



## 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

<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 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.</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"/> 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 TCO Cert certification coordinator for the appropriate forms.			
1. Please list current organic certification by other agencies.			
2. Do you have a copy of the current standards ( <b>CAN/CGSB-32.310 and CAN/CGSB-32.311</b> ), for the program for which you are applying?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Do you understand the current organic standards for the program for which you are applying?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. a. Have you reviewed your Processing Organic System Plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Is contact information on your Processing Organic system Plan (POSP) 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 Processing 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	

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

<b>USER FEES</b>	
<b>Applicable to currently certified chapter members only:</b>	
<ul style="list-style-type: none"><li>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.</li></ul>	
<div><input type="checkbox"/> "Revenue Based User Fee Remittance" form attached</div> <div><input type="checkbox"/> I already submitted the form and paid for last year</div>	
<b>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.</b>	

**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 from last year's certification?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If <u>yes</u> , please complete the following table, briefly listing each Noncompliance and Opportunity for Improvement, describing the actions taken to address each one.		
Noncompliance, Opportunity for Improvement	Action Taken	
1.		
2.		
3.		
4.		

(Add/delete rows if needed)

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

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

[illegible]

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

<p>5. Are any new packaging and/or processing aids being used since your last inspection?</p> <p><u>If yes,</u></p> <p style="margin-left: 20px;">a. please ensure that these packaging and/or processing aids are listed on the TCO Cert Supplier Spreadsheet.</p> <p style="margin-left: 20px;">b. <b>Please submit the appropriate technical or MSDS documentation for these new packaging aids and completed Input Review Request forms.</b></p> <p><b>NOTE: Non-organic processing aids must comply with par. 1.4 of the CAN/CGSB-32.310-2020 and Tables 6.3, 6.4, and 6.5 of the CAN/CGSB-32.311-2020 (Permitted Substances List).</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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### SECTION 4: Pest Management Changes Since Last Inspection

<p>1. Are any <b>new</b> preventative measures or any <b>new</b> pesticides being used (including contracted pest control)?</p> <p><u>If yes:</u></p> <p style="margin-left: 20px;">a. Please list any preventative measures used:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
<p>b. Please identify new substances used and the target pest.</p>			
SUBSTANCE	TARGET PEST	LOCATION WHERE USED	METHOD OF APPLICATION

(Add/delete rows if needed)

### SECTION 5: Cleaning and Sanitizing

<p>Please list all Cleaning and Sanitation Products used in your facility.</p> <p><b>Please check the box for any new products used since your last inspection. Please submit MSDS and any other relevant documentation and complete and submit an Input Review Request form for each new product. Please remember not to use any new products before they have been reviewed and approved by TCO Cert.</b></p>				
PRODUCT	New?	LOCATION USED	FREQUENCY OF USE	RINSE REQUIRED?
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			

(Add additional pages if needed)

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

## SECTION 6: Organic Integrity

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

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



## 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: \_\_\_\_\_