



Maple Organic System Plan

Please complete this form in its entirety if you are new applicant. Please also ensure that you attach the Maple Organic System Plan Annual Update. Sign this form and attach supporting documentation as specified in Section 10. 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.**

SECTION 1: General Information

Operation Name:		Operator Number:	
<p>↑ 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.</p>			
Other Name(s):			
<p>↑ 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 will 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.</p>			
Contact Person's Name:			
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:	
<p>Please provide directions to the inspection location(s) and indicate when you are available to contact:</p>			

Applicant Initials: _____ Date: _____

<p>1. Have you ever previously applied for organic certification by TCO Cert or another Certification Body? If yes, please list the name of the Certification Body, year(s) of application, outcome of application:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2. Are you taking over previously certified organic land? If yes, please attach the completed and signed Prior Land Use Affidavit AND the previous Certification and Addendum documents for this land.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>3. Are you currently certified and transferring to TCO Cert from another Certification Body? If transferring to TCO Cert from another Certification Body, a Letter of Good Standing from the Sending CB is required.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>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.</p>	
<p>Certification/Verification Programs: <input type="checkbox"/> Canadian Organic Regime (COR) <input type="checkbox"/> Quebec Standards (CARTV) <input type="checkbox"/> Bio Suisse**</p>	
<p>**Requires the submission of additional documents. Please contact your chapter or TCO Cert certification coordinator for the appropriate forms.</p>	
<p>Equivalency Programs: <input type="checkbox"/> CAN/US Equivalence Arrangement</p>	
<p>4. Do you process/handle organic maple syrup from other operations? If yes, you must complete and submit a <i>TCO Cert Processing Organic System Plan</i> and be inspected for processing.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>5. Are any agricultural activities (farm, livestock, etc.) other than maple production performed on your operation? If yes, please describe the activities.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 2: Soil, Fertility, Pest and Disease Management

<p>1. Describe how pests (vertebrates, insects, etc.) are controlled in the sugar bush.</p>
<p>2. 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.</p>

Applicant Initials: _____ Date: _____

SECTION 3: Maple Production Plan Information

Farm Profile	
<p>At least 36 months of histories are required for all tapping 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"> Tapping area histories must include the current year and show all areas, whether they are organic (O), in transition (T) or conventional (C), area numbers, size of each area (acres, hectares, etc.) and any inputs that may have been applied (must include specific <u>dates</u> and <u>rates</u> of application). Also attach maps of all areas which indicate directions, size and shape, buffer zones and adjoining land use. If vacuum pumps are used, you must submit maps that include all tapping lines and any pump stations. There must also be an overview map that shows all collection areas in relation to one another. The sizes listed in the histories and maps must correspond. If the legal description/address for each tapping area is not located on the history sheets and/or field maps, please submit a sheet that provides this information. If all tapping areas are connected in an entire operation, one legal description/address is sufficient. If the sugar bush is on Crown Land, include the government documentation dealing with aerial pesticide and/or fertilizer spraying in your area. 	
1. Is the enterprise a mixed operation? Does parallel production of organic and non-organic crops occur on the operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. What methods do you use to maintain or encourage biodiversity in your sugar bush, including companion species to the sugar maple?	
3. Is forest thinning conducted? If yes, please describe the method of thinning, including distribution:	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. What are your tree/bush clearing practices (including road maintenance) and how often are they performed?	
5. Please describe the buffer zones that are maintained around organic tapping areas.	<input type="checkbox"/> No buffers needed
6. What is the width of the buffer zones?	
7. Do you tap any trees located in the buffer zones? If yes, please describe the measures that are in place to ensure that this sap is not commingled with organic sap.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Provide additional comments about your sugar bush management (interventions/innovations).	

Applicant Initials: _____ Date: _____

<p>9. Does this maple syrup operation also include agricultural crop production and/or livestock production? If yes, please provide a full description of the separation between organic and non-organic portions of the farm. Please include:</p> <ul style="list-style-type: none"> • Rented farms or fields • Distance between multiple farms • Barriers between adjoining farms • Management of multiple farms • Shared equipment between organic and non-organic fields and farms • Shared storage with non-organic products • Storage of prohibited inputs and cleaning of storage facilities 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
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SECTION 4: Sap Collection and Inputs

4A. Taps: Please fill out the following chart concerning tap distribution.		
Tree Diameter at 4'6" (1.4m) Chest Height	Number of Taps per Tree	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)		
For any trees above 31-1/2" please list the diameters		
**		
**		
**		
**		

Please fill out the following chart concerning tap depth

Tree Diameter at chest height	Tap Depth
Less than 25 cm	
More than 25 cm	
1. Are your spouts made of food-grade material?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is a pipeline network installed? If yes, please describe the network.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Initials: _____ Date: _____

4B. Inputs:

Complete documentation for all inputs used in the operation must be submitted to TCO Cert.

- **Please submit labels (or full ingredient lists if not indicated on label) for each input with the outline. This information must be available for the inspector for any products used after the submission of the outline. Please note that a guaranteed analysis is not sufficient; ingredients must be listed.**

If inputs contain any agricultural and/or biological ingredients, Non-GMO Affidavits must be submitted.

1. Are any disinfectants/other products used during tapping (in the tap hole and/or on equipment)?
If yes, please list the products used and where they are used. Please attach labels for all products used. Yes No

2. Are any products used to clean the collection system (buckets, piping, etc.)?
If yes, please list products used in the table below. Yes No

When Used	Product Used (type of product and brand name)
Prior to the season	
During the season	
At the end of the season	

3. Please indicate the material that the components of the collection system is made from:

Boiler: Plastic Aluminum Galvanized Other With Cover Without Cover

Pails or buckets: Plastic Aluminum Galvanized Other With Cover Without Cover

4. Are vacuum pumps used in the collection of sap? Yes No
If yes,
a. How many pump stations do you have?

b. What kind of vacuum pump is used? Oil Water

c. If using an oil pump, how is the used oil from the pumps recovered?

5. Please indicate the material that the storage tanks for sap are made from:

Fiberglass Stainless Steel Galvanized
 Plastic Painted with food-grade paint Other (specify):

6. Are tanks used to transport sap? Yes No
If yes, what materials are the tanks made from?

7. Are any products used to clean the storage tanks? Yes No
If yes, please list the products used in the table below:

When Used	Product Used (type of product & brand name)
Prior to the season	
During the season	
At the end of the season	

Applicant Initials: _____ Date: _____

<p>8. Is sap filtered prior to processing? If yes, what type of filter(s) is used?</p> <p>What products are used to clean the filter?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sap is not filtered
<p>9. How is the freshness of the sap maintained (indicate the use of any products)?</p>	
<p>10. Is 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)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>11. When replacement is needed, how are the components of the system handled?</p>	

SECTION 5: Sugarhouse

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

SECTION 6: Osmosis Machine

<p>1. Is sap sterilized prior to processing? If yes, describe how it is sterilized.</p>	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2. What type of membrane is used?</p> <p>Please submit all technical data if first year of certification or if the membrane has changed.</p>	

Applicant Initials: _____ Date: _____

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
When Used	Product Used (type of product & brand name)
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?	
If stored off-site, please provide documentation from the entity performing the storage that clearly describes the storage procedure	
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?	
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) or potassium metabisulfite (PMBS) 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
If a reverse osmosis membrane is used, please maintain detailed records on the rinsing of the unit in order to verify compliance with CAN/CGSB-32.310-2020 par. 7.2.12.3. 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.	

Applicant Initials: _____ Date: _____

SECTION 7: Evaporator

Not Applicable

1. a. What material is the front evaporator pans made from? b. What material is the back evaporator pan made from?		
2. What material was used to solder/weld the pans?		
3. Are any products used to clean/maintain the front evaporator pans? 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 & brand name)	Frequency of Cleaning
Prior to the season		
During the season		
At the end of the season		
4. Are any products used to clean/maintain the back evaporator pan? 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 & brand name)	Frequency of Cleaning
Prior to the season		
During the season		
At the end of the season		
5. How are front and back pans rinsed after cleaning?		
6. What material is used for fuel(s)?		
7. What product is used as an anti-foaming agent?		
8. Is the anti-foaming agent certified organic?		<input type="checkbox"/> Yes <input type="checkbox"/> No
9. How is syrup density controlled?		
10. Is the sap filtered? If yes, what product(s)/equipment is used for the filtration (cloth, paper, silica powder, etc)?		
11. Is any product used to change or mask the flavour of the syrup? If yes, what product(s) are used?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Initials: _____ Date: _____

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)?	
3. Do you produce cans/bottles of maple syrup for retail sales? If yes: a. What equipment is used to fill the cans/bottles? b. How is the filling equipment cleaned? c. Please provide Brand Names for all products are used to clean the filling equipment? (Please submit an Input Review Request form with relevant documentation to TCO Cert for approval before use of any cleaning products) Please submit food grade documentation for the retail containers to TCO Cert	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you produce any processed products (candy, butter, etc.)? If yes, please list products. If yes, please complete a Processor Organic System Plan.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. 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
6. 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. a. Are single barrels used? If yes, are they reused? b. Does each barrel carry a unique number and are the numbers recorded in your record book? c. Is the date the barrel was filled recorded?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
7. a. Is any non-organic syrup purchased for the purpose of resale? b. Please describe how the non-organic syrup is stored to avoid commingling with organic syrup. c. Are storage areas for organic and non-organic syrup clearly identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Initials: _____ Date: _____

SECTION 9: Storage Facilities and Transportation

9A. 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
*If off-site storage is used, please provide the full name and contact information of the Custom Service Provider:		
What type of products are stored at the off-site facility?		
If applicable, which of the following documentation is in place for the Custom Service Provider?		
<input type="checkbox"/> Attestation of Compliance to the COR * <input type="checkbox"/> Organic Certificate and Addendum * <input type="checkbox"/> None of the above **		
*Please attach available documentation for the Custom Service Provider and/or have documentation on hand at time of inspection.		
** Please note: If you are planning on using the custom services of a Contractual Service Provider (seed cleaning, storing, slaughtering, drying etc.) <u>which does not hold an Attestation of Compliance or Organic Certificate</u> the service provider's facility and activities need to be included in the annual inspection of your operation.		
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.		
2. Where are cleaning or sanitizing materials stored? Where are oils, paints, lubricants, and pesticides stored??		
9B. Transportation of Organic Products and Ingredients:		
In-Process Products:		
1. How are in-process products (i.e., barrels, cans, bottles) transported?		<input type="checkbox"/> Not Applicable

Applicant Initials: _____ Date: _____

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.)?

Outgoing Finished Products:

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.)?

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

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.

Applicant Initials: _____ Date: _____

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"/> bulk commodities (contract) to buyer
<input type="checkbox"/> wholesale	<input type="checkbox"/> other (specify):
6. Are labels used on any of your products? If yes, please submit samples for each type of label that is used.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Please provide a sample of the lot number used in your operation and describe what each component means.	

SECTION 11: Affirmation

I affirm that all statements made in this application are true, correct, and complete.	
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: _____