



## Maple Organic System Plan

Please complete this form in its entirety if you are new applicant or if you are renewing your certification. Sign this form and attach tapping area maps, field history and all other supporting documents (soil, tissue or water tests, rented or recently purchased land histories, etc.) outlined in Section 10 with name on each page. Use additional sheets if necessary. Mark any sections that do not apply to your operation as "Not Applicable." Contact your Chapter Administrator or the Humboldt office if you have any questions regarding the completion of this form. **This form is confidential when completed.**

*\*Program-specific questions must be completed if certification to that program is being requested, otherwise leave blank\**

### SECTION 1: General Information

Operation Name:		Operator Number:	
↑ <b>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.</b>			
Other Name(s):			
↑ <b>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.</b>			
Contact Person's Name:			
Secondary Contact Person's Name (if applicable):			
<b>PHYSICAL INSPECTION LOCATION INFORMATION</b>		<b>OPERATION'S CONTACT INFORMATION</b>	
		<input type="checkbox"/> Same information as inspection location	
Address:		Address:	
City:	Province:	City:	Province:
Postal Code:	Country:	Postal Code:	Country:
Phone 1:	Phone 2:	Phone 1:	Phone 2:
Cell:	Fax:	Cell:	Fax:
E-mail Address:		E-mail Address:	
Website:		Website:	
Please provide directions to the inspection location(s) and indicate when you are available to contact:			

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

1. Please list previous organic certification applications to other agencies (name, year(s) of application, outcome of application).

2. Please list current organic certification by other agencies.

3. **If you are transferring to TCO Cert from another certification agency**, have you ever been denied certification, received a Notice of Noncompliance, had your certification proposed for suspension or revocation, or had your certification suspended or revoked?  Not Applicable  Yes  No

If yes, please provide a copy of each notice of denial, Notice of Noncompliance, proposal for suspension or revocation, or suspension or revocation and attach documentation of the corrective actions taken in response.

4. Do you have a copy of the current standards for **all** programs for which you are applying?  Yes  No

5. Do you understand the current organic standards for each program for which you are applying?  Yes  No

**Check ALL the programs for which you are requesting certification and/or verification.** 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.

**Certification/Verification Programs:**  
 Canadian Organic Regime (COR)  Quebec Standards (CARTV)  
 Bio Suisse\*\*

**\*\*Requires the submission of additional documents.** Please contact your chapter or TCO Cert certification coordinator for the appropriate forms.

**Equivalency Programs:**  
 CAN/US Equivalence Arrangement

6. Do you process/handle organic maple syrup from other operations?  Yes  No  
If yes, you must complete and submit a *TCO Cert Processing Organic System Plan* and be inspected for processing.

7. Are any agricultural activities (farm, livestock, etc.) other than maple production performed on your operation?  Yes  No  
If yes, please describe the activities.

**CARTV:** Are these activities certified?  Yes  No  
If no, please describe the plan for transitioning to organic production.

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

**Program Specific Questions:**

**CARTV:** Please provide information on the last 5 years of certification that has been received from agencies other than TCO Cert. This information must include a copy of the agency's certification letter, copies of any other documentation that verifies the products that were certified.

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

*Please refer to the letter received with your most recent certificate that lists the previous Noncompliances and Opportunities For Improvement.*

Were there any Noncompliances or Opportunities For Improvement from last year's certification?  Yes  No  
If yes, please complete the following table, briefly listing each Noncompliance or Opportunity For Improvement and describing the actions taken to address each one. Attach additional sheets if necessary.

Noncompliance, Opportunity for Improvement	Action Taken
1.	
2.	
3.	
4.	
5.	

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



<p>9. If the farm enterprise is a mixed operation, does parallel production of organic and non-organic (indistinguishable) crops occur on the operation?</p>	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>10. If the farm enterprise is a mixed operation, please provide a full description of how organic and non-organic crops are maintained:</p>	
<p>11. What methods do you use to maintain or encourage biodiversity in your sugar bush, including companion species to the sugar maple?</p>	
<p>12. Is forest thinning conducted? If yes, please describe the method of thinning, including distribution:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>13. Do livestock have access to the sugar bush?  If yes, is a pipeline network installed? If yes, please describe the network.</p>	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>14. What are your tree/bush clearing practices (including road maintenance) and how often are they performed?</p>	
<p>15. Describe how pests (squirrels, insects, etc.) are controlled in the sugar bush.</p>	
<p>16. Are any inputs (fertilizers, pesticides, etc.) used in the sugar bush? If yes, please fill out the table below.</p> <ul style="list-style-type: none"> <li>• Please submit labels (or full ingredient lists if not indicated on label) for each input with the Organic System Plan. Please note that inputs must be requested for approval prior to use, so any inputs added after submission of the Organic System Plan must be provided to TCO Cert for the compliance review. Please note that a guaranteed analysis is not sufficient; ingredients must be listed.</li> <li>• If inputs contain any agricultural ingredients, Non-GMO Affidavits must be submitted.</li> <li>• If micronutrients are applied for fertility, soil tests documenting any deficiencies must be submitted.</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Type of Input (please provide name & description of product)	Amount Applied	Date(s) Applied
17. Please describe the buffer zones that are maintained around organic tapping areas. <span style="float: right;"><input type="checkbox"/> No buffers needed</span>		
18. What is the width of the buffer zones?		
19. Do you tap any trees located in the buffer zones? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If yes, please describe the measures that are in place to ensure that this sap is not commingled with organic sap.		
20. Additional comments about your sugar bush management (interventions/innovations).		
21. If the farm enterprise is a mixed operation, please provide a full description of the separation between organic and non-organic portions of the farm. Please include: <ul style="list-style-type: none"> <li>• Rented farms or fields</li> <li>• Distance between multiple farms</li> <li>• Barriers between adjoining farms</li> <li>• Management of multiple farms</li> <li>• Shared equipment between organic and EC non-organic fields and farms</li> <li>• Shared storage with EC non-organic products</li> <li>• Storage of EC-prohibited inputs and cleaning of storage facilities</li> </ul>		<input type="checkbox"/> Not Applicable
22. If off-farm inputs are used, please describe the attempts that were made to improve fertility, weed control and/or pest control through natural means first.		

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## SECTION 4: Sap Collection

Please fill out the following chart concerning tap distribution.

Diameter at 4'6" (1.4m) Chest Height	Number of Taps per Tree	Tap Depth (bark excluded)	Tap Hole Diameter
Less than 8" (20 cm)			
8" to 15-3/4" (20 to 40 cm)			
15-3/4" to 20-1/2" (40 to 60 cm)			
23-1/2" to 31-1/2" (60 to 80 cm)			
<b>**For any trees above 31-1/2" please list the diameters**</b>			
**			
**			
**			
**			
1. Are your sprouts made of food-grade material?			<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you double tap?			<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you remove the taps at the end of the season?			<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are any disinfectants/other products used during tapping (in the tap hole and/or on equipment)? If yes, please list the products used. Please attach labels for all products used.			<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are any products used to clean the collection system (buckets, piping, etc.)? If yes, please list products used in the table below.			<input type="checkbox"/> Yes <input type="checkbox"/> No
When Used	Product Used (type of product and brand name)		
Prior to the season			
During the season			
At the end of the season			
6. Please indicate the material that the components of the collection system is made from:			
Boiler:	<input type="checkbox"/> Plastic	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Galvanized <input type="checkbox"/> Other <input type="checkbox"/> With Cover <input type="checkbox"/> Without Cover
Pails or buckets:	<input type="checkbox"/> Plastic	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Galvanized <input type="checkbox"/> Other <input type="checkbox"/> With Cover <input type="checkbox"/> Without Cover
7. Are vacuum pumps used in the collection of sap? If yes, how many pump stations do you have? <b>CARTV; COR:</b> What pressure is maintained at the pump?                      At the taps?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
8. How is the used oil from the pumps recovered?			
9. Please indicate the material that the storage tanks for sap are made from:			
<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Stainless Steel	<input type="checkbox"/> Galvanized	
<input type="checkbox"/> Plastic	<input type="checkbox"/> Painted with food-grade paint	<input type="checkbox"/> Other (specify):	
10. Are tanks used to transport sap? If yes, what materials are the tanks made from?			<input type="checkbox"/> Yes <input type="checkbox"/> No

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11. Are any products used to clean the storage tanks? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If yes, please list the products used in the table below:	
<b>When Used</b>	<b>Product Used (type of product &amp; brand name)</b>
Prior to the season	
During the season	
At the end of the season	
12. Is sap filtered prior to processing? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If yes, what type of filter(s) is used? <span style="float: right;"><input type="checkbox"/> Sap is not filtered</span>  What products are used to clean the filter?	
13. How is the freshness of the sap maintained (indicate the use of any products)?	
14. Are all equipment that may come in contact with the sap or its concentrate and filtrates, such as storage tanks, connections, and transfer systems, made with materials suitable for the manufacture of food products, including surface coatings (e.g. paint)? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	

## SECTION 5: Sugarhouse

1. Is water used anywhere in the sugarhouse (for sanitation, processing, etc.)? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If yes, please clearly describe how water is being used.
2. What is the source of water used for sanitation and/or processing? <span style="float: right;"><input type="checkbox"/> Not Applicable</span>
3. How do you dispose of the used water? <span style="float: right;"><input type="checkbox"/> Not Applicable</span>
4. How is the cleanliness of the sugarhouse and its surrounding maintained?
5. How are pests controlled in the sugarhouse? Please list any products used.

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## SECTION 6: Osmosis Machine

Not Applicable

1. Is sap sterilized prior to processing? If yes, describe how it is sterilized.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. What type of membrane is used?  <p style="text-align: center;"><b>Please submit all technical data if first year of certification or if the membrane has changed.</b></p>	
3. How do you evaluate the efficiency of the membranes?	
4. How are the membranes prepared for the season?	
5. Are any products used to clean/maintain in the membranes? If yes, please list the products used in the table below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>When Used</b>	<b>Product Used (type of product &amp; brand name)</b>
Prior to the season	
During the season	
At the end of the season	
6. Are operational logs maintained for the osmosis machine(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Where are the membranes stored at the end of the season?  <p style="text-align: center;"><b>**If stored off-site, please provide documentation from the entity performing the storage that clearly describes the storage procedure**</b></p>	
8. Are any products used for storage of the membrane? If yes, please list products used.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. What material is the storage containers for the concentrate made from?	

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10. If the osmosis membranes are stored off-site, are they stored in filtrate in a hermetically sealed container kept in a frost-free location?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
11. If sodium metabisulfite (SMBS) is added to the filtrate to prevent mold growth, is the membrane rinsed before its next use?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
<b>If a reverse osmosis membrane is used, please maintain detailed records on the rinsing of the unit in order to verify compliance with COR 7.2.13.2. These records must include the amount of filtrate used with regards to the apparatus' residual volume, daily effectiveness records and calculations, verify that the volume of water used for rinsing is equal to the hourly capacity of the membrane, and the method of disposal of the membrane flushing water.</b>	

## SECTION 7: Evaporator

Not Applicable

1. Are any products used to clean/maintain evaporator? If yes, please list products used in the table below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>When Used</b>	<b>Product Used (type of product &amp; brand name)</b>
Prior to the season	
During the season	
At the end of the season	
2. What material are the evaporator pans made from?	
3. What material was used to solder/weld the pans?	
4. What material is used for fuel(s)?	
5. What product is used as an anti-foaming agent?	
6. Is the anti-foaming agent certified organic?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. How is syrup density controlled?	

## SECTION 8: Finished Product

1. What types of barrels/containers (material and capacity) are used for storage?
2. How long is maple syrup stored (be specific as to the length of time for each type of barrel/container)?

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3. Do you produce any processed products (candy, butter, etc.)? If yes, please list products.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are any ingredients added to the processed products? <b>If yes, please complete and submit an Organic Products Ingredients sheet for each product.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
5. Please provide a brief description of the processing procedure.	
6. Are microwaves used in the processing of maple products?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
7. Does the processing take place in an area other than the sugarhouse? If yes, please describe the location and list all materials used for sanitation and pest control.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
8. Is any non-organic syrup harvested by your operation? If yes, please describe the measures (clean-downs, audit trail documents, etc.) taken to ensure that there is no commingling or organic and non-organic syrup/maple products during harvest or production.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. If maple syrup is stored in bulk containers, do the containers carry a unique number? If yes, please maintain record books verifying the numbering of the containers.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
10. Are provisional containers used to store maple syrup not intended for immediate consumption? If yes, please describe the containers used, including the type of the container and any coatings used on the inside of containers.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Are single barrels used?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
If yes, are they reused?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Does each barrel carry a unique number and are the numbers recorded in your record book?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Is the date the barrel was filled recorded?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
11. Are the areas involved in parallel tapping located at the same site (meaning part of the same production unit and not located in a different area)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
12. Will the non-organic syrup/products be stored in an area/unit that is completely separate from areas/units used to store the organic syrup/products? If yes, please describe where the syrup/products will be stored.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable

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

## SECTION 9: Storage Facilities and Transportation

A. STORAGE FACILITIES:		
Provide information on your storage areas by completing the following table.		<input type="checkbox"/> Not Applicable
Type of Storage	Type of Storage Unit/Area (bins, specific section of warehouse, freezer, etc.)	Is Storage Unit Dedicated Organic?
Ingredient storage		<input type="checkbox"/> Yes <input type="checkbox"/> No
Packaging Material Storage		<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 (specify):		<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>*If off-site storage is used, give name, address, phone number, contact person and type of products stored at off-site facility. Please note if facility is certified and provided certification verification. If not certified, provide an affidavit verifying the exemption.</b></p>		
<p>1. If storage units/areas are not dedicated to organic products, what measures are taken to ensure that commingling/contamination or organic products does not occur.</p>		
<p>2. Where are cleaning or sanitizing materials stored? Where are oils, paints, lubricants, and pesticides stored??</p>		
B. TRANSPORTATION OF ORGANIC PRODUCTS AND INGREDIENTS:		
<b><i>In-Process Products:</i></b>		
1. How are in-process products transported?		<input type="checkbox"/> Not Applicable
2. How do you ensure that in-process transport units (buckets, carts, etc.) are free from prohibited products/residues prior to loading organic products (documented cleaning, new units, etc.)?		
<b><i>Outgoing Finished Products:</i></b>		
3. Please describe how outgoing products are transported, who arranges this transportation, and how you ensure transportation units do not pose a risk to the organic integrity of the product.		
4. How do you ensure that outbound transport units are free from prohibited products/residues prior to loading organic products (documented cleaning, new units, etc.)?		

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5. In what form are finished products shipped?

<input type="checkbox"/> dry bulk	<input type="checkbox"/> tote boxes	<input type="checkbox"/> mesh bags	<input type="checkbox"/> cardboard cases
<input type="checkbox"/> liquid bulk	<input type="checkbox"/> paper bags	<input type="checkbox"/> metal drums	<input type="checkbox"/> plastic crates
<input type="checkbox"/> tote bags	<input type="checkbox"/> foil bags	<input type="checkbox"/> cardboard drums	<input type="checkbox"/> cans
<input type="checkbox"/> bottles	<input type="checkbox"/> plastic containers	<input type="checkbox"/> other (specify):	

6. Check steps taken to segregate organic products:

<input type="checkbox"/> dedicated organic only transport units	<input type="checkbox"/> use of pallets	<input type="checkbox"/> pallet "tags" identifying organic
<input type="checkbox"/> organic product shrink wrapped	<input type="checkbox"/> separate area in transport unit	<input type="checkbox"/> other (specify):

7. Provide all information that is applied on the label for transportation and have a copy of the label available. Please attach a copy of the label.

## SECTION 10: Record Keeping System

*Standards require that records disclose all activities and transactions of the operation be maintained for 5 years, demonstrate compliance with the applicable Standards and be available for review. Certification standards also require that records be sufficient to allow for organic products to be tracked from sale back to the field/location where they were produced/harvested.*

1. How long do you keep your records?

2. Do you maintain a Complaint Log?  Yes  No

3. Which of the following records do you keep for organic production?

<input type="checkbox"/> tapping maps	<input type="checkbox"/> operational logs for the osmosis machine
<input type="checkbox"/> sugar bush activity log(s)	<input type="checkbox"/> production records
<input type="checkbox"/> copy of Organic System Plan	<input type="checkbox"/> storage records showing location, identification, amounts stored, and length of storage
<input type="checkbox"/> documentation of previous land use for rented and/or newly purchased land	<input type="checkbox"/> sales records (purchase order, contract, invoice, cash receipts, etc.)
<input type="checkbox"/> input records for soil amendments and pest control products (including all labels)	<input type="checkbox"/> shipping records (scale ticket, dump station ticket, bill of lading)
<input type="checkbox"/> equipment cleaning records	<input type="checkbox"/> other (specify):
<input type="checkbox"/> harvest records for sap	
<input type="checkbox"/> transaction certificates	
<input type="checkbox"/> certified operator complaint log	

4. Which of the following records do you keep for conventional production?  Not Applicable

<input type="checkbox"/> tapping maps	<input type="checkbox"/> production records	<input type="checkbox"/> sales records
<input type="checkbox"/> harvest records	<input type="checkbox"/> input records	<input type="checkbox"/> shipping records
<input type="checkbox"/> storage records	<input type="checkbox"/> paid labor records	<input type="checkbox"/> other (specify):

**These records must also be available for the inspector.**

5. Type of marketing:

<input type="checkbox"/> farmer's market	<input type="checkbox"/> on-farm retail
<input type="checkbox"/> direct to retail	<input type="checkbox"/> bulk commodities to processor
<input type="checkbox"/> CSA/subscription service	<input type="checkbox"/> contract to buyer
<input type="checkbox"/> wholesale	<input type="checkbox"/> other (specify):

6. Are labels used on any of your products?  Yes  No  
**If yes, please submit samples for each type of label that is used.**

7. Please provide a sample of the lot number used in your operation and describe what each component means.

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



**I have attached the following required documents (with name on each page):**

- \*Tapping maps (including any pumping stations)
- Documentation for sugar bush areas owned or rented for less than three years (\*applicable when producer(s) has not been in control of/managing the land requested for certification for at least the last 36 months prior to certification application)
- Water Test (\*if applicable)
- Input product labels and/or MSDS sheets (\*required for all off-farm inputs)
- Organic product labels (\*applicable when packaging organic product)
- \*Completed, signed, and dated *Operator Licensing Agreement (OLA)*
- Documents from previous (if other than TCO Cert) or dual certification application (\*if applicable)
- Audit trail documents
- Organic Transition Plan
- Organic/Non-Organic Separation Plan
- Soil Deficiency Tests
- Conventional Livestock Manure Source Living Conditions
- Transportation Labels
- Membrane Rinsing Records
- Off-site Membrane Storage Records
- Provisional Container Storage Records
- Equipment Cleaning Records
- Reverse Osmosis Unit Cleaning Records
- Bulk Container Storage Records
- Other (specify):

**\*Note: Documents need to be submitted only for new applicants or for changes.**

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