2023 HANDLER ORGANIC SYSTEM PLAN – SECTION 3

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| --- |
| **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.*** |