2023 CROP ORGANIC SYSTEM PLAN – SECTION 7

|  |
| --- |
| **Date:** |
| **Customer ID:** AG-C000     OC |
| Legal business name:       |
| 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?** |
| --- | --- | --- | --- | --- |
|       |       |       |       | [ ] Yes [ ] No |
|       |       |       |       | [ ] Yes [ ] No |
|       |       |       |       | [ ] Yes [ ] No |
|       |       |       |       | [ ] Yes [ ] No |
|       |       |       |       | [ ] Yes [ ] No |
|       |       |       |       | [ ] Yes [ ] 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

**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?** |
| --- | --- | --- | --- |
|       | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No |
|       | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No |
|       | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No |
|       | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No |
|       | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No |
|       | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No |
|       | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] 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? |
| --- |
| [ ]  Purging | [ ]  Sweeping | [ ]  Compressed Air | [ ]  Scraping |
| [ ]  CIP | [ ]  Vacuuming | [ ]  Steam cleaning | [ ]  Sanitizing |
| [ ]  Manual Cleaning | [ ]  No cleaning/ purging | [ ]  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.*** |