



## APPENDIX G

### Garden-Greenhouse Organic System Plan Annual Update

**PLEASE NOTE: ALL APPLICANTS MUST COMPLETE THE FARM ORGANIC SYSTEM PLAN ANNUAL UPDATE (FOSPAU) IN ADDITION TO THIS APPENDIX G.**  
 Please complete this form in its entirety if you are a new applicant or if you are renewing your certification. Sign this form and attach supporting documentation as specified in Section 8 of the Farm Organic System Plan Annual Update. 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."

### SECTION 1: Programs Requested

<input type="checkbox"/> <b>Operator Name:</b>	<b>Operator Number:</b>
<input type="checkbox"/> <b>Operation Name:</b>	
↑ Check off the name to be shown on the Certificate. <b>Please pick only one.</b> The Operation Name should be a legal entity name, otherwise, it cannot be shown on the Certificate.	
<b>Check ALL the programs for which you are requesting certification and/or verification.</b> Apply for all programs you may need (and answer all applicable questions) so that your inspection specifically covers each program being requested and the inspector addresses the necessary questions. Certification/verification to any program not requested now cannot be granted at a later date (after the initial inspection) without an additional inspection.	
<b>Certification/Verification Programs:</b>	
<input type="checkbox"/> Canada Organic Regime (COR)	
<input type="checkbox"/> Bio Suisse**	
<input type="checkbox"/> CARTV	
<b>Equivalency Programs:</b>	
<input type="checkbox"/> CAN/US Equivalence Arrangement	
**Requires submission of additional documents. Please contact your chapter or TCO Cert certification coordinator for the appropriate forms.	

### SECTION 2: Production Plan Information

PRODUCTION PROFILE:	
1. Number of organic greenhouses?	<input type="checkbox"/> Not Applicable
2. Number of conventional greenhouses?	<input type="checkbox"/> Not Applicable
3. What precautions are taken to keep non-organic and organic products separate?	<input type="checkbox"/> Not Applicable
4. Is this an initial application for organic crops grown in greenhouses?	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Is a permanent in-ground soil system in use in this/these greenhouse(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is a container system in use in this/these greenhouse(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are all plots/greenhouses dedicated organic or currently being transitioned to organic production?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please describe your plan for converting all areas to organic production.	

### SECTION 3: Soil/Manure/Compost/Mulch/Worm Castings

INPUT PROFILE:			
FULL PRODUCT NAME (Soil Mix/Manure/Compost/ Mulch/Worm Castings)	SOURCE/SUPPLIER	LOCATIONS: PLOT/GREENHOUSE IDENTIFICATION	DATE OF USE (if applicable)

1. As per par. 7.5.5 CAN/CGSB 32.310 – 2015, soil for containerized, staked crops must contain a mineral fraction and an organic fraction. What percentage of the soil volume is compost (10% minimum is required) and minerals?

Percentage of minerals:

Percentage of compost:

2. What size are containers, by height?

3. What is the soil volume based on total growing area?

### SECTION 4: Handling Of Harvested Products

HANDLING/PACKAGING PROFILE:
1. Please describe your procedure for preparing your harvested products for sale.

Applicant Initials: \_\_\_\_\_ Date: \_\_\_\_\_

2. If the products are washed are any cleansers or sanitizers used?  If yes, please list full product names of all cleansers and sanitizers and make sure to submit labels (MSDS/list of ingredients) for all products for review and approval prior to use.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
3. How is cleaning documented?	
4. Do you bag/package your harvested products?  If yes, list materials being used:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
5. Is documentation maintained to verify the food grade status of the packaging materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
6. Is documentation maintained to verify that the water used to clean your product is potable?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable

### SECTION 5: Transportation/Labelling

<b>TRANSPORT/LABELLING PROFILE:</b>			
1. Who is responsible for transportation of organic products? <input type="checkbox"/> Self <input type="checkbox"/> Buyer <input type="checkbox"/> Other(specify):			
2. Describe how organic products are transported.			
3. What document accompanies the organic product in transport <input type="checkbox"/> Bill of Lading <input type="checkbox"/> Invoice <input type="checkbox"/> Other(specify):			
<b><u>PLEASE SUBMIT SAMPLES OF BILLS OF LADING OR INVOICES OR OTHER DOCUMENTS USED.</u></b>			
4. Where do you sell product?	<input type="checkbox"/> Within Province	<input type="checkbox"/> Outside Province	<input type="checkbox"/> Outside Canada
5. How do you sell products?	<input type="checkbox"/> Farm gate	<input type="checkbox"/> Farmer's Market	<input type="checkbox"/> Wholesale <input type="checkbox"/> Retail
6. Do you apply labels?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>ANY LABELS OR CHANGES TO LABELS MUST BE REVIEWED AND APPROVED BY TCO Cert BEFORE USING. PLEASE NOTE THAT LABELS REQUESTED FOR REVIEW MUST BE ACCOMPANIED BY A COMPLETED TCO CERT "LABEL APPROVAL REQUEST" FORM.</b>			

### SECTION 6: Affirmation

I affirm that all statements made in this application are true, correct, and complete. No prohibited products have been applied to any of my organically managed fields/gardens/greenhouses during the three-year period prior to projected harvest. I understand that the operation may be subject to 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 policies 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: farm contact information, applicant

Applicant Initials: \_\_\_\_\_ Date: \_\_\_\_\_

contact information, legal status, ownership or control of the operation. I agree to maintain for at least five years all records related to my organic operation. 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 grown 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.**

Submit completed form, fees and supporting documents to your Chapter Administrator or, if not a Chapter member, to TCO Cert.

Applicant Initials: \_\_\_\_\_ Date: \_\_\_\_\_