



**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				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Packaging Materials				<input type="checkbox"/> Yes <input type="checkbox"/> No	
In-process storage				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Finished product storage				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Off-site storage				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<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

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