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Packaging and Labelling Organic System Plan Annual Update 2020

Please complete this form in its entirety. Sign this form and attach supporting documentation as specified in Section 8. 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:
↑ <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 any other name(s) the certificate holder wants added on the certificate. Leave blank if you don't want any other name on the certificate.</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"/> 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 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), for the program for which you are applying?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you understand the current organic standards for the program for which you are applying?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. a) Have you reviewed your Processing Organic System Plan. If no, please explain why.	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Have you made revisions to your Processing Organic System Plan? If yes, attach the revised pages with the date and your initials and explain the revisions made:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Initials: _____ Date: _____



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SECTION 2: Description of Measures Taken to Address Noncompliances and Opportunities for Improvement

Please refer to the letter received with your most recent certification letter that lists the previous Noncompliances and Opportunities for Improvements.

Were there any Noncompliances or Opportunities for Improvement from last year's certification? If yes, please complete the following table, briefly listing each Noncompliance and Opportunity for Improvement, describing the actions taken to address each one. Add additional pages if necessary.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Noncompliance, Opportunity for Improvement	Action Taken
1.	
2.	
3.	
4.	

(Add additional pages if needed)

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

1. Are any new private label agreements in place since your last inspection? If yes, please list these new private label agreements: <p style="text-align: center;"><i>If applicable, please submit the Private Label Licensing Agreement forms.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are any custom manufactured new products under private label agreements been added since your last inspection? If yes, please list these new products: <p style="text-align: center;"><i>If applicable, please submit a copy of the actual label, the Product & Label Profile Form, Organic Product Ingredient sheet, and flow chart (if a new process is used).</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Initials: _____ Date: _____

<p>3. Have any labels (either your own or private brands) been revised since your last inspection? If yes, please identify which labels have been changed:</p> <p><i>You must submit artwork for the revised labels and the Product & Label Profile form for approval by TCO Cert.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>4. Have any products been discontinued either under your own name, or for private labels? If yes, please identify these products:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>5. Has your packaging and labelling facility changed since your last inspection (e.g. new equipment, new building)? If yes, please identify these changes:</p> <p><i>Please submit any necessary documentation, such as new facility map, new flow diagram, description of new equipment.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>6. Are any new packaging aids being used since your last inspection? If yes, please ensure that these packaging aids are listed on the TCO Cert Supplier Spreadsheet. <i>Please submit the appropriate technical or MSDS documentation for these new packaging aids.</i> <i>NOTE: If non-organic processing aids are being used, please submit the appropriate documentation confirming compliance to par. 1.4 of the CAN/CGSB-32.310 – 2015 and to Tables 6.2 and 6.5 of the CAN/CGSB-32.310 – 2015 (Permitted Substances List).</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 4: Pest Management Changes Since Last Inspection

Please list any new preventive measures or any new pesticides in use, including contracted pest control. Please identify new substances used and the target pest.			<input type="checkbox"/> None used
SUBSTANCE	TARGET PEST	LOCATION WHERE USED	METHOD OF APPLICATION

(Add additional pages if needed)

Applicant Initials: _____ Date: _____

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?
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

(Add additional pages if needed)

SECTION 6: Organic Integrity

<p>1. Does your operation include parallel production? If yes, has there been any changes to procedures to prevent commingling? If applicable, please describe these procedural changes:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. Has the use of water in your operation changed? Has your method of water treatment changed? If yes, please explain the changes.</p> <p><i>Please submit documentation for new substances used in water treatment (e.g.: testing, new equipment, etc.).</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3. Have the packaging materials changed since your last inspection? If yes, please describe the new packaging:</p> <p><i>Please submit documentation that the packaging is food grade.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Applicant Initials: _____ Date: _____

<p>4. Has the method of storage of organic product(s) changed since your last inspection? If yes, please describe the changes:</p> <p>If applicable, please explain how organic integrity is maintained with the new storage procedures:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>4. Has the method of transportation of product(s) (either incoming ingredients or outgoing finished product) changed since your last inspection? If yes, please identify the changes:</p> <p>If applicable, please explain how organic integrity is maintained with the new methods of transportation:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 7: Additional Comments

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

Applicant Initials: _____ Date: _____

SECTION 8: Supporting Documents

<p>1. For any new product being requested for certification, you must submit <i>a copy of the actual label, the Product & Label Profile Form, Organic Product Ingredient sheet, and flow chart (if a new process is used)</i>.</p>
<p>2. Please provide the following, if there have been any changes since your last inspection:</p> <ul style="list-style-type: none"> • flow charts • facility maps • pest trap maps
<p>3. Please provide the following attachments with your <i>Packaging and Labelling Organic System Plan Annual Update</i>:</p> <ul style="list-style-type: none"> • A Current Product List. Please note any deletions or additions since last application. • A 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 Ingredients (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)
<p>4. If you are requesting additional organic programs, you must answer additional questions in your Processing Organic System Plan.</p>

SECTION 8: Affirmation

<p>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.</p>

Signature of Operator

Date (M/D/Y)

<p>Please maintain copies of the Organic System Plan and other supporting documents as part of your record-keeping system.</p>

Applicant Initials: _____ Date: _____