



Processing Organic System Plan Annual Update

*Please complete this form in its entirety. Sign this form and attach supporting documentation as specified in Section 6. 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 as applicable and provide TCO Cert with copies of the revised pages.***

Check this box if you would like us to make information regarding your production available upon request only to potential recognized buyers. **IF YOU AGREE, TCO Cert will release your information exclusively for your business opportunity purposes.**

SECTION 1: Programs Requested

<input type="checkbox"/> Operator Name:	Operator Number:
<input type="checkbox"/> Operation Name:	
↑ Check off the name to be shown on the Certificate. Please pick only one. The Operation Name should be a legal entity name, otherwise, it cannot be shown on the Certificate.	
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.	
Secondary Contact Person's Name (if applicable):	
Certification/Verification Programs: <input type="checkbox"/> Canada Organic Regime (COR) <input type="checkbox"/> Attestation of Compliance (COR) <input type="checkbox"/> Bio Suisse** <input type="checkbox"/> CARTV	
Equivalency Programs: <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.	
1. Please list current organic certification by other agencies.	
2. Do you have a copy of the current standards (CAN/CGSB-32.310 - 2015), and for all programs for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Do you understand the current organic standards for each program for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. I have made revisions to my Processing Organic System Plan and have attached the revised pages with the date and my initials. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	

5. Please identify which of the following processing activities you are performing (check all that apply):

- Processing of your own products
- Processing for Private Labels
- Custom Packaging and Labelling for other operations
- Other Custom Services (please list):

6. If performing Packaging and Labelling/Private Labels or other Custom Services, please list your customers below: Not Applicable

PROCESSOR USER FEES
Applicable to currently certified chapter members only:

If you are a processor of your own product and make organic sales, your user fee should be based upon any value added to your product after processing.

If you do not make organic sales and just provide a service, your user fee should be based upon the revenue you collected for the organic related services you rendered, eg. seed cleaning fees that you charged for organic product.

"Revenue Based User Fee Remittance" form attached
 I already submitted the form and paid for last year

Please submit the "Revenue Based User Fee Remittance" form as it applies to last year with this application, and send payment in with your certification payment this year.

SECTION 2: Description of Measures Taken to Address Noncompliances and 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 and 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: _____

SECTION 3: Changes Made to Your Operation/Procedures/Products Since the last Inspection

<p>1. Are any new private label agreements in place since your last inspection?</p> <p>If yes, please list them below and ensure you have completed and submitted the <i>Private Label Licensing Agreement</i> form.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
<p>2. Are any custom manufactured new products under private label agreements been added since your last inspection?</p> <p>If yes, please list them below.</p> <p>Please ensure that you have submitted the following for each new product:</p> <ul style="list-style-type: none"> • <i>Organic Product Ingredient</i> sheet (OPI) • The artwork and a completed <i>Label Approval Request</i> form for the label 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
<p>3. Are there any new products under your own brand name since your last inspection?</p> <p>If yes, please list them below.</p> <p>Please ensure that you have submitted the following for each new product:</p> <ul style="list-style-type: none"> • <i>Organic Product Ingredient</i> sheet (OPI) • The artwork and a completed <i>Label Approval Request</i> form for the label 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
<p>4. Have any labels (either your own or private brands) been revised since your last inspection?</p> <p>If yes, please identify which labels have been changed.</p> <p>Please ensure that you have submitted the following for each new product:</p> <ul style="list-style-type: none"> • The artwork and a completed <i>Label Approval Request</i> form for the label 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
<p>5. Are any new ingredients being used since your last inspection?</p> <p>If yes, please identify them below.</p> <p>Please ensure that you have submitted the following for each new ingredient:</p> <ul style="list-style-type: none"> • Current certificates and addendums for organic ingredients, or relevant attestations and 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable

Applicant Initials: _____ Date: _____

proof of search for conventional ingredients

6. Have the **suppliers for your ingredients** changed since your last inspection?

Yes No
 Not Applicable

If yes, please identify the new suppliers below and identify which suppliers are not being used this year.

If yes, please ensure that you have submitted the following for each new supplier:

- Current certificates and addendums for your new suppliers

7. Have any **products been discontinued** either under your own name, or for private labels?

Yes No
 Not Applicable

If yes, please identify these products below.

8. Has your **processing facility changed** since your last inspection (e.g. new equipment, new building)?

Yes No
 Not Applicable

If yes, please identify the changes below.

Please ensure that you have submitted the following documentation as applicable:

- New facility map
- New flow diagram
- Description of new equipment

9. Are any **new cleaning or sanitizing products** being used since your last inspection?

Yes No
 Not Applicable

If yes, please identify them below.

Please ensure that you have submitted the following documentation for any new product used or planned for use:

- Copy of the label, MSDS or other product specifications

Applicant Initials: _____ Date: _____

10. Are you using **new processing and/or packaging aids** since the last inspection?

Yes No
 Not Applicable

If yes, please ensure that these processing/packaging aids are listed on the TCO Cert *Supplier Spreadsheet*.

Please ensure that you have submitted the following documentation for any new aid used or planned for use:

- Copy of the label, MSDS or other product specifications
- If they are non-organic processing aids, the appropriate documentation confirming compliance to section 1.4 of the Standards and to tables 6.2 and 6.5 of the CAN/CGSB-32.311 - 2015, Permitted Substances Lists (PSL)

SECTION 4: Pest Management

Pesticide use or new preventive measures information since the last inspection (please list any new preventive measures or any new pesticides in use even if contract pest control).

None used

Please identify new substances used and the target pest.

SUBSTANCE	TARGET PEST	LOCATION USED	METHOD OF APPLICATION

Applicant Initials: _____ Date: _____

SECTION 5: Organic Integrity

<p>1. Does your operation include parallel production?</p> <p>If yes, has there been any changes to procedures to prevent commingling? Please describe these changes.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
<p>2. Has the use of water in your operation changed?</p> <p>Has your method of water treatment changed?</p> <p>If yes to either, please explain the changes below and submit documentation for new substances used in water treatment (e.g. testing, new equipment, etc.).</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
<p>3. Have you changed your packaging materials this year?</p> <p>If yes, please describe the new packaging.</p> <p>Please maintain documentation verifying the food grade status of the packaging.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
<p>4. Has the method of storage of organic product(s) changed since you last inspection?</p> <p>If yes, please describe the changes and explain how organic integrity is maintained with the new procedures.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
<p>5. Has the method of transporting product(s) (either incoming ingredients or outgoing finished product) changed since your last inspection?</p> <p>If yes, please identify the changes and explain how organic integrity is maintained with the new methods of transportation.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable

SECTION 6: Additional Comments

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

Applicant Initials: _____ Date: _____

SECTION 7: Supporting Documents

1. Please provide the following, if there have been any changes since your last inspection:
- flow charts
 - facility maps
 - pest trap maps
2. Please provide the following attachments with your *Processing Organic System Plan Annual Update*:
- For any new product being requested for certification, please supply *Organic Product Ingredient* sheet, artwork and a completed *Label Approval Request* form for the label and flow chart (if it involves a new process)
 - *A Current Product List* - Please note any deletions or additions since last application
 - *A Current Supplier List* - This list must include a list of all ingredients and supplier names, Certification Body of the suppliers, organic programs to which the ingredients are certified
 - Current *Organic Product Ingredient (OPI)* forms
 - Complete *Product & Label Profile* forms
 - A current *Private Label Licensing Application* form (if applicable)
 - Copies of your suppliers' current organic certificate, product listing addendum and *COR Equivalency Affidavit* if applicable
 - A document of water testing (if applicable)

SECTION 8: Affirmation

I affirm that all statements made in this application are true, correct, and complete. The organic products that I have processed have been processed according to organic standards or products not organic to the same programs. 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 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: 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: _____