



Attestation/Custom Service Organic System Plan

Please complete this form in its entirety and ensure that you attach the Attestation/Custom Service Organic System Plan Annual Update – New Applicant.

Sign this form and attach all applicable supporting documentation. 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”. Please contact the TCO Cert 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:		
↑ 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.					
Other Name(s):					
↑ 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.					
Contact Person’s Name (if different from applicant):					
Secondary Contact Person’s Name (if applicable):					
PHYSICAL INSPECTION LOCATION INFORMATION			OPERATION’S CONTACT INFORMATION		
Address:			<input type="checkbox"/> Same information as inspection location		
Mailing Address:					
City:	Province:	Postal Code:	City:	Province:	Postal Code:
Phone 1:		Phone 2:		Phone 1:	
Cell:		Fax:		Phone 2:	
E-mail Address:			E-mail Address:		
Web Site:			Web Site:		
SECOND INSPECTION LOCATION ADDRESS (if applicable):					
Please provide directions to the inspection location(s) and indicate when you are available to contact:					
1. Please list previous organic certification applications to other agencies (name, year(s) of application, outcome of application).					<input type="checkbox"/> N/A

<p>2. Type of custom service provided:</p> <p><input type="checkbox"/> Storage</p> <p><input type="checkbox"/> Processing</p> <p><input type="checkbox"/> Cleaning Grains</p> <p><input type="checkbox"/> *Packaging and Labelling</p> <p>*If you are providing packaging and labeling, please complete and submit a <i>Processing Organic System Plan</i> and a <i>Packaging and Labeling Organic System Plan Annual Update – New Applicant</i>.</p>	
<p>3. Status of operation:</p> <p><input type="checkbox"/> 100% Organic to each requested program</p> <p><input type="checkbox"/> Mixed Custom Service (org/non-organic—different products and/or programs)</p> <p><input type="checkbox"/> Parallel Custom Service (org/non-organic—same products)</p> <p>Estimated annual total production/handling: _____ % organic; _____ % non-organic</p>	
<p>4. Please briefly describe your overall operation. Include the frequency of organic production/processing runs.</p> <p><u>IMPORTANT NOTE: the inspection of your operation needs to occur when organic products are being prepared/handled.</u></p>	
<p>5. Please describe your custom service facility (e.g.: new equipment, new building).</p>	
<p>6. Please identify any local, state, provincial, federal, or third-party certifications that you have, or inspections that have occurred at your operation. Include any certificates or inspections from local, provincial, or federal health departments.</p>	<input type="checkbox"/> N/A

SECTION 2: Product Composition

For products that are certified by another Certification Body (CB), please attach a copy of the current product certificate and the product list or addendum

A. PRODUCTS	
<p>1. List all organic products your operation is <u>processing/cleaning/storing that are also produced/cleaned/stored in a non-organic form.</u></p>	
B. Products Destined for the USA	
1. Are your products processed by your operation destined for markets in the USA?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
C. WASTE PRODUCTS:	
<p>1. Will any byproducts, substandard or discarded materials from certified organic products be sold as organic? For example, to a livestock operator, or a compost operator, or a secondary processor.</p> <p><u>If yes, list all these materials from organic products and describe the audit trail documentation maintained.</u></p> <p>If you are taking ownership of any byproducts, please complete and submit also a <i>Trader Organic System Plan</i> and a <i>Trader Organic System Plan Annual Update – New Applicant</i>.</p>	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Initials: _____ Date: _____

SECTION 3: Pest Management and Post-Harvest Substances

Organic standards require good production practices be adopted to prevent pests. These are outlined in 8.3.1 of the Canadian Organic Standards, CAN/CGSB - 32.310-2020. These strategies include the removal of pest habitat and food, prevention of access, environmental management, traps, and lures as listed in CAN/CGSB-32.311- 2020, Permitted Substances Lists (PSL), table 8.2.

If measures listed in 8.3.1 of CAN/CGSB - 32.310-2020 are documented and found to be ineffective then substances listed in Table 8.2 of the CAN/CGSB-32.311- 2020, Permitted Substances Lists (PSL), may be used. Measures must be taken to prevent contact with organic products, and packaging materials.

If pest control substances that are not listed in Table 8.2 of the CAN/CGSB-32.311-2020, Permitted Substances Lists (PSL), and post-harvest substances, not listed in Table 8.3, are used under any mandatory government program, **operators must notify TCO Cert, monitor, and document their use.**

Substances listed in Table 8.3 of the CAN/CGSB-32.311-2020, Permitted Substances Lists (PSL), may be used for post-harvest storage.

The use, storage, and disposal of unlisted pest control substances must be documented.

1. Attach a facility map showing the location of traps.																														
2. Who is responsible for pest control in the operation? <input type="checkbox"/> In house. <input type="checkbox"/> Contract pest control service*: Name of service provider:																														
*Pest management must be under the control of the certified operator, even if pest control is contracted.																														
3. Check all pest problems you generally have: <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input type="checkbox"/> flying insects</td> <td style="border: none;"><input type="checkbox"/> mice</td> <td style="border: none;"><input type="checkbox"/> other (specify):</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> crawling insects</td> <td style="border: none;"><input type="checkbox"/> spiders</td> <td></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> rats</td> <td style="border: none;"><input type="checkbox"/> birds</td> <td></td> </tr> </table>	<input type="checkbox"/> flying insects	<input type="checkbox"/> mice	<input type="checkbox"/> other (specify):	<input type="checkbox"/> crawling insects	<input type="checkbox"/> spiders		<input type="checkbox"/> rats	<input type="checkbox"/> birds																						
<input type="checkbox"/> flying insects	<input type="checkbox"/> mice	<input type="checkbox"/> other (specify):																												
<input type="checkbox"/> crawling insects	<input type="checkbox"/> spiders																													
<input type="checkbox"/> rats	<input type="checkbox"/> birds																													
4. Check all pest management practices you use: <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input type="checkbox"/> removal of pest habitat</td> <td style="border: none;"><input type="checkbox"/> positive air pressure in facility</td> <td style="border: none;"><input type="checkbox"/> mechanical traps</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> removal of pest food sources</td> <td style="border: none;"><input type="checkbox"/> good sanitation</td> <td style="border: none;"><input type="checkbox"/> heat treatments</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> removal of pest breeding areas</td> <td style="border: none;"><input type="checkbox"/> cleanup of spilled product</td> <td style="border: none;"><input type="checkbox"/> temperature control</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> sealed doors and/or windows</td> <td style="border: none;"><input type="checkbox"/> exclusion</td> <td style="border: none;"><input type="checkbox"/> electrocutors</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> repair of holes, cracks, etc.</td> <td style="border: none;"><input type="checkbox"/> monitoring</td> <td style="border: none;"><input type="checkbox"/> scare eye balloons</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> screened windows, vents, etc.</td> <td style="border: none;"><input type="checkbox"/> mowing</td> <td style="border: none;"><input type="checkbox"/> freezing treatments</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> physical barriers</td> <td style="border: none;"><input type="checkbox"/> incoming product inspection for pests</td> <td style="border: none;"><input type="checkbox"/> vacuum treatments</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> sheet metal on sides of building exterior</td> <td style="border: none;"><input type="checkbox"/> inspection zones around interior perimeter</td> <td></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> air curtains</td> <td style="border: none;"><input type="checkbox"/> ultrasound devices</td> <td></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> air showers</td> <td style="border: none;"><input type="checkbox"/> light devices</td> <td></td> </tr> </table>	<input type="checkbox"/> removal of pest habitat	<input type="checkbox"/> positive air pressure in facility	<input type="checkbox"/> mechanical traps	<input type="checkbox"/> removal of pest food sources	<input type="checkbox"/> good sanitation	<input type="checkbox"/> heat treatments	<input type="checkbox"/> removal of pest breeding areas	<input type="checkbox"/> cleanup of spilled product	<input type="checkbox"/> temperature control	<input type="checkbox"/> sealed doors and/or windows	<input type="checkbox"/> exclusion	<input type="checkbox"/> electrocutors	<input type="checkbox"/> repair of holes, cracks, etc.	<input type="checkbox"/> monitoring	<input type="checkbox"/> scare eye balloons	<input type="checkbox"/> screened windows, vents, etc.	<input type="checkbox"/> mowing	<input type="checkbox"/> freezing treatments	<input type="checkbox"/> physical barriers	<input type="checkbox"/> incoming product inspection for pests	<input type="checkbox"/> vacuum treatments	<input type="checkbox"/> sheet metal on sides of building exterior	<input type="checkbox"/> inspection zones around interior perimeter		<input type="checkbox"/> air curtains	<input type="checkbox"/> ultrasound devices		<input type="checkbox"/> air showers	<input type="checkbox"/> light devices	
<input type="checkbox"/> removal of pest habitat	<input type="checkbox"/> positive air pressure in facility	<input type="checkbox"/> mechanical traps																												
<input type="checkbox"/> removal of pest food sources	<input type="checkbox"/> good sanitation	<input type="checkbox"/> heat treatments																												
<input type="checkbox"/> removal of pest breeding areas	<input type="checkbox"/> cleanup of spilled product	<input type="checkbox"/> temperature control																												
<input type="checkbox"/> sealed doors and/or windows	<input type="checkbox"/> exclusion	<input type="checkbox"/> electrocutors																												
<input type="checkbox"/> repair of holes, cracks, etc.	<input type="checkbox"/> monitoring	<input type="checkbox"/> scare eye balloons																												
<input type="checkbox"/> screened windows, vents, etc.	<input type="checkbox"/> mowing	<input type="checkbox"/> freezing treatments																												
<input type="checkbox"/> physical barriers	<input type="checkbox"/> incoming product inspection for pests	<input type="checkbox"/> vacuum treatments																												
<input type="checkbox"/> sheet metal on sides of building exterior	<input type="checkbox"/> inspection zones around interior perimeter																													
<input type="checkbox"/> air curtains	<input type="checkbox"/> ultrasound devices																													
<input type="checkbox"/> air showers	<input type="checkbox"/> light devices																													
5. Only when pest management practices described in #4 above are ineffective, may you use pest control substances listed in the CAN/CGSB-32.311-2020, Permitted Substances Lists (PSL), table 8.2. <input type="checkbox"/> Not applicable, no substances listed in tables 8.2 are used. <input type="checkbox"/> Yes, pest control substances listed in tables 8.2 are used either inside or outside the facilities as follows: If yes, complete an Input Review Request form and provide MSDS or technical information to TCO Cert for approval of the product before you use it.																														

GENERIC SUBSTANCE/BRAND NAME	TARGET PEST	LOCATION WHERE USED	METHOD OF APPLICATION

Applicant Initials: _____ Date: _____

6. Only when **pest control substances listed** in #5 above are ineffective, or there is a mandatory government program in place, pest control substances not listed in table 8.2 of the CAN/CGSB-32.311-2020, Permitted Substances Lists (PSL), may be used provided there is no risk to organic product, packaging materials status, or integrity.

Not applicable – No unlisted substances are used

Yes, pest control substances not listed in table 8.2 are used (either inside or outside the facilities) and are summarized below

If yes, please submit an Input Review Request form and MSDS or technical information to TCO Cert for approval of the product prior to use.

GENERIC SUBSTANCE / BRAND NAME	TARGET PEST	LOCATION WHERE USED	METHOD OF APPLICATION

7. If you are using substances listed in the CAN/CGSB-32.311-2020, Permitted Substances Lists (PSL), table 8.3, for storage please list them.

N/A

GENERIC SUBSTANCE / BRAND NAME	TARGET PEST	LOCATION WHERE USED	METHOD OF APPLICATION

8. Are records kept of all pest management practices, and the use of pest control substances and the storage, and disposal of unlisted pest control substances (whether in-house or contracted)?

Yes No

If no, please explain:

For all substances used, please submit an Input Review Request form and pest control substance labels and copies of the SOP and/or GMP pertinent sections.

SECTION 4: Maintaining Organic Integrity

All operations that handle, store and transport organic products for production and processing are to maintain the inherent organic qualities of the product through strict adherence to the procedures and principles of this standard. Operators are responsible for maintaining organic integrity at all points of the market supply chain, from production through point of sale to the final consumer.

A. PRODUCT FLOW: Attach a complete detailed written description or schematic product flow chart and a map that shows the equipment and movement of all organic products, from incoming/receiving through production to outgoing/shipping. All equipment and storage areas must be identified.

B. ORGANIC CONTROL POINTS: Similar to Hazard Analysis Critical Control Points (HACCP), Organic Control Points (OCPs) are points in a production system where the integrity of the organic product may be compromised. Examples are improper cleaning of equipment prior to running organic product, resulting in contamination by sanitation substances or commingling with non-organic products left in the equipment, or use of a prohibited pesticide when organic product is present, resulting in contamination by a prohibited material or substance. **OCPs should be noted on your processing flow chart.**

Applicant Initials: _____ Date: _____

<p>1. If you have employees, are they trained on organic production requirements and is this training documented? <u>If yes</u>, please explain how they are trained and describe the documentation that is maintained for the training.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2. Does parallel cleaning/processing/handling occur at any of the facilities utilized for organic production? <u>If yes</u>, please complete the remaining questions in this section.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>3. Please describe the system in place to prevent commingling and to provide a separation of organic cleaning/processing by time and/or place from non-organic production?</p>	<input type="checkbox"/> Not Applicable
<p>4. How are specific organic lots identified and what measures are taken to avoid mixtures or exchanges with non-organic products?</p>	<input type="checkbox"/> Not applicable

****Please note if the Cleaning/Processing of organic products occurs infrequently, please be aware that you must contact the TCO Cert office in advance of the organic run or provide a schedule for your organic runs. ****

C. EQUIPMENT:

List all food contact equipment used in cleaning/processing.

EQUIPMENT NAME	FUNCTION	IF NOT DEDICATED ORGANIC		
		IS EQUIPMENT CLEANED PRIOR TO ORGANIC PRODUCTION?	IS EQUIPMENT PURGED PRIOR TO ORGANIC PRODUCTION?	IS THE CLEANING/PURGE DOCUMENTED?
		<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	<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	<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
		<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	<input type="checkbox"/> Yes <input type="checkbox"/> No

1. If equipment is purged/cleaned, please describe the procedure(s) followed (indicate quantities of purged product, final disposition of this product, records maintained, inputs used, etc.).

Applicant Initials: _____ Date: _____

D. WATER:						<input type="checkbox"/> N/A
1. Check ways water is used in cleaning/processing.						<input type="checkbox"/> None used
<input type="checkbox"/> cooking <input type="checkbox"/> product transport <input type="checkbox"/> cleaning equipment <input type="checkbox"/> cooling <input type="checkbox"/> cleaning organic products <input type="checkbox"/> other (specify):						
2. Source of water:						<input type="checkbox"/> N/A
<input type="checkbox"/> municipal <input type="checkbox"/> on-site well <input type="checkbox"/> other (specify): Please submit your most recent water test results to TCO Cert.						
3. What on-site water treatment processes such as chlorination, filtration, reverse osmosis are used?						<input type="checkbox"/> None <input type="checkbox"/> N/A
4. Is the water that comes in contact with product or food contact surfaces, potable?						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5. How do you monitor the quality of the potable water and how often?						<input type="checkbox"/> N/A
6. Is the wastewater leaving the operation neutralized and monitored?						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
E. BOILER ADDITIVES						<input type="checkbox"/> N/A
1. Are boiler additives used where culinary steam generated by a boiler comes in contact with food or food contact surfaces?						
<input type="checkbox"/> No boiler additives are added to the system. <input type="checkbox"/> No boiler additives come in contact with food or food contact surfaces.						
Boiler additives must not compromise organic product integrity. Please submit an Input Review Request form and MSDS or technical information to TCO Cert for approval of the product prior to use.						
If boiler additives do come in contact with food or food contact surfaces, please list the boiler additives and attach the label information and Safety Data Sheet for each additive.						
Brand Name of Additive		Manufacturer of Additive			TCO Cert Approval obtained	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
F. SANITATION:						<input type="checkbox"/> N/A
Please complete for all substances used on <u>food or food contact surfaces</u>.						
1. Check all cleaning methods used:						
<input type="checkbox"/> sweeping <input type="checkbox"/> manual washing <input type="checkbox"/> other (specify): <input type="checkbox"/> scraping <input type="checkbox"/> clean in place (CIP) <input type="checkbox"/> None used <input type="checkbox"/> vacuuming <input type="checkbox"/> steam cleaning <input type="checkbox"/> compressed air <input type="checkbox"/> sanitizing						
Provide information (as applicable for your operation) on your cleaning program and list all substances used on all food contact surfaces .						
AREA	METHOD OF CLEANING	CLEANING EQUIPMENT USED	PRODUCTS USED	FREQUENCY	RINSING REQUIRED	CHECK IF CLEANING/ RINSING IS DOCUMENTED
Receiving Area					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
Ingredient Storage					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
Product Transfer					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
Production Area					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>

Applicant Initials: _____ Date: _____

Production Equipment					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
Finished Product Storage					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>
Other (specify):					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>

2. Describe the measures (e.g., removal events as per Canadian Organic Standards, CAN/CGSB 32.310-2020, par. 3.66) in place to prevent unintended contamination of organic product with cleaners and sanitizers.

Please submit an Input Review Request form and MSDS or technical information to TCO Cert for approval of the product prior to use. Please attach copies of your Standard Sanitation Operation Procedures (SSOPs) and/or GMP pertinent sections, if applicable.

G. PACKAGING: N/A

1. Check types of packaging materials used:

<input type="checkbox"/> bulk, no packaging	<input type="checkbox"/> metal	<input type="checkbox"/> synthetic fiber
<input type="checkbox"/> paper	<input type="checkbox"/> foil	<input type="checkbox"/> other (specify):
<input type="checkbox"/> cardboard	<input type="checkbox"/> plastic	
<input type="checkbox"/> wood	<input type="checkbox"/> waxed paper	
<input type="checkbox"/> glass	<input type="checkbox"/> natural fiber	

2. Are all packaging materials for food products food grade?
Please submit food grade documentation for packaging materials, including containers and plastics, which must verify food grade status, no treatments and no use of nanotechnology.

Yes No
 N/A

3. Where are the packaging materials stored?

4. Are any fungicides, fumigants, or pest control products used in the storage area for the packaging materials?
If yes, describe use and products:

Yes No

H STORAGE:

1. Provide information on your storage areas by completing the following table.

TYPE OF STORAGE	TYPE OF STORAGE UNIT/AREA (Bins, Specific Section of Warehouse, Freezer, etc.)	IS STORAGE UNIT DEDICATED ORGANIC?
Incoming Product 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* (*must be included in your inspection)		<input type="checkbox"/> Yes* <input type="checkbox"/> No
Other (specify):		<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Initials: _____ Date: _____

2. If your storage units/areas are not dedicated to organic products, what measures are taken to ensure that commingling/contamination of organic products does not occur?	<input type="checkbox"/> N/A (organic only)
3. Where are cleaning or sanitizing materials stored? Where are oils, paints, lubricants, and pesticides stored?	<input type="checkbox"/> Not Applicable
4. If the operation processes or handles non-organic products, are non-organic products stored in separate areas from the organic products?	<input type="checkbox"/> N/A (organic only) <input type="checkbox"/> Yes <input type="checkbox"/> No
5. <u>If yes</u> , what measures do you take to ensure that organic products are clearly identifiable from the non-organic products to avoid mixtures or exchanges of organic products with non-organic products?	<input type="checkbox"/> N/A (organic only)
6. <u>If yes</u> , what cleaning measures do you implement prior to the storage of the organic products?	<input type="checkbox"/> Not Applicable
7. Do you keep a cleaning log? <u>If no</u> , please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
I. TRANSPORTATION OF ORGANIC PRODUCTS AND INGREDIENTS:	<input type="checkbox"/> N/A
<p>Every measure must be taken to ensure that the integrity of organic products are not compromised in transit. The following information must accompany organic product:</p> <p>a. the name and address of the person or organization responsible for the production, preparation, or distribution of the product b. the name of the product c. the organic status of the product d. information that ensures traceability, for example, the lot number.</p>	
<u>Incoming Products</u>	
<p>1. In what forms are incoming products received?</p> <p><input type="checkbox"/> dry bulk <input type="checkbox"/> metal drums <input type="checkbox"/> other (specify): <input type="checkbox"/> liquid bulk <input type="checkbox"/> cardboard drums <input type="checkbox"/> tote bags <input type="checkbox"/> paper bags</p>	
2. Do you arrange incoming product transportation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> dedicated organic-only transport units <input type="checkbox"/> use of pallets <input type="checkbox"/> organic product shrink wrapped <input type="checkbox"/> separate area in transport unit <input type="checkbox"/> pallet tags identifying "organic" <input type="checkbox"/> other (specify):	
<u>In-Process Products</u>	
3. How is in-process product transported?	<input type="checkbox"/> Not Applicable
4. 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.)?	

Applicant Initials: _____ Date: _____

<u>Outgoing Finished Product</u>	
5. Please describe: a) how are outgoing products transported? b) who arranges this transportation? c) how do you ensure transportation units do not pose a risk to the organic integrity of the product?	
6. How do you ensure that outbound transport units are free from prohibited products/residues prior to loading organic products (documented cleaning, new units, etc.)?	
7. In what form are finished products shipped? <input type="checkbox"/> dry bulk <input type="checkbox"/> mesh bags <input type="checkbox"/> bottles <input type="checkbox"/> liquid bulk <input type="checkbox"/> metal drums <input type="checkbox"/> plastic containers <input type="checkbox"/> tote bags <input type="checkbox"/> cardboard drums <input type="checkbox"/> other (specify): <input type="checkbox"/> tote boxes <input type="checkbox"/> cardboard cases <input type="checkbox"/> paper bags <input type="checkbox"/> plastic crates <input type="checkbox"/> foil bags <input type="checkbox"/> cans	
8. Check steps taken to segregate organic products from non-organic products: <input type="checkbox"/> dedicated organic-only transport units <input type="checkbox"/> separate area in transport unit <input type="checkbox"/> organic product shrink wrapped <input type="checkbox"/> other (specify): <input type="checkbox"/> pallet tags identifying "organic" <input type="checkbox"/> use of pallets	
9. Please describe the packaging, containers, or vehicles that are utilized for transporting organic products (including to wholesalers and retailers). Include a description of the method of sealing the packaging, container, or vehicle to ensure that substitution of the content cannot be achieved without manipulation of the seal.	
10. When transporting product, what methods are taken to ensure that all equipment used in the transportation of organic product is free from non-organic product or conventional residues and invertebrate and vertebrate pests?	
11. Is documentation maintained that verifies that during transportation, the integrity of the organic products is maintained, and the conditions meet all pertinent COR requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 5: Record Keeping

Organic standards require Operators maintain records and relevant supporting documentation concerning inputs and details of their use, production, preparation and transport of organic products. Operators shall fully record and disclose all activities and transactions in sufficient detail to be easily understood and sufficient to demonstrate compliance with the standards. Records must be maintained for 5 years and be available for review. Organic products must be tracked from incoming products on through to the transportation of outgoing product. Organic incoming products must be verified as certified to the program(s) for which certification will be sought. Amounts of organic finished products must balance with certified organic incoming product procured.

1. a. As a Custom Service Provider, how do your records trace the finished product back to the incoming product?	
2. How long do you keep your records?	
3. If complaints are made against your operation, do you record the complaints in a Complaint Log?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No complaints were made
4. Which of the following records do you keep for organic products? <u>Incoming Products</u> <input type="checkbox"/> contracts <input type="checkbox"/> scale tickets <input type="checkbox"/> receipts <input type="checkbox"/> receiving records <input type="checkbox"/> bills of lading <input type="checkbox"/> receiving summary log <input type="checkbox"/> organic certificates <input type="checkbox"/> other (specify):	

Applicant Initials: _____ Date: _____

In-Process

- ingredient inspection forms
- blending reports
- production reports
- equipment clean-out logs
- sanitation logs
- packaging reports
- QA report
- production summary records (12 mos.)
- other (specify):

Storage

- ingredient inventory reports
- finished product inventory reports
- other (specify):

Outgoing Finished Product

- shipping log
- bills of lading
- scale tickets
- transport unit inspection/cleaning forms
- copies of certificates of organic product
- shipping summary log
- audit control register
- other (specify):

5. Describe your lot numbering system.

6. Do you ensure that all invoices, BOLs and other shipping documents indicate a lot number, a reference to the organic status of the product, and the name of the certifier?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

SECTION 6: Additional Comments

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

SECTION 7: Affirmation

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

Signature of Owner/Manager

Date (M/D/Y)

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

I have attached the following required document:

- Completed, signed, and dated Operator Licensing Agreement (OLA)

Applicant Initials: _____ Date: _____