2023 HANDLER ORGANIC SYSTEM PLAN

**Date:**      **Customer ID:** AG-C000     OC

Legal business ID:

DBA:

|  |  |  |  |
| --- | --- | --- | --- |
| Legal Business Status: | Trust/non-profit | Corporation | LLC |
| Legal Partnership | Sole Proprietorship | Cooperative | Other: |

Primary contact name:

Phone:

e-mail:

Organic Certification contact name:

Phone:

e-mail:

Main facility address:

Official mailing address:

Website address:

Are all 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 an overview of your operation:

**Products intended for certification*:***

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

No Yes

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

No Yes

Year first certified:

Prior certifiers:

Current certifier(s):

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: | | | |
| On-Site Storage | Packing House | Restaurant | Repacking of Products |
| Off-Site Storage | Processing Facility | Distributor | Bulk Sales |
| Importing of Products | Seed Cleaning | Brokering/Trading | Retail Labeling |
| Exporting of Products | Retail Store | Private Labeler | Non-Retail Labeling |
| Parallel Production (Both Organic and Non-Organic Products) | Purchase/Production of Products Produced with Hydro/ Aero/ Aquaponics | Produce Multi-Ingredient Products | Labeling of Other Than Packaged Form |
| Individual Quality Frozen | Canning | Freezing | Baking |

2023 HANDLER ORGANIC SYSTEM PLAN – SECTION 1

|  |
| --- |
| **Date:** |
| **Customer ID:** AG-C000     OC |
| Legal business name: |
| DBA: |

1. GENERAL INFORMATION: NOP 205.201; 205.401

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you subcontract any of the following out to other operations? No Yes: | | | | |
| Processing | Packing | Storage | Transportation | Distribution |

| **Subcontractor name** | **Address** | **Phone number** | **Organic certification body (if applicable)** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*Attach additional sheets as necessary*

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

No  Yes*:*

*If yes, please describe how you prevent contamination/commingling:*

Products requested for certification:

| **Product Name** | **100% Organic, Organic, or Made with Organic** | **Product Formulation Submitted?** | **Label Submitted?** | **Projected Production Amount** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

*Attach additional sheets as necessary*

| How are products marketed? | | | |
| --- | --- | --- | --- |
| Direct Sales | Wholesales | Broker | Merchant |
| Contract Manufacturing | Other: | | |

Do you produce both organic and conventional product? No Yes

*If yes, which products?*

*If yes, please describe how you prevent contamination/commingling of organic product:*

Do you do private labeling for other organic operations?

No Yes*. If yes, please fill out the following table*

| **Company Name** | **Product Name**  **(as it appears on label)** | **Is the company certified organic?** | **Certification agency listed on label** |
| --- | --- | --- | --- |
|  |  | Yes No |  |
|  |  | Yes No |  |
|  |  | Yes No |  |
|  |  | Yes No |  |

*Attach additional sheets as necessary*

|  |  |  |
| --- | --- | --- |
| **Name:** | **Title:** | **Date:** |
| ***I affirm that all statements made in this Organic System Plan are true and correct to the best of my knowledge.*** | | |

2023 HANDLER ORGANIC SYSTEM PLAN – SECTION 2

|  |
| --- |
| **Date:** |
| **Customer ID:** AG-C000     OC |
| Legal business name: |
| DBA: |

2. SUPPLIERS: NOP 205.201(a)(6)

How do you source organic ingredients?

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

|  |  |
| --- | --- |
| Certified organic ingredients only | GE Testing |
| Letters from Manufacturers | Other: |

How do you monitor the organic status of your suppliers?

*Frequency*:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **How are organic products received?** | | | | | |
| Bins | Totes | Boxes | Pails | Retail Packages | Drums |
| Dry bulk | Liquid bulk | Foil bags | Paper Bags | Other: | |

How do you monitor the organic status of incoming organic ingredients?

*Frequency*:

Is an internal lot code assigned to organic ingredients?

No Yes. *If yes please describe the lot code system:*

Please describe how incoming organic products are protected from contamination and commingling with non-organic products:

|  |  |  |
| --- | --- | --- |
| **Name:** | **Title:** | **Date:** |
| ***I affirm that all statements made in this Organic System Plan are true and correct to the best of my knowledge.*** | | |

2023 HANDLER ORGANIC SYSTEM PLAN – SECTION 3

|  |
| --- |
| **Date:** |
| **Customer ID:** AG-C000     OC |
| Legal business name: |
| DBA: |

3.EQUIPMENT/ CLEANING: NOP 205.105; 205.103; 205.272

| **Equipment name** | **Used for both organic and non-organic production?** | **Is it cleaned/ purged prior to organic production?** | **Is cleaning/purging 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*

|  |  |  |  |
| --- | --- | --- | --- |
| **What cleaning methods are used?** | | | |
| Purging | Sweeping | Compressed air | Scraping |
| CIP | Vacuuming | Steam cleaning | Sanitizing |
| Manual Cleaning | None | Other: | |

Is the use of cleansers followed by a potable rinse? No Yes

Are any products containing quaternary ammonia used? No Yes

Does your facility test for residues? No Yes

| **Area** | **Type of cleaning** | **Equipment cleaned prior to organic production?** | **Products used** | **Frequency** | **Is cleaning documented?** |
| --- | --- | --- | --- | --- | --- |
| **Receiving area** |  | Yes No |  |  | Yes No |
| **Ingredient storage** |  | Yes No |  |  | Yes No |
| **Product transfer** |  | Yes No |  |  | Yes No |
| **Production area** |  | Yes No |  |  | Yes No |
| **Packaging area** |  | Yes No |  |  | Yes No |
| **Product storage** |  | Yes No |  |  | Yes No |
| **Loading dock** |  | Yes No |  |  | Yes No |
| **Building exterior** |  | Yes No |  |  | Yes No |
| **Accidental spills** |  | Yes No |  |  | Yes No |
| **Other** |  | Yes No |  |  | Yes No |

|  |  |  |
| --- | --- | --- |
| **Name:** | **Title:** | **Date:** |
| ***I affirm that all statements made in this Organic System Plan are true and correct to the best of my knowledge.*** | | |

2023 HANDLER ORGANIC SYSTEM PLAN – SECTION 4

|  |
| --- |
| **Date:** |
| **Customer ID:** AG-C000     OC |
| Legal business name: |
| DBA: |

4. PRODUCTION: NOP 205.201(a)(6)

|  |  |  |
| --- | --- | --- |
| **What type of production records are maintained?** | | |
| Ingredient usage report | Shrinkage log | Waste Log |
| Product spec sheets | Ingredient inventory | Production log |
| QC Reports | Finished inventory | Batch recipes |
| Ingredient inspection report | Packaging reports | Label use |
| Other: | | |

How are products identified as organic on production documents?

Are packing/processing lines dedicated organic? No Yes

*If no, please describe how you prevent contamination/commingling with non-organic product:*

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?

|  |  |  |  |
| --- | --- | --- | --- |
| What type of post-harvest materials are used at your facility? | | | |
| None | Anti-microbials | Anti-foaming agents | Sanitizers |
| Waxes | Floatation agents | Anti-fungal agents | Sprout inhibitors |
| Other: | | | |

| What type of processing aids are used at your facility? | | | |
| --- | --- | --- | --- |
| None | Anti-stick agents | Anti-caking agents | Filtering agents |
| Enzymes | 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.*** | | |

2023 HANDLER ORGANIC SYSTEM PLAN – SECTION 5

|  |
| --- |
| **Date:** |
| **Customer ID:** AG-C000     OC |
| Legal business name: |
| DBA: |

5. WATER: NOP 205.103; 205.272; 205.601; 205.605

| How is water used at your facility? | | | | |
| --- | --- | --- | --- | --- |
| None | Product Transportation | Cleaning | Cooking | Cooling |
| Ingredient | Other: | | | |

What is the water source?

How is water quality monitored?

*Frequency*

*Is this documented?*

Does the water quality meet the Safe Water Drinking Act standards? No Yes

*How is this monitored?*

*Frequency?*

Is water treated on-site? No Yes

Is chlorine, calcium hypochlorite, chlorine dioxide, or sodium hypochlorite used?

No Yes

**If chlorine products are used, how and where is water tested to ensure chlorine levels that have final contact are at or below 4 ppm?**

*Frequency:*

Is steam used in processing or packaging of food products? No Yes

*If yes, does steam have direct contact with organic foods?* No Yes

*If yes, do you use:*

|  |  |  |
| --- | --- | --- |
| Testing of condensate | Steam filters | Condensate traps |
| Testing of finished product | Other: | |

Are boiler additives used? No Yes

*If yes, does the steam contact the product?*

|  |  |  |
| --- | --- | --- |
| **Name:** | **Title:** | **Date:** |
| ***I affirm that all statements made in this Organic System Plan are true and correct to the best of my knowledge.*** | | |

2023 HANDLER ORGANIC SYSTEM PLAN – SECTION 6

|  |
| --- |
| **Date:** |
| **Customer ID:** AG-C000     OC |
| Legal business name: |
| DBA: |

6. STORAGE: NOP 205.270; 205.272

| **Use** | **Location** | **Type/capacity** | **ID Name or number** | **Dedicated Organic?** | **Comments/ potential contamination issues (if any)** |
| --- | --- | --- | --- | --- | --- |
| **Ingredient Storage** |  |  |  | Yes No |  |
| **Packaging Materials** |  |  |  | Yes No |  |
| **In-process storage** |  |  |  | Yes No |  |
| **Finished product**  **storage** |  |  |  | Yes No |  |
| **Off-site storage** |  |  |  | Yes No |  |
| **Other** |  |  |  | Yes 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

|  |  |  |
| --- | --- | --- |
| **Name:** | **Title:** | **Date:** |
| ***I affirm that all statements made in this Organic System Plan are true and correct to the best of my knowledge.*** | | |

2023 HANDLER ORGANIC SYSTEM PLAN – SECTION 7

|  |
| --- |
| **Date:** |
| **Customer ID:** AG-C000     OC |
| Legal business name: |
| DBA: |

7. OUTGOING: NOP 205.270; 205.272

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| What type of products are products packaged, stored, and shipped in? | | | | | |
| Paper | Glass | Aseptic | Cardboard | Metal | Wood |
| Plastic | Wax paper | Foil | Natural fiber | Poly | Bulk |
| Other: | | | | | |

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?

Are packaging or shipping materials reused? No Yes

*If yes, please describe how organic product is protected from contamination:*

Please describe how you identify packages and containers as organic:

|  |  |  |  |
| --- | --- | --- | --- |
| Please indicate what shipping or sales documents are maintained: | | | |
| Pallet/tote ticket | Clean truck affidavit | Contracts | Contracts |
| Bills of lading | Sales invoices | Scale tickets | COAs |
| Other: | | | |

Do all documents clearly identify products as organic? No Yes

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: | | |

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.*** | | |

2023 HANDLER ORGANIC SYSTEM PLAN – SECTION 8

8. PEST CONTROL: NOP 205.271

|  |
| --- |
| **Date:** |
| **Customer ID:** AG-C000     OC |
| Legal business name: |
| DBA: |

Who is responsible for pest control?

In House-Name of person responsible:

Contract pest control service:

Does your operation have written pest control management procedures?

No Yes. *If yes, please attach.*

What pest problems do you have at your facility?

Frequency of pest monitoring:

Are records of pest monitoring kept? No Yes

Are records of all pesticide applications kept? No Yes

| Check all pest management practices used: | | |
| --- | --- | --- |
| Good sanitation | Screened windows/vent | Diatomaceous earth\* |
| Incoming ingredient inspection | Physical barriers | Boric Acid\* |
| Removal of exterior habitat/food sources | Temperature treatments | Pyrethrum\* |
| Clean-up spilled product | Ultrasound/light devices | Fogging\* |
| Air curtains | Sticky traps | Crack and crevice spray\* |
| Sealed doors/windows | Electrocutors | Rotenone\* |
| Repair cracks/holes | Pheromone traps\* | Fumigation\* |
| Tin cats | Vitamin baits\* | Carbon Dioxide\* |
| Other: | | |

**\*The use, frequency, and method of application of these materials must be included on your input inventory and be given prior approval by the Oregon Dept. of Agriculture. The Input Inventory must be updated and submitted prior to use of new materials.**

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:

**If materials are used, please explain preventative measures to prevent contact with organic equipment, products, ingredients, and packaging:**

|  |  |  |
| --- | --- | --- |
| **Name:** | **Title:** | **Date:** |
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2023 HANDLER ORGANIC SYSTEM PLAN – SECTION 9

9. BIODIVERSITY: NOP 205.201(a)(6)

|  |
| --- |
| **Date:** |
| **Customer ID:** AG-C000     OC |
| Legal business name: |
| DBA: |

*If lands around the facility are certified organic:*

|  |  |  |
| --- | --- | --- |
| What practices are used to support biodiversity? | | |
| Vegetated swales | Rain Gardens | Vegetated filter strips |
| Roads located to minimize effect on in-stream habitat and fish passage | Other: | |

|  |  |  |
| --- | --- | --- |
| What practices are used to prevent erosion? | | |
| Native plant landscaping | Vegetative cover | Mulch |
| 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.*** | | |

2023 HANDLER ORGANIC SYSTEM PLAN – SECTION 10

|  |
| --- |
| **Date:** |
| **Customer ID:** AG-C000     OC |
| Legal business name: |
| DBA: |

10. IMPORT/ EXPORT: NOP 205.201(a)(6)

Do you import organic ingredients? No Yes

*If yes, please list imported ingredients*

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

Where are organic ingredients 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”?

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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2023 HANDLER ORGANIC SYSTEM PLAN – SECTION 11

|  |
| --- |
| **Date:** |
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| Legal business name: |
| DBA: |

11. QA AND RECORDKEEPING: NOP 205.103

Do you have standard operating procedures for organic processing/ handling?

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: |  |  |  |  |
|  | Global GAP | PrimusGFS | SQF | BRC | USDA GAP |
|  | USDA GHP | HGAP | HGAP+ | Other: | |

Does your company conduct product testing?

*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: | | | |
| Purchase orders | Contracts | Invoices | Receipts |
| Bills of lading | Custom forms | Test results | Transaction certificates |
| Supplier ingredient verification form | Non-GMO | No sewage sludge | No ionizing radiation |
| Commercial availability search | Receiving records | Receiving logs | Ingredient inspection forms |
| Blending reports | Production records | Equipment clean-out records | Sanitation logs |
| Packaging reports | QA reports | Production summary records | Ingredient Inventory |
| Supplier organic certificates | Finished product inventory | Shipping logs | Transport unit inspection/ cleaning logs |
| Scale tickets | Sales orders | Sale invoices | Sales summary |
| Phytosanitary certificates | Transaction certificates | Certificates of analysis | Complaint log |
| Other: | | | |

Records must track organic integrity from sale of final product, back to incoming invoice and organic certificate of ingredient. Organic ingredients must be verified as certified organic, and non-organic ingredients require commercial availability searches and affidavits as necessary. Please describe how your recordkeeping system meets these requirements.

Amounts of organic ingredients in finished products must balance with certified organic ingredients 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 affirm that all statements made in this Organic System Plan are true and correct to the best of my knowledge.*** | | |