affirm that all statements made in this Organic System Plan are true and correct to the best of my knowledge.</i>		



2024 CROP ORGANIC SYSTEM PLAN – SECTION 6

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6. WEEDS, DISEASE, AND PEST MANAGEMENT

NOP 205.205; 205.206

What are your weed problems, if any?

What weed control methods do you use? (e.g.: Flame weeding, hand weeding, hand tools, herbicides, mulch, etc.)

Do you use synthetic mulches or weed mats?

☐ No ☐ Yes

If yes, please attach documentation stating the composition of the material or verification for allowed use in organic farming.

How do you monitor the effectiveness of your weed management program? (e.g.: Weed counting, comparison of crop yields, observation of weed types, etc.)

Frequency:

What are your crop diseases, if any?



How do you monitor the effectiveness of your disease management program? (e.g.: Soil testing, observation of soil, microbiological testing, tissue testing, etc.)

Frequency:

What disease prevention strategies do you use? (e.g.: Crop rotation, field sanitation, plant spacing, soil balancing, timing of planting, etc.)

What are your pest problems if any?

Do you work with a pest control advisor? ☐ No ☐ Yes

If yes, please provide name and contact information:

How do you conduct pest monitoring? (e.g.: Crop rotation, field sanitation, physical counting, crop observation, etc.)

Frequency:

What strategies do you use to control pest damage to crops? (e.g.: Crop rotation, bird houses, insect repellents, physical barriers, frog ponds, etc.)

Application of pest control materials first requires implementing physical means of pest prevention and elimination. If pest control materials are utilized, please explain how preventative measures and physical controls are insufficient:

Name:	Title:	Date:
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2024 CROP ORGANIC SYSTEM PLAN – SECTION 7

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DBA:

7. MAINTENANCE OF ORGANIC INTEGRITY

NOP 205.201(a)(5); 205.202(c)

Adjoining Land Use

Please list specific buffer areas you maintain in the table below. All buffer zones listed here should be designated along with the field maps.

Field ID	Type of buffer: (roadway, 2 ft of crop, etc.)	Width of buffer	Adjoining land use	Is the buffer harvested?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Attach additional sheets as necessary

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 zones?

Other than buffer zones listed above, what additional safeguards do you employ to prevent accidental contamination of organic crops? (e.g.: Written notification to neighbors, written notification to highway departments, no spray zone signs, contact with aerial spray companies.)

Do any fields or portions of fields flood frequently? (more than once every 10 years)

☐ No

☐ Yes

Revision: 2.3

Reviewed by: G. Uribe Valdez

Approved: S. Pearlstein
Effective Date: 11/16/2020



How do you monitor for crop contamination? (e.g.: Visual observation, residue analysis, GMO testing, photographs, etc.)

Frequency:

Parallel and Split Production

Do you grow the same crops organically and conventionally (Including transitional acreage)?

☐ No ☐ Yes. If yes, please list specific crops below:

Specific crop/ variety	Field ID	Transitional or conventional?	GMO?	Total Acres	Planned use of crops

How do you prevent contamination of organic crops with prohibited substances used on conventional fields?

How are materials used on organic crops segregated from materials used on conventional crops?

Describe how organic and conventional crops are segregated (including harvest and storage):

Describe how records differentiate sales of organic vs. conventional products:



Equipment

List equipment used for tilling, cultivation, planting, spraying, and harvest:

Equipment name	Used for both organic and non-organic production?	Is it cleaned/purged prior to organic production?	Is cleaning/purge documented?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Attach additional sheets as necessary

Is your equipment maintained so that fuel, oil, and hydraulic fluid do not leak? ☐ No ☐ Yes

What cleaning methods are used?

- | | | | |
|--|---|---|-------------------------------------|
| <input type="checkbox"/> Purging | <input type="checkbox"/> Sweeping | <input type="checkbox"/> Compressed Air | <input type="checkbox"/> Scraping |
| <input type="checkbox"/> CIP | <input type="checkbox"/> Vacuuming | <input type="checkbox"/> Steam cleaning | <input type="checkbox"/> Sanitizing |
| <input type="checkbox"/> Manual Cleaning | <input type="checkbox"/> No cleaning/ purging | <input type="checkbox"/> Other: | |

Is the use of cleansers followed by a potable rinse or other intervening step?

☐ No ☐ Yes

Please describe your contamination risk strategy for equipment that may previously have been contaminated by prior use or is not applicable to washout procedures:

Name:

Title:

Date:

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



2024 CROP ORGANIC SYSTEM PLAN – SECTION 8

Date:

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DBA:

8. HARVEST

NOP 205.201(a)

How are crops harvested? (e.g.: mechanical, by hand, etc.)

Are any organic crops custom or contract harvested? ☐ No ☐ Yes

If yes, please have cleaning affidavit or records available for review during your inspection.

Describe steps taken to protect organic crops from commingling and contamination during harvest:

What containers are used for harvesting (e.g.: Gravity wagons, truck boxes, carboard boxes, bags, totes, etc.)

Are containers new at each harvest or re-used? ☐ New ☐ Reused ☐ Both

If reused, 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:

Describe potential contamination or commingling problems you have with harvest of organic crops and procedures you have in place to address those risks:

Name:

Title:

Date:

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



2024 CROP ORGANIC SYSTEM PLAN – SECTION 9

Date:

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DBA:

9. POST HARVEST HANDLING:

NOP 205.201(a)

☐ N/A

Describe your post-harvest handling activities, procedures, and equipment. (SOPs can be added as an attachment):

Is the processing area and equipment used for both organic and non-organic product?

☐ No ☐ Yes. If yes, please describe steps taken to preventing commingling and contamination:

Are products being labeled?

☐ No ☐ Yes. If yes, labels must be approved by ODA prior to use.

Does packaging present any contamination problems for your organic products?

☐ No ☐ Yes. If yes, what are they?

Is water used?

☐ No ☐ Yes. If yes, please describe how you protect water quality and conserve water?

What type of packaging are products packaged, stored, and shipped in?

<input type="checkbox"/> Paper	<input type="checkbox"/> Glass	<input type="checkbox"/> Aseptic	<input type="checkbox"/> Cardboard	<input type="checkbox"/> Metal	<input type="checkbox"/> Wood
<input type="checkbox"/> Plastic	<input type="checkbox"/> Wax paper	<input type="checkbox"/> Foil	<input type="checkbox"/> Natural fiber	<input type="checkbox"/> Poly	<input type="checkbox"/> Bulk
<input type="checkbox"/> Other:					

Name:

Title:

Date:

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



2024 CROP ORGANIC SYSTEM PLAN – SECTION 10

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Legal business name:

DBA:

10. STORAGE

NOP 205.201(a)

Are all storage sites utilized located at the address listed on page one?

☐ No ☐ Yes

Each storage location requires a handling site registration (OCP.F.39).

Storage Use	Location	Type/capacity	ID Name or number	Dedicated Organic?	Comments/ potential contamination issues
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Describe how you ensure organic products are not contaminated or commingled with non-organic products during storage:

Frequency of monitoring:

Is this documented? ☐ No ☐ Yes

Are any stored crop inputs used or planned for use on organic crops?

☐ No ☐ Yes. *If yes, please list on input inventory (form OCP.F.09).*

Name:

Title:

Date:

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



2024 CROP ORGANIC SYSTEM PLAN – SECTION 11

Date:

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Legal business name:

DBA:

11. SHIPPING/TRANSPORTATION:

NOP 205.201(a)

Does your company arrange outgoing transportation? ☐ No ☐ Yes

How do you ensure outgoing transport units are clean prior to loading?

☐ N/A, packaged product only ☐ Clean-out records ☐ Clean truck affidavit

☐ Other:

What type of packaging are products packaged, stored, and shipped in?

Are all packaging and shipping materials food grade? ☐ No ☐ Yes

How do you ensure any packaging, storage, or shipping containers have not been exposed to synthetic fungicides, preservatives, or fumigants?

Please describe how you identify products as organic:

Please indicate what shipping or sales documents are maintained:

☐ Pallet/ tote ticket ☐ Clean truck affidavit ☐ Contracts ☐ COAs
☐ Bills of lading ☐ Sales invoices ☐ Scale Tickets
☐ Other:

Are organic products shipped in the same transport units as non-organic products?

☐ No ☐ Yes. *If yes, please indicate how organic products are segregated:*

☐ Separate pallets ☐ Separate area in unit ☐ Organic product is shrink wrapped
☐ Organic product in sealed, impermeable containers ☐ Other:

Name:

Title:

Date:

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



2024 CROP ORGANIC SYSTEM PLAN – SECTION 12

Date:

Customer ID: AG-C000 OC

Legal business name:

DBA:

12. IMPORT/ EXPORT

NOP 205.201(a)(6)

☐ N/A

Do you import organic seeds, seedlings, starts, or other propagation material?

☐ No

☐ Yes

If yes, please list imported products:

If yes, are products directly imported, or through a broker/distributor?

Where are products imported from?

How are imported products identified?

How do you verify product has not been fumigated, irradiated, or treated with other prohibited substances upon entry into the United States?

At what point do you legally own the product?

Please explain how you verify imported products comply with the USDA organic regulations:

Frequency:

Do you export products? ☐ No ☐ Yes

If yes, please list exported products



In what packaging/form are products exported?

Where are products exported to?

Does export bulk packaged product display the statement “Organic product, do not fumigate or treat with irradiation”? ☐ No ☐ Yes

At what point do you no longer own the product?

Please explain how you verify exported products comply with the country of destination’s organic regulations:

Frequency:

Name:	Title:	Date:
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2024 CROP ORGANIC SYSTEM PLAN – SECTION 13

Date:

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DBA:

13. QA AND RECORDKEEPING

NOP 205.103

Do you have standard operating procedures for the farm?

☐ No ☐ Yes. *If yes, please attach.*

Do you have a Quality Assurance program in place? ☐ No ☐ Yes:

☐ ISO ☐ HACCP ☐ Total Quality Management ☐ Other:

Are outside quality assessment services used? ☐ No ☐ Yes:

☐ GlobalGAP ☐ PrimusGFS ☐ SQF ☐ BRC ☐ USDA GAP
☐ USDA GHP ☐ HGAP ☐ HGAP+ ☐ Other:

Does your company conduct product testing?

☐ No ☐ Yes. *If yes, what type of tests?*
Frequency:

Are ingredient samples retained? ☐ No ☐ Yes

Are finished product samples retained? ☐ No ☐ Yes

Do you have a recall system in place? ☐ No ☐ Yes

Does your company conduct internal audits? ☐ No ☐ Yes

Indicate all types of records kept:

<input type="checkbox"/> Purchase orders	<input type="checkbox"/> Contracts	<input type="checkbox"/> Invoices	<input type="checkbox"/> Receipts
<input type="checkbox"/> Bills of lading	<input type="checkbox"/> Custom forms	<input type="checkbox"/> Test results	<input type="checkbox"/> Transaction certificates
<input type="checkbox"/> Commercial availability search	<input type="checkbox"/> Receiving records	<input type="checkbox"/> Receiving logs	<input type="checkbox"/> Ingredient inspection forms
<input type="checkbox"/> Blending reports	<input type="checkbox"/> Production records	<input type="checkbox"/> Equipment clean-out records	<input type="checkbox"/> Sanitation logs



Indicate all types of records kept:

<input type="checkbox"/> Packaging reports	<input type="checkbox"/> QA Reports	<input type="checkbox"/> Production summary records	<input type="checkbox"/> Ingredient inventory
<input type="checkbox"/> Supplier organic certificates	<input type="checkbox"/> Finished product inventory	<input type="checkbox"/> Shipping logs	<input type="checkbox"/> Transport unit inspections/cleaning logs
<input type="checkbox"/> Scale tickets	<input type="checkbox"/> Sales orders	<input type="checkbox"/> Sales invoices	<input type="checkbox"/> Sales summary
<input type="checkbox"/> Phytosanitary certificates	<input type="checkbox"/> Transaction certificates	<input type="checkbox"/> Certificates of analysis	<input type="checkbox"/> Complaint log
Supplier ingredient verification for:	<input type="checkbox"/> Non-GMO	<input type="checkbox"/> No sewage sludge	<input type="checkbox"/> No ionizing radiation
<input type="checkbox"/> Other:			

Records must track organic integrity from sale of organic final product to invoices of incoming organic product (e.g.: Sale of final product back to harvest, planting, and purchase of planting stock). Organic ingredients must be verified as certified organic. Please describe how your recordkeeping system meets these requirements.

Amounts of organic finished products must balance with certified organic ingredients purchased (e.g.: You must demonstrate the amount of product sold is reasonable for the amount planted and purchased). Please describe how your recordkeeping system meets these requirements.

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.

Name:	Title:	Date:
<i>I affirm that all statements made in this Organic System Plan are true and correct to the best of my knowledge.</i>		