

Packaging and Labelling Organic System Plan Annual Update 2025

Please complete this form in its entirety. Sign this form and attach supporting documentation as specified in Section 8. 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." Be sure to revise or update your Processing Organic System Plan and provide TCO Cert with copies of the revised pages.

SECTION 1: Programs Requested

Operation Name:	Operator Number:	
\uparrow The Operation Name must be a person and a person means an individual, a corporat legal entity. This name goes on the certificate.	ion, an association, or an organizat	ion recognized as a
Other Name(s):		
\uparrow Other Name(s) may be another name by which the certificate holder is com the holder commonly does business under. This name may be added on the certificate 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 value (and answer all applicable questions) so that your inspection specifically covers Verification Officer addresses the necessary questions. Certification/verification granted at a later date (after the initial inspection) without an additional inspec	each program being requested on to any program not requested i	and the
Certification/Verification Programs:	Equivalency Programs:	
☐ Canada Organic Regime (COR)	CAN/US Equivalence Arrang	gement
☐ Bio Suisse**		-
☐ CARTV		
**Requires submission of additional documents.		
Please contact your TCO Cert certification coordinator for the appropriate forms	s.	
1. Please list current organic certification by other agencies.		
Do you have a copy of the current standards (CAN/CGSB-32.310 and CAN/	CGSB-32.311), for the	Yes No
program for which you are applying?		
3. Do you understand the current organic standards for the program for which	n you are applying?	∐ Yes ∐ No
4. a. Have you reviewed your Processing Organic System Plan?		Yes No
b. Is contact information on your Processing Organic system Plan (POSP) u If no , please provide updated phone number, email address, etc., here:	p-to-date and accurate?	☐ Yes ☐ No
c. Have you made revisions to your Processing Organic System Plan? <u>If yes,</u> attach the revised pages with the date and your initials and explai	in the revisions made:	☐ Yes ☐ No

Applicant Initials: _____

_ Date: _

USER FEES Applicable to currently certified <u>chapter members only</u> :
 Your user fee should be based upon the revenue you collected for the organic related services you rendered, e.g., fees that you charged for packaging and/or labelling an organic product.
"Revenue Based User Fee Remittance" form attachedI already submitted the form and paid for last year
Please submit the "Revenue Based User-Fee Remittance" form as it applies to last year with this application and send payment in with your certification payment this year.

SECTION 2: Description of Measures Taken to Address Noncompliances and Opportunities for Improvement

Please refer to the letter received with your most recent certificate that lists the previous Noncompliances and Opportunities for

Improvements.				
Were there any Noncompliances or Opportunities for Improvement	nent from last year's certification?			
<u>If yes</u> , please complete the following table, briefly listing each N the actions taken to address each one.	Ioncompliance and Opportunity for Improvement, describing			
Noncompliance, Opportunity for Improvement	Action Taken			
1.				
2.				
3.				
4.				
/A dd/dalaka wawa if na a dad\	<u> </u>			

(Add/delete rows if needed)

Applicant Initials:	Date:	

SECTION 3: Changes Made to Operation/Procedure/Product Since Last Inspection

1. At any point does your operation take ownership of organic product to be repackaged and labelled?	☐ Yes*	☐ No
* If yes, please note that you need to apply to TCO Cert for PROCESSOR certification.		
* Please complete and submit the TCO Cert "Processor Organic System Plan Annual Update".		
Comments:		
2.a. Have any new clients and/or new products for Packaging and/or Labelling been added since your last inspection?	Yes	No
<u>If yes,</u> i. Please list names of new customers:		
ii. Please identify new products:		
b. Have you discontinued services for any of your customers or have any products been discontinued?	☐ Yes	☐ No
<u>If yes,</u> <u>i.</u> Please list name of customers:		
ii. Please identify discontinued products:		
If applicable, please submit a copy of the organic certificate and addendum for each new customer and a copy of the label and Label Approval Letter for each new product, issued by the Certification Body certifying the organic product.		
3. Have any brand labels been revised since your last inspection?	☐ Yes	☐ No
<u>If yes</u> , please identify which labels have been changed:		
If applicable, please submit the revised labels and the Label Approval Letter issued by the Certification Body certifying the organic product.		
4. Has your packaging and labelling facility changed since your last inspection (e.g., new equipment, new building)? If yes, please identify these changes:	Yes	□No
Please submit any necessary documentation, such as new facility map, new flow diagram, description of new equipment.		

	Applicant I	Initials: Date	e:
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	ng and/or	processing aids being used s	since your last inspection?		∐ Yes ☐ No
<u>If yes,</u> a. please ensu Supplier Sp			sing aids are listed on the TCO Ce	ert	
		propriate technical or MSDS nput Review Request forms.	documentation for these new pa	ickaging	
		g aids must comply with par. CAN/CGSB-32.311-2020 (Pe	1.4 of the CAN/CGSB-32.310-20.	20 and	
1 42.03 0.0, 01, 4.14	<u></u>	<u> </u>			
		_	t Changes Since Last In	•	
1. Are any new prevent control)? If yes:	ative mea	sures or any new pesticides	being used (including contracted	pest	Yes No
a. Please list any pr	reventative	e measures used:			
	ew substa	nces used and the target pe			
SUBSTANCE		TARGET PEST	LOCATION WHERE USED	METHO	D OF APPLICATION
				1	
				1	
(Add/delete rows if neede	(d)				
(Add/delete lows if fleede	u)	SECTION E. Clas	ning and Sanitizing		
Please list all Cleaning	and Sanita	ation Products used in your f	<u>_</u>		
			actify. ast inspection. Please submit M	ASDS and a	ny other relevant
			Request form for each new prod		
		ey have been reviewed and a			
PRODUCT	New?	LOCATION USED	FREQUENCY OF USE	RIN	SE REQUIRED?
	 				
(Add additional pages if r	nooded)				
(Aud additional pages IT f	ieeueu)				
			Applicant I	nitials:	Date:

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SECTION 6: Organic Integrity

1.	Does your operation include parallel handling of organic and conventional products?	☐ Yes	□No
	If yes, has there been any changes to procedures to prevent commingling?	☐ Yes	□No
	If applicable, please describe these procedural changes:		
2	Has the use of water in your operation changed?	□ Yes □	No □ N/A
	Has your method of water treatment changed?	☐ Yes	□ No
	If yes, please explain the changes.	☐ Tes	
	Tryes, please explain the changes.		
	Please submit documentation for new substances used in water treatment (e.g.: testing, new equipment, etc.).		
3.	Have the packaging materials changed since your last inspection?	Yes	□No
	If yes, please describe the new packaging:		
	Please submit documentation that the packaging is food grade.		
4.	Has the method of storage of organic product(s) changed since your last inspection?	☐ Yes	□No
	If yes, please describe the changes:		
	If applicable, please explain how organic integrity is maintained with the new storage procedures:		

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5. Has the method of transportation of product(s) (either incoming ingredients or outgoing finished product) changed since your last inspection?	Yes No
<u>If yes</u> , please identify the changes:	
If applicable, please explain how organic integrity is maintained with the new methods of transportation:	
SECTION 7: Additional Comments	
Please provide any additional comments or information pertinent to this Organic System Plan.	
SECTION 8: Supporting Documents	
1. For any new product being packaged and/or labelled by your operation, you must submit a copy of the Approval Letter issued by the Certification Body certifying the organic product or the completed TCO C	
Request form. 2. Please provide the following, if there have been any changes since your last inspection:	
• flow charts	
facility maps	
pest trap maps	
3. Please provide the following attachments with your <i>Packaging and Labelling Organic System Plan Ar</i>	nnual Update:
 A Current Product List. Please note any deletions or additions since last application. A Supplier List. This list must include a list of all supplier names, Certification Body of the supplier Programs/Equivalencies to which the products are certified. 	oliers, Organic
 Copies of your suppliers' current organic certificate, product listing addendum and COR-equiva applicable. 	-
4. If you are requesting additional organic programs, you must answer additional questions in your Pro Plan.	cessing Organic System
Applicant Initials:	Date:

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SECTION 9: Affirmation

I affirm that all statements made in this application are true, correct, and complete. The organic products for which I have
performed Packaging & Labelling have been handled according to the certification standards. I understand that the operation
may be subject to an unannounced inspection 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 Bylaws and the certification standards and/or
certification requirements applicable to my operation. I agree to notify TCO Cert in writing of changes in any of the following:
operation contact information, applicant contact information, legal status, ownership or control of the operation, or any change
in the operation that may affect its compliance. I agree to pay all fees assessed by TCO Cert. I further agree to abide by and
fulfill duties and obligations to TCO Cert, as written in the Operator Licensing Agreement. I affirm that I understand the
standards/regulations for the specific program(s) that I have requested and that the Packaging and Labelling activities of
organic products are performed in accordance with these standards/regulations.

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.

Applicant Initials	Date:	