

# Custom Service Organic System Plan Annual Update 2024

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	:	
$\uparrow$ The Operation Name must be a person and a person means an individual, a corporation recognized as a legal entity. This name goes on the certificate.	n, an association, or	an organ	ization
Other Name(s):			
$\uparrow$ Other Name(s) may be another name by which the certificate holder is commonly know the holder commonly does business under. This name may be added on the certificate bu "doing business as" or "DBA." Leave blank if you don't have any.			
Contact Person's Name:			
Certification/Verification Programs:  Attestation of Compliance (COR)  Bio Suisse**  CARTV (Quebec operators only)  ** Requires submission of additional documents. Contact your TCO Cert Certification Co	pordinator to reques	it the app	ropriate
forms.			
<ol> <li>Do you have access to a copy of the current standards (CAN/CGSB-32.310 and CAN/CG the program for which you are applying?</li> </ol>	<b>SSB-32.311</b> ), for	☐ Yes	□No
2. Do you understand the current organic standards for the program for which you are app	olying?	Yes	□No
3. a. Have you reviewed your Processing Organic System Plan (POSP).		Yes	□No
b. Is your contact information on your Processing Organic System Plan (POSP) up-to-da <u>If no</u> , please provide the updated phone number, email address, etc. here.	te and accurate?	Yes	□ No
b) Have you made revisions to your Processing Organic System Plan (POSP? If yes, attach the revised pages with the date and your initials and explain the revisi	ons made.	Yes	□No
USER FEES			
Applicable to currently certified chapter members			
<ul> <li>Your user fee will be based upon the revenue you collected for the organic related ser cleaning fees that you charged for cleaning organic product.</li> </ul>	vices you rendered,	e.g., seed	
<ul><li>"Revenue Based User Fee Remittance" form attach</li><li>I already submitted the form and paid for last year</li></ul>			
Please submit the "Revenue Based User-Fee Remittance" form as it applies to last year with this your certification payment this year.	application and send	payment ii	n with

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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 that lists the previous Noncompliances and Opportunities for Improvements.

Were there any Noncompliances or Opportunities for Improven	nent from last year's certification?	Yes No
If yes, please complete the following table, briefly listing each improvement, describing the actions taken to address each one		
Noncompliance, Opportunity for Improvement	Action Taken	
(Add rows if needed)		

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

1. Have you provided custom service for any new/additional organic <b>products</b> or for any new customers since your last inspection?	Yes	□No
If yes, please identify the full brand name of these products and the name of the customers:		
If yes, please submit copies of current certificates and product addendums for the new organic products/customers.		

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2.	Have any new custom service activities been added since your last inspection?	☐ Yes	☐ No
	Please describe new custom services you are currently offering for organic products:		
	If yes, please submit a copy of the flow chart if a new process is used.		
3.	Are you performing any packaging and/or labelling activities for any customers?	☐ Yes	□No
	If yes, please submit an application for a Certificate of Packaging and Labelling to TCO Cert.		
4.	Have you discontinued providing custom service on certain products or discontinued service for any customers?	☐ Yes	□No
	If yes, please identify the full brand name of these products and customers:		
	Applicant Initials:	Date: _	

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5. Has your cus building)? If yes, pleas		facility changed since your last insp e changes:	ection (e.g.: new equipment, new		Yes	□ No
Please subm description		ssary documentation, such as new forment.	acility map, new flow diagram,			
	SEC1	TION 4: Pest Management	Changes Since Last Ins	pection		
Please list any	new preven	tive measures or any new pesticides ase identify new substances used a	in use, including contracted pest		Non	e used
SUBST		TARGET PEST	LOCATION WHERE USED	METHOD	OF APP	LICATION
(Add rows if needed	al)					
			Applicant Ini	tials:	Date:	
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**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? Y/N (Add rows if needed) **SECTION 6: Organic Integrity** 1. Does your operation provide parallel service to organic and nonorganic products? Yes No ☐ Yes ☐ No If yes, has there been any changes to procedures to prevent commingling? If applicable, please describe these procedural changes: 2. a. Has the use of water in your operation changed? Yes No N/A ☐ Yes ☐ No b. Has your method of water treatment changed? If yes, please explain the changes. Please submit documentation for new substances used in water treatment (e.g., testing, new equipment, etc.). 3. Has the method of storage of organic product(s) changed since your last inspection? ☐ Yes No If yes, please describe the changes:

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If applicable, please explain how organic integrity is maintained with the new storage procedures:	
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4. Has the method of transporting product(s) (either incoming ingredients or outgoing finished product) changed since your last inspection?	Yes No
producty changed since your last inspection:	
If yes, please identify the changes:	
11 yes, pieuse identity the changes.	
If applicable, please explain how organic integrity is maintained with the new methods of	
transportation:	
Please submit copies of current certificates and product addendums for your new customers	
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SECTION 7: Additional Comments	
Please provide any additional comments or information pertinent to this Organic System Plan.	
SECTION 8: Supporting Documents	
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#### **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:
Applicant initials.	Dutc

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