



## Maple Organic System Plan Annual Update 2025

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 13. 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."

☒ Check this box if you would like us to make information regarding your production available upon request only to potential recognized buyers. IF YOU AGREE, TCO Cert will release your information exclusively for your business opportunity purposes.

### SECTION 1: Programs Requested

<b>Operation Name:</b>		<b>Operator Number:</b>	
↑ <b>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.</b>			
<b>Other Name(s):</b>			
↑ <b>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.</b>			
<b>Contact Person's Name:</b>			
<b>Check ALL the programs for which you are requesting certification and/or verification.</b> Apply for all programs you may need (and answer all applicable questions) so that your inspection specifically covers each program being requested, and the Verification Officer 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.			
<b>Certification/Verification Programs:</b> <input type="checkbox"/> Canada Organic Regime (COR) <input type="checkbox"/> In Conversion to COR <input type="checkbox"/> Bio-Suisse** <input type="checkbox"/> CARTV			
<b>Equivalency Programs:</b> <input type="checkbox"/> CAN/US Equivalence Arrangement			
<b>**Requires submission of additional documents.</b> Please contact your chapter or TCO Cert certification coordinator for the appropriate forms			
1. Do you have access to a copy of the current standards ( <b>CAN/CGSB-32.310</b> and <b>CAN/CGSB-32.311</b> ), and for all programs for which you are applying?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Do you understand the current organic standards for each program for which you are applying?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. a. Have you reviewed your Maple Organic System Plan (MOSP)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Is your contact information on your Maple Organic System Plan (MOSP) up-to-date and accurate? If no, please provide updated phone number, email address, etc., here:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
c. Have you made revisions to your Maple 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	
4. Do you transform organic products that are either produced in the operation or purchased in any way? If yes, you must submit a <i>Processing Organic System Plan</i> and a <i>Processing Organic System Plan Annual Update</i> and be inspected for processing.		<input type="checkbox"/> Yes <input type="checkbox"/> No	

# **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 non-compliances and Opportunities for Improvements.*

Were there any Noncompliances or Opportunities for Improvement concerning your Maple operation from last year's certification?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><u>If yes</u>, 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.</p>		
<b>Noncompliance, Opportunity for Improvement</b>	<b>Action Taken</b>	
1.		
2.		
3.		
4.		
5.		

Applicant Initials: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION 3: Maple Plan Management

*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).*

**Please Note:**

- Tapping area histories must include the current year and show all areas, area ID, size of each area (acres, hectares, etc.) and any inputs that may have been applied (must include specific dates and rates 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. Status of operation:

- ☐ Organic only  
☐ Organic with trees in transition

2. How long have you managed your operation?

3. How long have you been certified?

4. Total tapping area owned:

5. Total tapping area rented:

6. Total number of taps:

7. Total number of organic taps:

☐ All organic

8. Do livestock have access to the sugar bush?

☐ Yes ☐ No

9. Have you managed all production areas for 3 or more years?

☐ Yes ☐ No

**If no, you must submit signed statements from the previous manager stating the use and all inputs applied for the previous three years on all newly rented or purchased areas. A completed and signed TCO Cert Prior Land Use Affidavit (PLUA) or equivalent documentation will address this.**

Please complete the following table to indicate the specific tapping areas and maple products that will be requested for certification. Add rows if necessary.

TAPPING AREA IDENTIFICATION/MAPLE PRODUCT (attach a list if easier)	TOTAL NUMBER OF TAPS (only for tapping areas)	PROJECTED PRODUCTION AMOUNT (including unit of measure)

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## SECTION 4: Inputs and Parallel Production

### 4A. INPUTS:

☐ No inputs used

List all **soil fertility inputs, foliar sprays, pest and disease control products, water additives, or other inputs** used or intended for use on proposed organic and transitional areas. All inputs used or intended for use during the current year and in the previous two years must be listed on your Field Management Summaries. Add rows if necessary.

- **Please submit labels (or full ingredients lists if not indicated on label) for each input prior to use for which you have not previously requested a review and received approval. *This information needs to be submitted with this Organic System Plan Annual Update.***
- **This information must be available for the Verification Officer 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 biological ingredients available in GE varieties, Non-GE Affidavits must be submitted.**
- **If synthetic micronutrients are applied for soil fertilization, documented soil or plant deficiency or the need for a preventative application (by testing or visual symptoms) need to be in place for verification.**
- **If an input is wild sourced (e.g., seaweed), an affidavit must be submitted documenting the source and sustainability of the harvest of wild material.**

Full Product Name	Brand Name or Source (e.g. produced on-farm)	Reason for use of the product	Actually Used (AU) or Planned (P)

**4B. SPLIT AND PARALLEL PRODUCTION:** Please be aware that parallel production of maple syrup is not allowed under the COR standards.

☐ Not Applicable

1. Do you have any trees in transition to organic production?

☐ Yes ☐ No

If yes, please identify the location of these transitional trees:

## SECTION 5: Sap Collection

1. Are there any changes to your sap collection methods?

☐ Yes ☐ No

a. ☐ Tap sizes

b. ☐ Number of Taps

c. ☐ Tap Depth

If yes, please explain:

2. Do you Double Tap?

☐ Yes ☐ No

3. Do you conduct Fall Tapping?

☐ Yes ☐ No

4. Do you remove the taps at the end of the season?

☐ Yes ☐ No

5. Please list any NEW sanitation products used for:

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- a. Tap holes:
- b. Buckets and/or Piping:
- c. Storage tanks:
  - i. Prior to harvest season:
  - ii. During harvest season:
  - iii. After harvest season:
- d. Cleaning filters:

**Please Note: Input Review Requests with relevant documentation for each new input must be submitted to TCO Cert for review and approval before use.**

## SECTION 6: Sugarhouse

1. Is annual documentation maintained to verify that the water used in the Sugarhouse is potable? <u>If yes</u> , please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Please have available for collection a current water test</b>	
2. Are cleaning products used in the Sugarhouse? <u>If yes</u> , please identify the products with Full Brand Names and have labels available for collection:	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are pest control products used in the Sugarhouse? <u>If yes</u> , please identify the products with Full Brand Names and have labels available for collection:	<input type="checkbox"/> Yes <input type="checkbox"/> No

## SECTION 7: Osmosis Machine

1. Please list any NEW sanitation or cleaning products (not listed in Section 6 of your Maple Organic System Plan) used on the Osmosis membranes: <ul style="list-style-type: none"> <li>a. Prior to harvest season:</li> <li>b. During harvest season:</li> <li>c. After harvest season:</li> <li>d. For off-season storage:</li> </ul>
<p><b>Please Note: Input Review Requests with relevant documentation for each new input must be submitted to TCO Cert for review and approval before use.</b></p> <p><b>Please maintain efficiency records for the membranes and rinsing records for the reverse osmosis membrane</b></p>

## SECTION 8: Evaporator

1. Please identify any NEW product(s), (not listed in Section 7 of your Maple Organic System Plan) used to clean the evaporator front pans and/or the back pans: <ul style="list-style-type: none"> <li>a. Prior to harvest season:</li> <li>b. During harvest season:</li> <li>c. After harvest season:</li> </ul>
<p><b>Please Note: Input Review Requests with relevant documentation for each new input must be submitted to TCO Cert for review and approval before use.</b></p>

Applicant Initials: \_\_\_\_\_ Date: \_\_\_\_\_

2. Has the material the pans are made from, changed? <u>If yes</u> , please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Please identify the anti-foaming agent used, including BRAND NAME:	
<p align="center"><b>Please have available at inspection, the current organic certificate and addendum for the Anti-foaming agent, or Untreated/Non-GE documentation if the Anti-foaming agent is non-organic.</b></p>	

## SECTION 9: Finished Product

<b>STORAGE BARRELS</b>	<input type="checkbox"/> Not Applicable
1. What are your storage barrels made from?	
2. Do you have food grade documentation for the storage barrels?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p align="center"><b>Please have available at inspection, food grade documentation for storage barrels</b></p>	
<b>NON-ORGANIC MAPLE SYRUP</b>	<input type="checkbox"/> Not Applicable
1. Have you purchased non-organic maple syrup this season? <u>If yes</u> , please provide the quantity of non-organic maple syrup purchased:	<input type="checkbox"/> Yes <input type="checkbox"/> No

## SECTION 10: Storage Facilities and Transportation

<b>STORAGE FACILITIES</b>	<input type="checkbox"/> Not Applicable
1. Are you using new storage facilities not listed in Section 9 of your Maple Organic System Plan? <u>If yes</u> , please describe and explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>If yes</u> , are these new storage facilities dedicated organic?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>TRANSPORTATION</b>	<input type="checkbox"/> Not Applicable
1. Has your method of transportation changed from methods listed in Section 9B of your Maple Organic System Plan) for:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. In-process products? <u>If yes</u> , please explain:	
b. Out-going products? <u>If yes</u> , please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p align="center"><b>Please have available for collection at inspection, a sample BOL/Invoice or other shipping document and copies of all labels used.</b></p>	

Applicant Initials: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION 11: Annual Summary of Organic Maple Syrup/Products Production and Sales

1. Is your storage information on your Maple Organic System Plan (MOSP) up to date? ☐ Yes ☐ No

**11A. This information should be from your last inspection until the date that this form is completed. Add rows if necessary.**

The following information is from: \_\_\_\_\_ (Date: M/D/Y) to \_\_\_\_\_ (Date: M/D/Y)

Syrup/Products	Actual Amount Produced	Amount Sold	Amount Still in Storage	Remaining Crop Lot Number
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**11 B. This information should cover all crops/products in inventory (organic and conventional) FROM the TOP PORTION of last year's Inspection Affidavit. Add rows if necessary.**

Crop/Product	Year(s) Produced	Quantity in Inventory	Amount Disposed Since Last Inspection	Storage Location	State: Organic/Transitional or Conventional (If organic, list certification/verification program of product)

Applicant Initials: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION 12: Additional Comments

Please provide any additional comments or information pertinent to this Organic System Plan Annual Update. Please describe any main changes made or planned this year for your operation (e.g., practices, land use, crops, materials, equipment used, etc.).

## SECTION 13: 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 Maple Organic System Plan Annual Update 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.

**I have attached the following required documents (with name on each page):**

- ☐ \*Tapping maps (including any pumping stations)
- ☐ Documentation for sugar bush areas owned or rented for less than three years (\*applicable when producer(s) has not been in control of/managing the land requested for certification for at least the last 36 months prior to certification application)
- ☐ Water Test (\*if applicable)
- ☐ Input product labels and/or MSDS sheets (\*required for all off-farm inputs)
- ☐ Organic product labels (\*applicable when packaging organic product)
- ☐ \*Completed, signed, and dated *Operator Licensing Agreement (OLA)*
- ☐ Documents from previous (if other than TCO Cert) or dual certification application (\*if applicable)
- ☐ Audit trail documents
- ☐ Organic Transition Plan
- ☐ Organic/Non-Organic Separation Plan
- ☐ Soil Deficiency Tests
- ☐ Transportation Labels
- ☐ Membrane Rinsing Records
- ☐ Off-site Membrane Storage Records
- ☐ Provisional Container Storage Records
- ☐ Equipment Cleaning Records
- ☐ Reverse Osmosis Unit Cleaning Records
- ☐ Bulk Container Storage Records
- ☐ Other (specify):

**\*Note: Documents need to be submitted only for new applicants or for changes.**

Applicant Initials: \_\_\_\_\_ Date: \_\_\_\_\_