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Custom Service Organic System Plan Annual Update 2020

*Please complete this form in its entirety. Sign this form and attach supporting documentation as specified in Section 7. Any incomplete information may lead to a delay in certification. Use additional sheets if necessary. Mark any sections that do not apply to your operation as "Not Applicable". **Be sure to revise or update your Processing Organic System Plan and provide TCO Cert with copies of the revised pages.***

SECTION 1: Programs Requested

Operation Name:	Operator Number:
↑ <i>The Operation Name must be a person and a person means an individual, a corporation, an association, or an organization recognized as a legal entity. This name goes on the certificate.</i>	
Other Name(s):	
↑ <i>Other Name(s) may be another name by which the certificate holder is commonly known in the marketplace or any other name(s) the certificate holder wants added on the certificate. Leave blank if you don't want any other name on the certificate.</i>	
Contact Person's Name:	
Certification/Verification Programs: <input type="checkbox"/> Attestation of Compliance (COR) <input type="checkbox"/> Bio Suisse** <input type="checkbox"/> CARTV (Quebec operators <u>only</u>)	Equivalency Programs: <input type="checkbox"/> CAN/US Equivalence Arrangement
** Requires submission of additional documents. Contact your TCO Cert Certification Coordinator to request the appropriate forms.	
1. Do you have a copy of the current standards (CAN/CGSB-32.310 – 2015), for the program for which you are applying?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you understand the current organic standards for the program for which you are applying?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. a) Have you reviewed your Processing Organic System Plan. If no, please explain why.	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Have you made revisions to your Processing Organic System Plan? If yes, attach the revised pages with the date and your initials.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Initials: _____ Date: _____

SECTION 2: Description of Measures Taken to Address Noncompliances and Opportunities for Improvement

Please refer to the letter received with your most recent certification letter that lists the previous Noncompliances and Opportunities for Improvements.

Were there any Noncompliances or Opportunities for Improvement from last year's certification? If yes, please complete the following table, briefly listing each Noncompliance and Opportunity for Improvement, describing the actions taken to address each one. Add additional pages if necessary.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Noncompliance, Opportunity for Improvement	Action Taken
1.	
2.	
3.	
4.	

(Add additional pages if needed)

SECTION 3: Changes Made to Operation/Procedure/Product Since Last Inspection

1. Have any new custom service products been added since your last inspection?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list these new products: <p style="text-align: center;"><i>Please submit a copy of the actual product label and flow chart (if a new process is used)</i></p>	
2. Have any new custom service activities been added since your last inspection?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Initials: _____ Date: _____

SECTION 4: Pest Management Changes Since Last Inspection

Please list any new preventive measures or any new pesticides in use, including contracted pest control. Please identify new substances used and the target pest.			<input type="checkbox"/> None used
SUBSTANCE	TARGET PEST	LOCATION WHERE USED	METHOD OF APPLICATION

(Add additional pages if needed)

SECTION 5: Cleaning and Sanitizing

Please list all Cleaning and Sanitation Products used in your facility. Please check the box for any new products used since your last inspection. Please submit MSDS and any other relevant documentation and complete and submit an Input Review Request form for each new product. Please remember not to use any new products before they have been reviewed and approved by TCO Cert..				
PRODUCT	New?	LOCATION USED	FREQUENCY OF USE	RINSE REQUIRED?
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

(Add additional pages if needed)

Applicant Initials: _____ Date: _____

SECTION 6: Organic Integrity

1. Does your operation include parallel production?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If yes, has there been any changes to procedures to prevent commingling? If applicable, please describe these procedural changes:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has the use of water in your operation changed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has your method of water treatment changed? If yes, please explain the changes.</p> <p style="margin-top: 20px;"><i>Please submit documentation for new substances used in water treatment (e.g.: testing, new equipment, etc.).</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has the method of storage of organic product(s) changed since your last inspection?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If yes, please describe the changes:</p> <p style="margin-top: 20px;">If applicable, please explain how organic integrity is maintained with the new storage procedures:</p>	
4. Has the method of transporting product(s) (either incoming ingredients or outgoing finished product) changed since your last inspection?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Initials: _____ Date: _____

SECTION 9: Affirmation

I affirm that all statements made in this application are true, correct, and complete. The organic products for which I have performed custom service have been processed according to organic standards. I understand that the operation may be subject to an unannounced inspection and/or sampling for residues at any time as deemed appropriate. I understand that acceptance of this form in no way implies granting of certification by TCO Cert. I agree to abide by TCO Cert Bylaws and the certification standards and/or certification requirements applicable to my operation. I agree to notify TCO Cert in writing of changes in any of the following: operation contact information, applicant contact information, legal status, ownership or control of the operation, or any change in the operation that may affect its compliance. I agree to pay all fees assessed by TCO Cert. I further agree to abide by and fulfill duties and obligations to TCO Cert, as written in the Operator Licensing Agreement. I affirm that I understand the standards/regulations for the specific program(s) that I have requested and that the requested products were processed in accordance to these standards/regulations.

Signature of Operator

Date (M/D/Y)

Please maintain copies of the Organic System Plan and other supporting documents as part of your record-keeping system.

Applicant Initials: _____ Date: _____