



Mushroom and Sprout 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 supporting documentation as specified in Section 7 and other applicable standards. 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." 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

<input type="checkbox"/> Operation Name:		Operator Number:	
<input type="checkbox"/> Operator Name:			
↑ Check off the name(s) to be shown on the Certificate.			
Contact Person's Name (if different from applicant):			
Secondary Contact Person's Name (if applicable):			
PHYSICAL INSPECTION LOCATION INFORMATION		OPERATION'S CONTACT INFORMATION	
		<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.			
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		<input type="checkbox"/> Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No	

Applicant Initials: _____ Date: _____

suspension or revocation, or had your certification suspended or revoked?

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:

Canada-US Equivalency Arrangement

The Equivalency program for COR allows access to the respective program without the need to follow or to be inspected by those standards.

6. Do you process (other than just washing/bagging) any organic products for yourself that will be sold as organic? Yes No

7. Do you perform organic processing of any kind for anyone else? Yes No
If yes to either question, you must submit a *Processing Organic System Plan* and be inspected for processing.

Applicant Initials: _____ Date: _____

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

Failure to address previous noncompliances and/or opportunities for improvement could result in loss of certification. Please refer to the letter received with your most recent certificate that lists the previous noncompliances and opportunities for improvement.

Were there any noncompliances/opportunities for improvement from last year's certification? Yes No
 If yes, please complete the following table, briefly listing each minor noncompliance/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.	
6.	
7.	
8.	

Applicant Initials: _____ Date: _____

SECTION 3: Production Plan Information

A. PRODUCTION PROFILE	
<p>If Mushrooms or Sprouts are produced outdoors: At least 36 months of histories are required for all organic production areas that are or will eventually be requested for certification (including areas that are currently transitional or conventional).</p> <ul style="list-style-type: none"> • Production area histories must include the current year and show all areas, whether they are organic (O), in transition (T) or conventional (C), ID numbers, size of each plot (acres, hectares, etc.), crops planted and any inputs applied. Also attach maps of all production areas which indicate directions, size and shape of areas, buffer zones and adjoining land use. There must also be an overview map that shows all production areas in relation to one another. The size amounts listed in the histories and maps must correspond. • If the legal description/address for each production area is not located on the history sheets, please submit a sheet that provides this information. If all plots are connected as a single operation, one legal description/address is sufficient. <p>If Indoor Production Areas are used: Attach maps that indicate the location of the production units in relation to other buildings, outdoor production areas and property boundaries.</p>	
1. Status of Mushroom or Sprout operation:	
<input type="checkbox"/> Organic only <input type="checkbox"/> Mixed production (org/non-org/different crops) <input type="checkbox"/> Parallel production (org/non-org/visually indistinguishable)	
2. How long have you managed your operation?	
3. How long have you been certified?	
<p>For Outdoor Production: <input type="checkbox"/> Not Applicable</p> <p>4. Total organic area?</p> <p>5. Total area in transition?</p> <p>6. Total conventional area?</p> <p>7. Have you managed all outdoor production areas for 3 or more years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, you must submit signed statements from the previous manager stating the use and all inputs applied for the previous three years on all newly rented or purchased plots. A completed and signed TCO Cert Prior Land Use Affidavit (PLUA) or equivalent documentation will address this.</p>	
<p>For Indoor Production <input type="checkbox"/> Not Applicable</p>	
8. Number of organic production units?	
9. Number of conventional production units?	

Applicant Initials: _____ Date: _____

Please complete the following table to indicate the specific crops and fields that will be requested for certification. Attach additional sheets if necessary.

PRODUCTS REQUESTED FOR CERTIFICATION	PRODUCTION AREA IDENTIFICATION (attach list if easier)	TOTAL PRODUCTION AREA	PROJECTED PRODUCTION AMOUNTS (VOLUME) Including unit of measure

10. If the sprout enterprise is a mixed operation, does parallel production of organic and non-organic (indistinguishable) crops occur on the operation? Not Applicable Yes No

11. If the farm enterprise is a mixed operation, please provide a detailed full description of how organic and non-organic crops are maintained:

SECTION 4: Spawn (Spores), Seeds, and Seed Treatments

The use of non-organic spawn is only allowed IF the organic form of variety is not commercially available.

Standards require the use of organically grown sprout seeds without exception.

Seed treatments are prohibited unless specifically approved by the certification program you are requesting.

If using non-organic spawn/spores, you must have records of your attempts to source organic spawn/spores.

1. List **all** spawn (spores), seeds, and seed treatments used or planned for use during production this certification cycle. Check the appropriate boxes and provide other information as needed. Attach additional sheets if necessary. **Ensure that all seed, labels and receipts, documentation of commercial unavailability of organic seeds and/or spawn/spores and any necessary Non-GMO Affidavits are available for verification officer. Seed treatment information should be provided to TCO Cert for approval prior to use.**

No seeds/spawn used

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Variety/Brand of Spawn and Sprout Seeds	Organic	Untreated	Treated	Details
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

2. Were any seeds treated at any time? Yes No

3. What type of documentation do you maintain for spawn/seeds used? other (specify):

<input type="checkbox"/> copies of organic certificates	<input type="checkbox"/> seed search	<input type="checkbox"/> invoices	
<input type="checkbox"/> transaction certificates	<input type="checkbox"/> seed tags	<input type="checkbox"/> BOLs	
<input type="checkbox"/> bin records	<input type="checkbox"/> EC seed exemption	<input type="checkbox"/> scale tickets	
<input type="checkbox"/> receipts	<input type="checkbox"/> non-GMO affidavits	<input type="checkbox"/> GMO test results	

4. If you propagate spawn what is the propagation media composed of?

5. Explain your propagation procedure.

SECTION 5: Substrate and Growth Media

1. What growing medium/media do you use in your mushroom/sprout production?

2. For non-water based systems list all ingredients in the growing media. Please specify complete brand names of each ingredient, where applicable. Include the animal species for any manure.

Generic Substance Name	Brand Name (Complete)	Supplier

4. Are there any coatings? e.g. outdoor log treatments. If yes, please identify.

<input type="checkbox"/> food grade paraffin	<input type="checkbox"/> mineral oil	<input type="checkbox"/> oil-based paint
<input type="checkbox"/> petroleum based	<input type="checkbox"/> latex	<input type="checkbox"/> other (specify):
<input type="checkbox"/> cheese wax	<input type="checkbox"/> beeswax	

SECTION 6: Indoor Production Units

Not Applicable

This section should be completed for all production that takes place indoors.

1. What material is the covering the inside of the production unit (i.e. glass, plastic, etc.)?

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2. Please list the cleaners and sanitation substances used on food contact surfaces and provide a description of the unit cleaning and disinfecting process, or provide a copy of your Standard Sanitation Operating Procedures.

Program Specific Questions:

Yes No

3. Do you use a heating system in the production unit(s)?

If yes, please describe how the system is ventilated in order to avoid the contamination of the crops by exhaust.

SECTION 7: Outdoor Production Area Management

Not Applicable

This section should be completed for all production that takes place outdoors.

1. How are diseased or contaminated logs handled (i.e. removed, burned, etc.)?

2. What understory maintenance takes place in the mushroom production area(s)? Reference 32.310 par 7.3.2 (g)

3. Are outdoor production areas directly adjoining conventional agricultural fields/land?

Yes No

If Yes, please complete questions 4-10. If no, please check "Not Applicable" and proceed to question 9.

Not Applicable

4. What types of buffer zones (crop, tree lines, grass strips, etc.) do you maintain around your organic production units?

5. Describe the buffers.

6. If there is vegetation in the buffer zone How are buffers managed (plowed down, let stand, harvested, etc.)?

7. If buffers are in crop and harvested, what is done with this crop and how is commingling avoided?

All necessary buffer zones must be clearly identified on the field maps

8. Do you implement additional safeguards (posted signs along roadways, written notification to government authorities, written notification to aerial spray companies, etc.) other than buffers in order to prevent accidental contamination?

Yes No

If yes, please describe the safeguards:

9. Do any outdoor production areas or portions thereof flood frequently (more than once every 10 years)?

Yes No

If yes, please list production area identification(s):

10. Are any diseased/contaminated logs burned or removed at least 50m from the production site?

Yes No

SECTION 8: Production Management

A. FERTILITY:

1. Please describe the fertility program you have in place for mushroom production.

Manure, Compost and Wood Products

2. If you source manure/compost (including a product containing manure) from off-farm, please list each source of the manure and indicate if the source is a certified organic facility (and by whom certified). Also indicate the type of animal producing the manure and if the livestock management system providing the manure is compliant to 5.5.1.a and b.

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All manure and any non-organic agricultural material used as a growth substrate must be composted in accordance with the standards. Indicate if the compost complies with section 4.2 of the PSL for 'Compost', 'Compost from on farm', 'Compost from off farm sources', 'Compost feed Stocks'.

Be sure to provide TCO Cert with applicable documentation confirming compliance to the standards.

3. I have attached a copy of the documents verifying applicable items in question # 2 above. Yes No

4. If you use a wood product as a growth substrate do you have verification that the product originates from trees that have been grown in areas free of substances prohibited by 32.310 par 1.4.1? Yes No
(Please note this documentation is a requirement)

5. I have attached a copy of the applicable documentation for the wood product. Yes No

B. PEST/DISEASE/WEED CONTROL:

1. What are your common pest, disease and weed problems?

2. Please provide a brief narrative description of how you control pest, disease and weed problems in your production areas/units, including any sanitation measures used. Please ensure all sanitation inputs are listed in Section 8D.

3. Do you keep records pertaining to your control program (i.e. monitoring records, dates for use of products, problem issues, etc.)? Yes No

C. WATER:

*Please note that for sprout production water must meet or exceed the quality standards for levels of microbial and chemical contaminants in **drinking water and water shall be analyzed at least every 6 months.***

1. What is the source of water?

Well Municipal Other:

2. Water tests are conducted by:

In-house Municipal Third Party Other:

3. Water is used for:

Mushroom or sprout rinsing/washing Soaking seeds, logs, and blocks For sprout production
 Watering and maintaining humidity in mushroom production units Other:

4. Does water comply with the applicable water regulations? Yes No

5. Describe how you monitor you water to ensure that it continually complies with applicable regulations.

6. Do you treat the water before use? Yes No

If water treatment substances are used please include the product label and MSDS.

7. If yes, what are the treatments? For example sand filtration, UV, chlorination.

8. Is chlorinated water used for final rinsing of sprouts and/or mushrooms? Yes No

9. If yes, please indicate average free residual chlorine levels in mg/L.

10. Please attach current water tests results.

11. For sprout production, is there a water quality monitoring program in place? Yes No

If yes, how often is water analyzed?

12. Do you experience any water contamination problems? Yes No

If yes, please describe the nature of the problems and the measures that are being taken to correct the situation.

D. INPUTS:

No inputs used

Applicant Initials: _____ Date: _____

List **all** foliar sprays, sanitizers, boiler chemicals, pest and disease control products, water additives, water treatment substances, or other inputs used or intended for use on proposed organic product. Use additional sheets if necessary. If outdoor production areas are managed, all inputs used or intended for use during the current year and in the previous three years must be listed on your Field/Plot History Sheet (if applicable).

- **Please submit labels (and full ingredients list if not indicated on label) for each input with the Organic System Plan. Please note that inputs must be provided to TCO Cert for compliance review. Please note that a guaranteed analysis is not sufficient; ingredients must be listed.**
- **If inputs contain any agricultural ingredients, *Non-GMO Affidavits* must be submitted.**

Input Product	Brand Name or Source (e.g. produced on-farm)	Reason for use of the product	Actually Used (AU) or Planned (P)
			<input type="checkbox"/> AU <input type="checkbox"/> P
			<input type="checkbox"/> AU <input type="checkbox"/> P
			<input type="checkbox"/> AU <input type="checkbox"/> P
			<input type="checkbox"/> AU <input type="checkbox"/> P
			<input type="checkbox"/> AU <input type="checkbox"/> P
			<input type="checkbox"/> AU <input type="checkbox"/> P

****BE SURE TO SUBMIT ALL INPUT LABELS TO TCO CERT WITH YOUR ORGANIC SYSTEM PLAN****

1. Is treated lumber used for any installations involved in organic production/handling? Yes No
 If yes, please describe how/where the treated lumber is used in the operation:

SECTION 9: Handling

A. EQUIPMENT:

*To prevent commingling and contamination, all equipment (handling units, etc.) used in organic mushroom and sprout production must be free of non-organic residues and prohibited materials. Equipment used for both organic and non-organic production (including equipment used to harvest buffer zones) must be cleaned prior to use on organic crops. **Records documenting cleaning of equipment must be maintained.***

1. Is equipment used only for organic production (not in buffers or on conventional/transitional plots)? Yes No

2. Is any custom equipment used/hired (planting, harvesting, etc.)? Yes No
 If yes, please provide a list and names of all equipment/services:

4. Are clean-out logs kept for all equipment (including custom equipment) that is used for both organic and non-organic production? Yes No
 Equipment only used on organic fields/crops

5. Could any equipment you use have been contaminated by previous uses? Yes No
 If yes, describe the issues and the measure taken to ensure that the risk of contamination was addressed (note if measures were documented).

6. Please describe cleaning, maintenance and purging of equipment, including the use of sanitizers, disinfectants and boiler chemicals. Please refer to CAN/CGSB 32.310 par 8.3.7 and 8.3;8. Please ensure these substances are included in Section 8D and that you have provided a copy of your Standard Sanitation Protocols as applicable.

Applicant Initials: _____ Date: _____

7. If you use boiler chemicals please list the name of the substance used:
8. Have you provided a copy of the MSDS and the specification sheet for these substances <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Does the steam containing boiler chemicals contact the mushrooms, the spores or the growth medium or any part of the propagations materials? <input type="checkbox"/> Yes <input type="checkbox"/> No
10. if you answered yes to #9 what evidence do you have that there is no carryover of boiler chemicals not listed in the PSL in the steam that comes into contact with spores, mushrooms, or the growth media.
B. HARVEST:
1. Describe your harvesting methods and the steps taken to protect organic crops from commingling and contamination during harvest, including information on how these procedures help to ensure maximum freshness and nutritional quality.
2. What kind of harvest records are kept to document harvest dates, amounts, etc?
3. What type(s) of containers are used for harvesting? <input type="checkbox"/> cardboard/waxed boxes <input type="checkbox"/> 5-gallon buckets <input type="checkbox"/> wooden totes <input type="checkbox"/> other (specify): <input type="checkbox"/> plastic containers
4. Are the containers made of food grade materials? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. If they are used, what did they contain prior to organic use?
C. POST-HARVEST HANDLING:
1. Describe your post-harvest handling procedures and equipment, including any refrigeration, dehydration and/or packaging procedures:
2. Is either the post-harvest area or equipment used for both organic and non-organic products? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe measures taken to prevent commingling and contamination and the type of documentation maintained.
3. Check types of packaging material used: <input type="checkbox"/> bulk paper <input type="checkbox"/> wood <input type="checkbox"/> foil <input type="checkbox"/> aseptic <input type="checkbox"/> other (specify): <input type="checkbox"/> paper <input type="checkbox"/> glass <input type="checkbox"/> plastic <input type="checkbox"/> natural fiber <input type="checkbox"/> cardboard <input type="checkbox"/> metal <input type="checkbox"/> waxed paper <input type="checkbox"/> synthetic fiber
4. Is packaging food grade and documented as such? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. In what form are finished products shipped?
6. Has packaging been treated with any substance that could lead to contamination problems for your organic products? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what are they?

Applicant Initials: _____ Date: _____

D. PRODUCT STORAGE: No organic product storage

Operators must keep organic and non-organic products in separate storage areas and prevent commingling and contamination. Storage records must be maintained and kept current

Identify all storage locations (including any rented space not under your control). Please attach additional sheets if necessary.

STORAGE ID #	ON-SITE OR OFF-SITE (if off-site, please note location)	STORED PRODUCTS (Specific type of mushrooms/sprout)	TYPE OF STORAGE (bin cooler, etc.)	CAPACITY	ORGANIC ONLY (OO), CONVENTIONAL ONLY (CO), or NOT DEDICATED (ND)

1. Do you use the same storage areas for organic and non-organic products? Yes No
 If yes, how do you segregate organic products from non-organic products in storage?

2. Are storage units clearly labeled for organic use? Yes No

3. How do you ensure storage units are free from non-organic residues/prohibited material prior storage of non-organic products?

4. How do you prevent/control insect and/or rodent pests in storage areas? No problems

Please list any products in Section 8D (inputs) and attach labels for each product.

E. TRANSPORTATION:

1. Who is responsible for arranging transportation of organic products?
 self buyer other (specify):

2. Describe how organic products are transported.

3. What steps are taken to protect the integrity of organic products during transport?

- | | |
|---|--|
| <input type="checkbox"/> dedicated organic only | <input type="checkbox"/> use of <i>Off-Farm Transportation Cleaning Affidavits</i> |
| <input type="checkbox"/> inspecting units prior to loading requirements | <input type="checkbox"/> letter/contract with transport company stating organic |
| <input type="checkbox"/> cleaning transport units prior to loading | <input type="checkbox"/> other (specify): |

Program Specific Questions:

4. Is product transported in closed packages/containers? **Please attach a copy of the labels.** Yes No

Applicant Initials: _____ Date: _____

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. **Please have all your records for both organic and non-organic production and sales available for your annual inspection.**

1. How long do you keep your records?		
2. Do you maintain a Complaint Log? <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Which of the following records do you keep for organic production?		
<input type="checkbox"/> production area maps <input type="checkbox"/> plot/production unit activity log(s) <input type="checkbox"/> compost production records <input type="checkbox"/> equipment cleaning records <input type="checkbox"/> harvest records <input type="checkbox"/> storage records <input type="checkbox"/> clean transport records <input type="checkbox"/> Transaction Certificates <input type="checkbox"/> audit control summary <input type="checkbox"/> shipping records (scale ticket, dump station ticket, bill of lading)	<input type="checkbox"/> plot history sheets (previous three years) (if applicable) <input type="checkbox"/> documentation of previous land use for rented and/or newly purchased land <input type="checkbox"/> input records for amendments, seeds/spawn, manure, foliar sprays and pest control products (including all labels) <input type="checkbox"/> documentation of attempts to source organic seeds/spawn <input type="checkbox"/> monitoring records (tissue tests, water tests, quality tests, observations) <input type="checkbox"/> sales records (purchase order, contract, invoice, cash receipts, cash receipt journal, sales journal, etc.) <input type="checkbox"/> other (specify):	
4. Which of the following records do you keep for conventional production? <input type="checkbox"/> Not Applicable		
<input type="checkbox"/> production area/unit maps <input type="checkbox"/> field/plot history sheets <input type="checkbox"/> input records	<input type="checkbox"/> paid labor records <input type="checkbox"/> storage records <input type="checkbox"/> sales records	<input type="checkbox"/> harvest/production records <input type="checkbox"/> shipping records <input type="checkbox"/> other (specify):
5. Type of marketing:		
<input type="checkbox"/> farmer's market sales <input type="checkbox"/> direct to retail <input type="checkbox"/> CSA/subscription service <input type="checkbox"/> wholesale	<input type="checkbox"/> on-farm retail <input type="checkbox"/> bulk commodities to processor <input type="checkbox"/> contract to buyer <input type="checkbox"/> other (specify):	
6. Are labels used on any of your products? <input type="checkbox"/> Yes <input type="checkbox"/> 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. If no lot is used, please describe how product that is sold can be traced back to the plot/production unit where it was produced.		

Applicant Initials: _____ Date: _____

SECTION 11: Annual Summary of Organic Production and Sales

The following information is from: _____ (Date: M/D/Y) to _____ (Date: M/D/Y)

This information should be from your last inspection until the date that this form is completed. Attach additional sheets if necessary.

Crops/Products	Total Production Area	Actual Amount Produced	Amount Sold	Amount Still in Storage	Remaining Crop Storage ID#

SECTION 12: Additional Comments

Please provide any additional comments or information pertinent to this Organic System Plan.

SECTION 13: 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 production areas 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 my 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: farm contact information, applicant 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. Please have them available during your annual inspections.

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

- Maps of all parcels/production areas (including buildings used for indoor production) indicating adjoining land use and field identification
- Field history sheets (*applicable for outdoor production)
- Documentation for production areas owned or rented for less than three years (*applicable for outdoor production 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 (applicable if water is used to wash/rinse products requested for certification) [32.310 7.4.2, 7.4.3]
- * Standard Sanitation Operating Plan (SSOP)
- Soil and/or plant tissue tests where applicable

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- Input product labels and/or ingredients list, including for seed and spawn (*required for all off-farm inputs)
- Organic product labels
- *Completed, signed, and dated *Operator Licensing Agreement (OLA)*
- * Documents from previous certification (if other than TCO Cert)
- * Sample Audit trail documents
- Organic Transition Plan
- Organic/Non-Organic Separation Plan
- Current affidavit confirming growth substrates comply with all requirements in 32.310 par 7.3.2 d
- Documentation of non availability that organic spawn where applicable
- Documentation that non organic spawn has not been treated with substances prohibited by 32.310 par 1.4.1
- Documentation that the composted growth substrate consisting of manure and non organic agricultueal materials comply with the compost standards in the PSL
- Conventional Livestock Manure Source Living Conditions
- Documentation verifying that production substrate is either organic or was produced in accordance with this standard
- *Transportation Labels or BOLs
- Other (specify):

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

Applicant Initials: _____ Date: _____