



Processing Organic System Plan Annual Update 2021

Please complete this form in its entirety. Sign this form and attach supporting documentation as specified in Section 7. 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 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"/> 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. Contact your 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 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. a. Have you reviewed your Processing Organic System Plan? If no, please explain why not:	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Have you revised your Processing Organic System Plan and attached the revised pages with the date and your initials?	<input type="checkbox"/> Yes <input type="checkbox"/> No
PROCESSOR USER FEES	
Applicable to currently certified chapter members only:	
<ul style="list-style-type: none"> • <u>If you are a processor of your own product and make organic sales</u>, your user fee should be based upon any value added to your product after processing. • <u>If you do not make organic sales and just provide a service</u>, 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. 	
<input type="checkbox"/> "Revenue Based User Fee Remittance" form attached <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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. Add rows if necessary.	
Noncompliance/Opportunity for Improvement	Action Taken
1.	
2.	
3.	
4.	
5.	

SECTION 3: Changes Made to your Operation/Procedures/Products Since your Last Inspection

1. Are any new private label agreements in place since your last inspection? If yes, please list them: Please submit the Private Label Licensing Agreement form.	<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 them: Please ensure you have submitted the following forms for each new product: <ul style="list-style-type: none"> Organic Product Ingredient (OPI) sheet. The artwork and completed Label Approval Request form for the label 	<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Initials: _____ Date: _____

<p>3. Are there any new products under your own brand name since your last inspection? If yes, please list them:</p> <p>Please submit a copy of the label for each new product:</p> <ul style="list-style-type: none"> • Completed Label Approval Request Form • Organic Product Ingredient (OPI) sheet; and • A flow chart if a new process is used. 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>4. 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>Please submit artwork for the revised labels and a completed Label Approval Request for approval from TCO Cert.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>5. Are any new ingredients being used since your last inspection? If yes, please identify the new ingredients:</p> <p>Please submit current certificates and product listing (i.e. Addendums) for organic ingredients, or relevant attestations and proof of search for organic ingredients.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>6. Have any suppliers for your ingredients changed since your last inspection? If yes, please identify the new ingredients:</p> <p>Please submit current certificates and addendums for the organic ingredients, or relevant attestations and proof of search for organic ingredients.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
<p>7. 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 <input type="checkbox"/> Not Applicable

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<p>8. Has your processing facility changed since your last inspection (e.g. new equipment or new building)? If yes, please identify these changes:</p> <p>Please submit any necessary documentation such as:</p> <ul style="list-style-type: none"> New facility map New flow diagram Description of new equipment 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
<p>9. Are any new processing/packaging aids being used since your last inspection?</p> <p>If yes, please ensure that these processing/packaging aids are listed on the Processor Supplier List.</p> <p>Please submit the appropriate technical documentation or MSDS for these new processing/packaging aids. If non-organic processing aids are being used, please submit the appropriate documentation confirming compliance to par 1.4 of CAN/CGSB 32.310-2015 (Organic production systems—General principles and management standards), and to Tables 6.2 and 6.5 of the Permitted Substances List – CAN/CGSB-32.311-2015.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable

SECTION 4: Pest Management Changes Since Last Inspection

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

Applicant Initials: _____ Date: _____

SECTION 5: Cleaning and Sanitizing

Complete this Table for all cleaning and sanitation products used since the last inspection. None used

- **Check the box for any new products used since your last inspection.**
- **Please submit MSDS and any other relevant documentation**
- **Complete and submit an Input Review Request form for each new product.**
- **Please do not use any new products before they have been 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"/>			<input type="checkbox"/>
	<input type="checkbox"/>			<input type="checkbox"/>
	<input type="checkbox"/>			<input type="checkbox"/>

SECTION 6: Organic Integrity

1. Does your operation include parallel production?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, have there been any changes to procedures to prevent commingling? Please describe these changes:	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has the use of water in your operation changed? Has your method of water treatment changed? If yes, please describe these changes:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
<p><i>Please submit documentation for new substances used in water treatment (eg testing, new equipment, etc.).</i></p>	

<p>3. Have the packaging materials changed since your last inspection?</p> <p>If yes, please describe the new packaging.</p> <p><i>Please submit documentation verifying that the packaging is food grade.</i></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 how organic integrity is maintained with the new storage procedures.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<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

SECTION 7: Additional Comments

<p>Please provide any additional comments or information pertinent to this Organic System Plan.</p>

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 completed Label Approval Request 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>Processing 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 Ingredient (OPI) forms. • A current Private Label Licensing Application Form (if applicable) • Copies of your suppliers' current organic certificate, product listing addendum and Can/US Organic Equivalency Affidavit if applicable • A document of water testing (if applicable). |

SECTION 9: 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)

* Must have completed an e-signature form

Please maintain copies of the Organic System Plan and other supporting documents as part of your record keeping system.

Applicant Initials: _____ Date: _____