



APPENDIX G

Garden-Greenhouse Organic System Plan Annual Update 2021

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

Operation Name:	Operator Number:
↑ <i>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.</i>	
Other Name(s):	
↑ <i>Other Name(s) may be another name by which the certificate holder is commonly known in the marketplace or the name the holder commonly does business under. This name may be added on the certificate but must clearly be referred to as "doing business as" or "DBA." Leave blank if you don't have any.</i>	
Contact Person's Name:	
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: <input type="checkbox"/> Canada Organic Regime (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.	

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? If no, please describe your plan for converting all areas to organic production.	<input type="checkbox"/> Yes <input type="checkbox"/> No

8. **Lighting and Heating:** Please describe in detail any changes that have been made from the information provided in your Garden/Greenhouse Organic System Plan (section 2, questions 4 & 5) concerning the lighting and heating of the greenhouse(s):

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. 7.5.2.1 of CAN/CGSB 32.310 – 2020, growing medium 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:			<input type="checkbox"/> Not Applicable
2. As per par. 7.5.2.3 & 7.5.2.4 of CAN/CGSB 32.310 – 2020, what is the soil volume for containerized plants?			<input type="checkbox"/> Not Applicable

SECTION 4: Handling of Harvested Products

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

Applicant Initials: _____ Date: _____

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 annual 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

TRANSPORT/LABELLING PROFILE:	
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):	
PLEASE SUBMIT SAMPLES OF BILLS OF LADING OR INVOICES OR OTHER DOCUMENTS USED.	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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.	

Applicant Initials: _____ Date: _____

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 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: _____