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Mushroom and Sprout Organic System Plan

Please complete this form in its entirety if you are new applicant or if you are renewing your certification. Sign this form and attach supporting documentation as specified in Section 9 and other applicable standards. 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." Contact your Chapter Administrator or the Humboldt 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 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.			
Contact Person's Name:			
Secondary Contact Person's Name (if applicable):			
PHYSICAL INSPECTION LOCATION INFORMATION		OPERATION'S CONTACT INFORMATION	
		<input type="checkbox"/> Same information as inspection location	
Address:		Mailing Address:	
City:	Province:	City:	Province:
Postal Code:	Country:	Postal Code:	Country:
Phone 1:	Phone 2:	Phone 1:	Phone 2:
Cell:	Fax:	Cell:	Fax:
E-mail Address:		E-mail Address:	
Website:		Website:	
Please provide directions to the inspection location(s) and indicate when you are available to contact.			
1. Have you ever previously applied for organic certification by TCO Cert or another Certification Body? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the name of the Certification Body, year(s) of application, outcome of application:			
2. Are you currently certified and transferring to TCO Cert from another Certification Body? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If transferring to TCO Cert from another Certification Body, a Letter of Good Standing from the Sending CB is required.			

Applicant Initials: _____ Date: _____

SECTION 2: Substrate and Growth Media Inputs

1. What growing medium/media do you use in your mushroom/sprout production?		
2. For non-water-based systems list all ingredients in the growing media. Please specify complete brand names of each ingredient, where applicable. Include the animal species for any manure.		
Generic Substance Name	Brand Name (Complete)	Supplier
3. Are there any coatings (e.g., outdoor log treatments)? <u>If yes</u> , please identify. <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> food grade paraffin <input type="checkbox"/> petroleum based <input type="checkbox"/> cheese wax </div> <div> <input type="checkbox"/> mineral oil <input type="checkbox"/> latex <input type="checkbox"/> beeswax </div> <div> <input type="checkbox"/> oil-based paint <input type="checkbox"/> other (specify): </div> </div>		
4. Is compost used? <u>If yes</u> , please list all compost ingredients in the table below:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Generic Compost Ingredient	Brand Name (complete)	Supplier
Please submit documentation to show that <u>compost ingredients</u> are in accordance with Table 4.2 of the CAN/CGSB-32.311-2020 Permitted Substances List. Please submit documentation to show that the <u>production of the compost</u> meets the requirements as outlined in Table 4.2 of the CAN/CGSB 32.311-2020 Permitted Substances List.		
5. a. Do you use a wood product as part of a growth substrate? b. Do you have verification that the product originates from trees that have been grown in areas free of substances prohibited as outlined in the requirements in par. 1.4 of the CAN/CGSB 32.310-2020?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Be sure to provide TCO Cert with applicable documentation confirming compliance to the standards.		

Applicant Initials: _____ Date: _____

SECTION 3: Indoor Production Units

☐ Not Applicable

This section should be completed for all production that takes place indoors.

1. a. What material is the covering the inside of the production unit (i.e., glass, plastic, etc.)?

b. (For Mushroom growing) What material is used for the construction of the growing beds and liner of the growing beds?

c. (For growing sprouts) Of what material is the sprout growing container made?

Sprout Growers: Be sure to provide TCO Cert with applicable documentation confirming sprout growing containers are food grade.

2. In the table below please list all cleaning and sanitation products used for the following purposes:

a. (For Mushrooms) Please list the cleaners and sanitation substances used on the mushroom contact surfaces and equipment used to harvest the mushrooms.

b. (For Mushrooms) Please list the cleaners and sanitation substances used to clean the mushroom growing beds and rooms post-harvest.

c. (For Sprouts) Please list the cleaners and sanitation substances used on food contact surfaces.

d. (For Sprouts) Please list the cleaners and sanitation substances used to clean the sprout growing containers and growing areas post-harvest

Please provide a description of the unit cleaning and disinfecting process or provide a copy of your Standard Sanitation Operating Procedures.

Generic Substance Name	Brand Name (Complete)	Supplier	Purpose for Use	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

3. Do you use a heating system in the production unit(s)?

If yes, please describe how the system is ventilated in order to avoid the contamination of the crops by exhaust.

☐ Yes ☐ No

Applicant Initials: _____ Date: _____

SECTION 4: Outdoor Production Area Management

☐ Not Applicable

This section should be completed for all production that takes place outdoors.

1. How are diseased or contaminated logs handled (i.e., removed, burned, etc.)?

2. What understory maintenance takes place in the mushroom production area(s) as outlined in the requirements in par. 7.3.4 (c) of the CAN/CGSB 32.310-2020?

3. Are outdoor production areas directly adjoining conventional agricultural fields/land?

☐ Yes ☐ No
☐ Not Applicable

If yes, please complete questions 4 & 5.

If no, please check "Not Applicable" and proceed to question 6.

4. a. What types of buffer zones (crop, tree lines, grass strips, etc.) do you maintain around your organic production units?
Please describe the buffers

b. If there is vegetation in the buffer zone how are buffers managed (plowed down, let stand, harvested/baled, etc.)?

c. If buffers are harvested/baled, please describe:

i. the disposal/use of the buffer crop

ii. measures in place to avoid commingling:

All necessary buffer zones must be clearly identified on the field maps.

5. Do you implement additional safeguards (posted signs along roadways, written notification to government authorities, written notification to aerial spray companies, etc.) other than buffers in order to prevent accidental contamination?

If yes, please describe the safeguards:

☐ Yes ☐ No

6. Do any outdoor production areas or portions thereof flood frequently (more than once every 10 years)?

If yes, please list production area identification(s):

☐ Yes ☐ No

7. a. Are any diseased/contaminated logs burned?

☐ Yes ☐ No

b. If diseased/contaminated logs are removed, are they taken at least 50m from the production site?

☐ Yes ☐ No

SECTION 5: Production Management

5A. FERTILITY:

☐ N/A

1. Please describe the fertility program you have in place for mushroom production.

Applicant Initials: _____ Date: _____

5B. PEST AND DISEASE CONTROL:

1.a. What are your common pest and disease problems?

b. Please provide a brief narrative description of how you control pest and disease problems in your production areas/units, including any sanitation and pest/disease control measures used. Please ensure all sanitation and pest control inputs are listed in Section 5D.

2.a. Do you use steam for pest and disease control?

If yes, please explain:

☐ Yes ☐ No

b. Do you use Boiler chemical inputs?

If yes, please list the chemical inputs used in the table in Section 5D below.

☐ Yes ☐ No

c. Do you perform regular residue testing for the steam?

☐ Yes ☐ No
☐ N/A

3. Do you keep records pertaining to your control program (i.e., monitoring records, dates for use of products, problem issues, etc.)?

☐ Yes ☐ No

5C. WATER:

Please note that for sprout production, water must meet or exceed the quality standards for levels of microbial and chemical contaminants in drinking water and water shall be analyzed at least every 6 months. Please note that a current yearly water test must be submitted with your annual re-application documents for mushroom production.

1. What is the source of water?

☐ Well ☐ Municipal ☐ Other:

2. Water tests are conducted by:

☐ In-house ☐ Municipal ☐ Third Party ☐ Other:

3. Water is used for:

☐ Mushroom or sprout rinsing/washing ☐ Soaking seeds, logs, and blocks ☐ For sprout production
☐ Watering and maintaining humidity in mushroom production units ☐ Other:

4. Is there a water quality monitoring program in place?

If yes, how often is water analyzed?

☐ Yes ☐ No

5. a. Do you treat the water before use?

b. If yes, what are the treatments (i.e., sand filtration, UV, chlorination, etc.)?

If water treatment substances are used, please submit labels (or full ingredient lists if not indicated on label) for each input prior to use. This documentation must be accompanied by an Input Review Request Form.

☐ Yes ☐ No

6. Is chlorinated water used for final rinsing of sprouts and/or mushrooms?

☐ Yes ☐ No

7. Do you experience any water contamination problems?

If yes, please describe the nature of the problems and the measures that are being taken to correct the situation.

☐ Yes ☐ No

Applicant Initials: _____ Date: _____

5D. INPUTS: <input type="checkbox"/> No inputs used		
<p>List all foliar sprays, sanitizers, boiler chemicals, pest and disease control products, or other inputs used or intended for use on proposed organic product. Use additional sheets if necessary. If outdoor production areas are managed, ALL inputs used or intended for use during the current year and in the previous three years must be listed on your Field Management Summary Form (if applicable).</p> <ul style="list-style-type: none"> Please submit labels (and full ingredients list <u>If not</u> indicated on label) for each input with the Organic System Plan. Please note that inputs must be provided to TCO Cert for compliance review. Please note that a guaranteed analysis is not sufficient; ingredients must be listed. If inputs contain any agricultural ingredients, <i>Non-GE Affidavits</i> must be submitted. 		
Input Product	Brand Name or Source (e.g. produced on-farm)	Reason for use of the product
BE SURE TO SUBMIT ALL INPUT LABELS TO TCO CERT WITH YOUR ORGANIC SYSTEM PLAN		
1. Is treated lumber used for any installations involved in organic production/handling? <u>If yes</u> , please describe how/where the treated lumber is used in the operation:		<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 6: Handling

6A. EQUIPMENT:	
<p><i>To prevent commingling and contamination, all equipment (handling units, etc.) used in organic mushroom and sprout production must be free of non-organic residues and prohibited materials. Equipment used for both organic and non-organic production must be cleaned prior to use on organic crops. Records documenting cleaning of equipment must be maintained.</i></p>	
1. a. Is equipment used only for organic production (not in buffers or on conventional/transitional plots)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Are clean-out logs kept for all equipment (including custom equipment) that is used for both organic and non-organic production?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is any custom equipment used/hired (planting, harvesting, etc.)? <u>If yes</u> , please provide a list and names of all equipment/services:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Initials: _____ Date: _____

3. Could any equipment you use have been contaminated by previous uses? <u>If yes</u> , describe the issues and the measure taken to ensure that the risk of contamination was addressed (note if measures were documented).	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Please describe cleaning, maintenance and purging of equipment, including the use of sanitizers, and disinfectants. Please refer to CAN/CGSB 32.310 par 8.2. Please include in your description any products used as noted in Section 5D.	
Please be sure to attach a copy of your Standard Sanitation Protocols.	
6B. HARVEST:	
1. Describe your harvesting methods and the steps taken to protect organic crops from commingling and contamination during harvest, including information on how these procedures help to ensure maximum freshness and nutritional quality.	
2. What kind of harvest records are kept to document harvest dates, amounts, etc?	
3. What type(s) of containers are used for harvesting? <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> cardboard/waxed boxes <input type="checkbox"/> wooden totes <input type="checkbox"/> plastic containers </div> <div> <input type="checkbox"/> 5-gallon buckets <input type="checkbox"/> other (specify): </div> </div>	
4. Are the containers made of food grade materials? Please Note: Food Grade documentation for all types of containers used, must be submitted to TCO Cert for approval.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. If the containers have been previously used, what did they contain prior to organic use?	
<input type="checkbox"/> Not Applicable	
6C. POST-HARVEST HANDLING:	
1. Describe your post-harvest handling procedures and equipment, including any refrigeration, dehydration and/or packaging procedures:	
2. Is either the post-harvest area or equipment used for both organic and non-organic products? <u>If yes</u> , describe measures taken to prevent commingling and contamination and the type of documentation maintained.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Check types of packaging material used: <div style="display: flex; flex-wrap: wrap; margin-top: 5px;"> <div style="width: 25%;"> <input type="checkbox"/> bulk paper <input type="checkbox"/> paper <input type="checkbox"/> cardboard </div> <div style="width: 25%;"> <input type="checkbox"/> wood <input type="checkbox"/> glass <input type="checkbox"/> metal </div> <div style="width: 25%;"> <input type="checkbox"/> foil <input type="checkbox"/> plastic <input type="checkbox"/> waxed paper </div> <div style="width: 25%;"> <input type="checkbox"/> natural fiber <input type="checkbox"/> synthetic fiber <input type="checkbox"/> other (specify): </div> </div>	

Applicant Initials: _____ Date: _____

4. Is packaging food grade and documented as such? Please Note: Food Grade documentation for all types of packaging used, must be submitted to TCO Cert for approval.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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5. In what form are finished products shipped?

6D. PRODUCT STORAGE:	<input type="checkbox"/> No organic product storage
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Operators must keep organic and non-organic products in separate storage areas and prevent commingling and contamination. Storage records must be maintained and kept current

Identify all storage locations (including any rented space not under your control). Please attach additional sheets if necessary. **If you are planning on using the custom services of a contractual service provider (for processing, storage, packaging and labeling, etc.), please also complete section 6E.**

STORAGE ID #	ON-SITE OR OFF-SITE (if off-site, please note location)	STORED PRODUCTS (Specific type of mushrooms or sprouts)	TYPE OF STORAGE (bin cooler, etc.)	CAPACITY	ORGANIC ONLY (OO), CONVENTIONAL ONLY (CO), or NOT DEDICATED (ND)

1. Do you use the same storage areas for organic and non-organic products? <u>If yes</u> , how do you segregate organic products from non-organic products in storage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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2. Are storage units clearly labeled for organic use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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3. How do you ensure storage units are free from non-organic residues/prohibited material prior storage of non-organic products?	
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4. How do you prevent or control insect and/or rodent pests in storage areas? Please list any products in Section 5D (inputs) and attach labels for each product.	<input type="checkbox"/> No problems
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6E. CUSTOM SERVICES CONTRACTED BY YOUR OPERATION	<input type="checkbox"/> N/A
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1. Are your products stored or processed off-site, using a Custom Service Provider for such activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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2. Do you use a custom service provider for packaging and/or labeling your products? <u>If yes to any of the above questions:</u> <ul style="list-style-type: none"> Please provide the full name of the off-site storage facility, the Processing or the Packaging and Labelling Custom Service used: Which of the following documentation is in place for the service provider used? <div style="margin-left: 20px;"> <input type="checkbox"/> Attestation of Compliance to the COR * <input type="checkbox"/> Organic Certificate and Addendum for Packaging & Labeling ** </div> 	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Applicant Initials: _____ Date: _____

*** 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 annual 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.

6F. TRANSPORTATION:

1. Who is responsible for arranging transportation of organic products?

☐ self ☐ buyer ☐ other (specify):

2. Describe how organic products are transported.

3. What steps are taken to protect the integrity of organic products during transport?

☐ dedicated organic only ☐ Off-Farm Clean Truck Affidavits used
☐ inspecting units prior to loading requirements ☐ letter/contract with transport company stating organic
☐ cleaning transport units prior to loading ☐ other (specify):

4. Is product transported in closed packages/containers?

If no, please explain:

☐ Yes ☐ No

Please Note: If Package Labels/Pallet tags/Case Labels are used please submit to TCO Cert a completed Label Approval Request and attach a copy of the label.

SECTION 7: Record Keeping System

Standards require that records disclosing all activities and transactions of the operation be maintained for 5 years, demonstrate compliance with the applicable Standards, and be available for review. Certification standards also require that records be sufficient to allow for organic products to be tracked from sale back to the production location where they were produced/harvested. **Please have all your records for both organic and non-organic production and sales available for your annual inspection.**

1. How long do you keep your records?

2. If complaints are made against your operation, do you record the complaints in a Complaint Log?

☐ Yes ☐ No
☐ No complaints were made

3. Which of the following records do you keep for conventional production?

☐ Not Applicable

☐ production area/unit maps ☐ paid labor records ☐ harvest/production records
☐ field/plot history sheets ☐ storage records ☐ shipping records
☐ input records ☐ sales records ☐ other (specify):

4. Type of marketing:

☐ farmer's market sales ☐ wholesale ☐ contract to buyer
☐ direct to retail ☐ on-farm retail ☐ other (specify):
☐ CSA/subscription service ☐ bulk commodities to processor

5. Are labels used on any of your products?

☐ Yes ☐ No

Please Note: If Package Labels are used please submit to TCO Cert a completed Label Approval Request and attach a copy of the label.

6. Please provide a sample of the lot number used in your operation and describe what each component means. If no lot number is used, please describe how product that is sold can be traced back to the plot/production unit where it was produced.

Applicant Initials: _____ Date: _____

SECTION 8: Additional Comments

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

SECTION 9: 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 Organic System Plan and other supporting documents as part of your record keeping system. Please have them available during your annual inspections.	
I have attached the following required documents (with name and date on each page):	
<input type="checkbox"/> Maps of all parcels/production areas (including buildings used for indoor production) indicating adjoining land use and field identification	
<input type="checkbox"/> *Standard Sanitation Operationing Plan (SSOP)	
<input type="checkbox"/> Organic product labels	
<input type="checkbox"/> *Completed, signed, and dated <i>Operator Licensing Agreement (OLA)</i>	
<input type="checkbox"/> *Documents from previous certification (if other than TCO Cert)	
<input type="checkbox"/> *Sample Audit trail documents	
<input type="checkbox"/> Organic/Non-Organic Separation Plan	
<input type="checkbox"/> Other (specify):	
*Note: Documents need to be submitted only for new applicants or for changes.	

Applicant Initials: _____ Date: _____