



618 Main St • PO Box 3429 • Humboldt, SK • S0K 2A0
Ph: (306) 800-5210 • Fax: (306) 800-5211
E-mail: info@tcocert.ca • www.tcocert.ca

Mushroom and Sprout 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 10. 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

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:			
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"/> In Conversion to 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 chapter or TCO Cert certification coordinator for the appropriate forms			
1. Please list current organic certification by other agencies.			
2. Do you have access to a copy of the current standards (CAN/CGSB-32.310 and CAN/CGSB 32.311), and 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 Mushroom and Sprout Organic System Plan (MSOSP)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Is contact information on your Mushroom and Sprout Organic System Plan (MSOSP) up-to-date and accurate? <u>If no</u> , please provide updated phone number, email address, etc., here:		<input type="checkbox"/> Yes <input type="checkbox"/> No	

c. Have you made revisions to your MSOSP? <u>If yes</u> , attach the revised pages with the date and your initials and explain the revisions made:	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you transform organic products that are either produced on farm or purchased in any way (other than just washing/cutting/bagging)? <u>If yes</u> , 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 Noncompliances and Opportunities for Improvements.

Were there any Noncompliances or Opportunities for Improvement concerning your Mushroom and/or Sprout operation(s) from last year's certification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<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.	
Noncompliance, Opportunity for Improvement	Action Taken
1.	
2.	
3.	
4.	
5.	

Applicant Initials: _____ Date: _____

SECTION 3: Production Plan Information

If Mushrooms or Sprouts are produced outdoors: At least 36 months of histories are required for all organic production areas that are or will eventually be requested for certification (including areas that are currently transitional or conventional).

- Production area histories must include the current year and show all areas, whether they are organic (O), in transition (T) or conventional (C), ID numbers, size of each plot (acres, hectares, etc.), crops planted and any inputs applied. Also attach maps of all production areas which indicate directions, size and shape of areas, buffer zones and adjoining land use. There must also be an overview map that shows all production areas in relation to one another. The size amounts listed in the histories and maps must correspond.
- If the legal description/address for each production area is not located on the history sheets, please submit a List of Fields/Plots that provides this information.
- **If Indoor Production Areas are used:** Attach maps that indicate the location of the production units in relation to other buildings, outdoor production areas and property boundaries.

1. Status of operation:

- ☐ Organic only
☐ Split production (org/non-org/different crops)
☐ Parallel production (org/non-org/visually indistinguishable)

2. How long have you managed your operation?

3. How long have you been certified?

For Outdoor Production:

☐ Not Applicable

4. Total organic area?

5. Total area in transition?

6. Total conventional area?

7. Have you managed all outdoor 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 plots. A completed and signed TCO Cert Prior Land Use Affidavit (PLUA) or equivalent documentation will address this.

For Indoor Production:

☐ Not Applicable

8. Number of organic production units?

9. Number of conventional production units?

10. Please describe your risk management plan to prevent GE contamination, such as physical barriers, testing of seeds, isolation distances, and equipment and storage sanitation protocols as now requested per par. 4.4.4 of CAN/CGSB-32.310-2020.

Please complete the following table to indicate the specific crops and areas that will be requested for certification. Attach additional sheets if necessary.

PRODUCTS REQUESTED FOR CERTIFICATION	PRODUCTION AREA IDENTIFICATION (Attach list if easier)	TOTAL PRODUCTION AREA	PROJECTED PRODUCTION AMOUNTS (VOLUME/ WEIGHT) Including unit of measure

Applicant Initials: _____ Date: _____

11. a. Is the mushroom/sprout enterprise a split operation, producing organic and non-organic products? b. Does production of organic and non-organic (indistinguishable) crops occur on the operation <u>at the same time (parallel production)</u> ? <u>If yes to any of the above questions, please provide a detailed full description of how risk to organic integrity is prevented:</u>			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 4: Spawn (Spores), Seeds, and Seed Treatments

The use of non-organic spawn is only allowed IF the organic form of the variety is not commercially available.

Standards require the use of organic sprout seeds without exception.

Seed treatments are prohibited unless specifically approved by the certification program you are requesting.

If using non-organic spawn/spores, you must have records of your attempts to source organic spawn/spores.

1. Has there been a change in the variety of Spawn and/or Seeds being used in your Mushroom/Sprout enterprise? <u>If yes</u> , please list all new spawn (spores), seeds, and seed treatments used or planned for use during production this certification cycle. Check the appropriate boxes and provide other information as needed. Attach additional sheets if necessary. Ensure that all seed, labels and receipts, documentation of commercial unavailability of organic seeds and/or spawn/spores and any necessary Non-GE Affidavits are available for verification officer. Seed treatment information must be provided to TCO Cert for approval prior to use.					<input type="checkbox"/> Yes <input type="checkbox"/> No
Variety/Brand of Spawn and Sprout Seeds	Source/Supplier	Organic	Untreated	Treated	Details
		<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Applicant Initials: _____ Date: _____

2. What type of documentation do you maintain for **NEW** spawn/seeds used?

- | | | |
|---|--|---|
| <input type="checkbox"/> copies of organic certificates and addendums | <input type="checkbox"/> seed search | <input type="checkbox"/> BOLs |
| <input type="checkbox"/> bin records | <input type="checkbox"/> seed tags | <input type="checkbox"/> scale tickets |
| <input type="checkbox"/> receipts | <input type="checkbox"/> non-GE affidavits | <input type="checkbox"/> GE test results |
| | <input type="checkbox"/> invoices | <input type="checkbox"/> Other (specify): |

SECTION 5: Substrate and Growth Media Inputs

1. Has there been any change to the substrate and/or growth media inputs or to the suppliers of those inputs?

☐ Yes ☐ No

If yes, please complete the following table and list all **NEW** substrate and growth media inputs and their suppliers.

Generic Substance Name	Brand Name (Complete)	Supplier	Actually Used (AU) or Planned (P)
			<input type="checkbox"/> AU <input type="checkbox"/> P
			<input type="checkbox"/> AU <input type="checkbox"/> P
			<input type="checkbox"/> AU <input type="checkbox"/> P
			<input type="checkbox"/> AU <input type="checkbox"/> P
			<input type="checkbox"/> AU <input type="checkbox"/> P
			<input type="checkbox"/> AU <input type="checkbox"/> P

2. Is compost used or planned for use?

☐ Yes ☐ No

If yes, list any **NEW** ingredients/additives, including straw and manure and the suppliers:

3. Are wood chips added as an ingredient to the compost?

☐ Yes ☐ No

If yes, have the wood chips been obtained from treated wood?

☐ Yes ☐ No

An affidavit from the wood chip supplier needs to be submitted to TCO Cert, documenting that the wood chips have not been obtained from treated wood.

4. If livestock manure is used, what was the source of the manure?

- | | |
|--|---|
| <input type="checkbox"/> On-farm from organic livestock | <input type="checkbox"/> Off-farm from organic livestock |
| <input type="checkbox"/> On-farm from conventional livestock | <input type="checkbox"/> Off-farm from conventional livestock |

☐ Not Applicable

5. If manure from conventional livestock was used (either on-farm or off-farm), please provide a full description of the living conditions of the livestock that produced that manure, in order that compliance with par. 5.5.1 CAN/CGSB-32.310-2020 can be determined.

☐ Not Applicable

a. Is a documented search in place for sourcing manure from organic or transitional livestock?

☐ Yes ☐ No

If the manure is sourced from an off-farm non-organic source (e.g., manure from a neighbour), an affidavit needs to be submitted to TCO Cert, documenting that the living conditions of the animals meet the requirements as outlined in par. 5.5.1 of the CAN/CGSB 32.310-2020.

b. Manure affidavit attached?

☐ Yes ☐ No

Attach documentation to show that compost ingredients are in compliance with Table 4.2 of the CAN/CGSB-32.311-2020 Permitted Substances Lists

Attach documentation to show that the production of the compost meets the requirements as outlined in Table 4.2 of the CAN/CGSB 32.311-2020 Permitted Substances Lists.

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SECTION 6: Pest Control and Sanitation

6A. SANITATION

1. Has there been a change to the material covering the inside of the production unit (i.e., glass, plastic, wood etc.) since your last inspection?

If yes, please identify the new materials being used:

Please provide documentation to TCO Cert verifying that the materials meet the requirements as outlined in par. 1.4 e of the CAN/CGSB 32.310-2020.
2. Has there been a change to the liners of the mushroom beds since your last inspection?
If yes, identify the new materials being used:

Please submit to TCO Cert Input Review Requests and MSDS and other relevant information for new mushroom bed liners being used.
3. Please complete the Table below with the BRAND NAMES of any **NEW** cleaners and sanitation substances used on growing surfaces, post-harvest surfaces, and equipment. These are substances NOT already listed in Section 5 of your Mushroom and Sprout Organic System Plan.

Please submit to TCO Cert Input Review Requests and MSDS and other relevant information for each new input being used.

Generic Substance Name	Brand Name (Complete)	Supplier	Actually Used (AU) or Planned (P)
			<input type="checkbox"/> AU <input type="checkbox"/> P
			<input type="checkbox"/> AU <input type="checkbox"/> P
			<input type="checkbox"/> AU <input type="checkbox"/> P
			<input type="checkbox"/> AU <input type="checkbox"/> P
			<input type="checkbox"/> AU <input type="checkbox"/> P

6B. PEST CONTROL

1. Please provide the BRAND NAMES of NEW products used for pest control. These are substances NOT already listed in Section 5 of your Mushroom and Sprout Organic System Plan.

Please submit to TCO Cert Input Review Requests and MSDS and other relevant information for all pest control products being used.

Brand Name (Complete)	Supplier	Actually Used (AU) or Planned (P)
		<input type="checkbox"/> AU <input type="checkbox"/> P
		<input type="checkbox"/> AU <input type="checkbox"/> P
		<input type="checkbox"/> AU <input type="checkbox"/> P
		<input type="checkbox"/> AU <input type="checkbox"/> P
		<input type="checkbox"/> AU <input type="checkbox"/> P

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SECTION 7: Summary of Organic Mushroom/Sprout Inventory and Disposition Since Previous Inspection Affidavit

1. Is your storage information on your Mushroom/Sprout Organic System Plan (MSOSP, Section 6D) up to date?	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

The following information is from _____ (date: M/D/Y) to _____ (date: M/D/Y).
 This information should be from your last inspection until the date that this form is completed.

Please include all crops and inventory that were listed on last year's *Inspection Affidavit (IA)*. Add rows if necessary.

7A. This information should cover the crops GROWN and HARVESTED LAST YEAR as listed on the BOTTOM PORTION of last year's Inspection Affidavit (IA).

Last Year's Crops	Number of (m ² /ft ² , row feet)	Actual Amount Produced	Amount Disposed	Amount in Inventory	Storage Location

7B. This information should cover all crops in inventory (organic and conventional) FROM the TOP PORTION of last year's Inspection Affidavit (IA).

Crop	Year(s) Produced	Amount Disposed Since Last Inspection	Quantity Still in Inventory	Storage Location	State: Organic/Transitional or Conventional

SECTION 8: Maintaining Organic Integrity

8A. WATER USE:		
1. a. If chlorinated water is used, please indicate average free residual chlorine levels in mg/L. b. Do you monitor the levels of Chlorine? <i>Please Note: A current water test, showing residual chlorine levels, must be submitted with your annual re-application documents.</i>	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. a. Do you monitor levels of coliform in your water supply?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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Please Note: A current water test, showing coliform levels, must be submitted with your annual re-application documents.		
3. If you use steam with boiler chemicals included, is boiler chemical steam monitored?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Please Note: A current Boiler Chemical Residue test must be submitted with your annual re-application documents.		
4. For sprout production, is there a water monitoring program in place? <u>If yes</u> , how often is water analyzed?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Please Note: A current water test must be submitted with your annual re-application documents		
8B. POST-HARVEST HANDLING:		
1. Do you plan to harvest buffers?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2. Is equipment used only for organic crops? <u>If no</u> , is equipment used for handling of (check all that apply): <input type="checkbox"/> Conventional crops <input type="checkbox"/> Transitional crops		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has there been any change in the equipment and containers being used in post-harvest handling? <u>If yes</u> , please explain:		<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Has there been any change to the post-handling cleaning of equipment used since your last inspection? <u>If yes</u> , please list any new inputs used for cleaning/sanitizing and include these inputs in Section 6A above:		<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have there been any changes/additions to the storage areas being used since your last inspection? <u>If yes</u>, please explain: <u> </u>		<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Has there been any change to how products are transported since your last inspection? <u>If yes</u> , please explain:		<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Has there been a change to how your products are marketed since your last inspection? <u>If yes</u> , please explain:		<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Please provide a sample copy of the Bill of Lading/Invoice or other document accompanying shipments.		
9. a. Do you have your mushrooms or sprouts stored or processed off-site, using a Custom Service Provider for such activities? b. Do you use a custom service provider for packaging and/or labeling your products? <u>If yes</u> to any of the above questions: <div style="margin-left: 20px;"> <input type="checkbox"/> Please provide the full name of the off-site storage facility, the Processing or the Packaging and Labelling Custom Service used: </div>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Initials: _____ Date: _____

- Which of the following documentation is in place for the service provider used?

- ☐ Attestation of Compliance to the COR *
- ☐ Organic Certificate and Addendum *

***Attestation of Compliance** documentation needs to be in place for Contractual Service Providers storing or processing your products.
If the Contractual Service Provider **does not hold an Attestation of Compliance**, the service provider's facility and activities need to be included in the inspection of your operation.

****If you are planning on using the custom services of a Contractual Service Provider for Packaging and/or Labelling, the Custom Service Operation must hold an Organic Certificate for Packaging and Labelling.**

Please attach available documentation for the Custom Service Operation and/or have documentation on hand at time of inspection.

SECTION 9: 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, crops, materials, equipment used, ventilation, heating, lighting, etc.).

SECTION 10: Affirmation

I affirm that all statements made in this application are true, correct, and complete. No prohibited products have been applied to any of my organically managed production areas during the three-year period prior to projected harvest. I understand that the operation may be subject to 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. I agree to maintain for at least five years all records related to my organic operation. 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 grown in accordance to these standards/regulations.

Signature of Operator

Date (M/D/Y)

Please maintain copies of the Mushroom/Sprout Organic System Plan 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):

- ☐ *Updated maps of all production areas, organic **and** non-organic (showing identification, organic status, buffer, and adjoining land use)
- ☐ *Updated overview map showing **all** production areas/greenhouses of the holding/enterprise in relation to one another
- ☐ Field Management Summary Form (Sprout production) – organic and in conversion
- ☐ Plot/production unit activity log(s)
- ☐ *Documentation for production areas owned/rented for less than three years (*applicable when producer(s) has not been in control/managing the land requested for certification for at least the last 36 months prior to certification application)
- ☐ *Formal conversion or transition plan
- ☐ Input product labels and/or list of ingredients, including seed information/non-GE affidavits
- ☐ Input records for amendments, seeds/spawn, manure, foliar sprays and pest control products (including all labels)
- ☐ Seed Search document for non-organic seeds and/or spawn.
- ☐ Current affidavit confirming growth substrates comply with all requirements in CAN/CGSB 32.310 par 7.3.2 d
- ☐ Documentation of non-availability of organic spawn (if applicable)
- ☐ Documentation that non-organic spawn has not been treated with substances prohibited by CAN/CGSB 32.310 par 1.4.1
- ☐ Documentation that the composted growth substrate consisting of manure and non organic agricultural materials comply with the compost standards in the CAN/CGSB 32.311.
- ☐ Documentation verifying that production substrate is either organic or was produced in accordance with CAN/CGSB 32.311 Table 4.2

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<div><div><input type="checkbox"/></div><div>Labels/sales documentation for products to be sold as organic (bulk or retail)</div></div> <div><div><input type="checkbox"/></div><div>Boiler chemical residue test results (if applicable)</div></div> <div><div><input type="checkbox"/></div><div>Compost production records</div></div> <div><div><input type="checkbox"/></div><div>Equipment cleaning records</div></div> <div><div><input type="checkbox"/></div><div>Harvest records</div></div> <div><div><input type="checkbox"/></div><div>Storage records</div></div> <div><div><input type="checkbox"/></div><div>Clean transport records</div></div> <div><div><input type="checkbox"/></div><div>Transaction Certificates (if applicable)</div></div> <div><div><input type="checkbox"/></div><div>Inventory summary</div></div> <div><div><input type="checkbox"/></div><div>Monitoring records (tissue tests, water tests, observations)</div></div> <div><div><input type="checkbox"/></div><div>Sales records (purchase order, contract, invoice, cash receipts, cash receipt journal, sales journal, etc.)</div></div> <div><div><input type="checkbox"/></div><div>Records maintained for conventional production</div></div> <div><div><input type="checkbox"/></div><div>Shipping records (scale ticket, packing slip, bill of lading)</div></div> <div><div><input type="checkbox"/></div><div>*Transportation Labels, Bill of Ladings, Invoices</div></div> <div><div><input type="checkbox"/></div><div>*A current water test</div></div>
<div>*Note: Documents need to be submitted yearly or for changes in the operation</div>

Applicant Initials: _____ Date: _____