

For Office Use Only:

Due By
FEBRUARY 1ST

2020 RENEWAL ORGANIC SYSTEM PLAN (OSP) for MAPLE PRODUCTS

- Complete this Organic System Plan (OSP) to continue certification of your organic maple production.
- Please check No Changes for those sections where no changes have been made from your previous OSP. If changes have been made, please answer the applicable questions.
- A completed LANDOWNER STATEMENT form(s) is required if land included in this OSP is not owned by the applicant or if ownership
 of the parcel has changed.

OSP Received On:	Entered Into Database On:	: By (Initials	·):					
Assigned To: Reviewer:	Prima	ary Review Completed On:						
Inspector:	Inspe	Inspector's Review Completed On:						
Inspection Completed On:	Direc	tor Approved On:	Initials:					
Request Form #	Documents Received On:	Initials:	□ NA					
Database Updated On:	Initials:	Certificate Mailed On:	Initials:					
Date payment received:	Amount:	Check #:	☐ Cash					
SECTION 1: General Info	ormation NOP §205.201, §2	05.401	First Year Certified:	NHDAMF Cert #:				
Owner/Manager:		Name of Authorized F	Person who will be present at th	ne inspection:				
Mailing Address:								
Physical Address: □Same as n	nailing							
Best Phone Number:	Email:		Website:					
Organizational structure/le	gal status:							
☐ Sole Proprietorship ☐ T	rust or non-profit 🔲 Cooperati	ive 🛚 Legal Partnership (fed	eral form 1065) 🔲 LLC					
☐ Corporation; list state of in	corporation & name		Other-specify					
Check all that apply:	Maple Producer	er Organic production [☐ Conventional production					
Check all that apply: ☐ Maple Producer ☐ Maple Packer ☐ Organic production ☐ Conventional production Check all products for which you are seeking certification:								
	ple syrup □ Maple cream □	☐ Maple candy/cakes ☐ Ma	aple sugar					
Other maple products; lis	t:							

Inspectors change; please provid		.
· · · · · · · · · · · · · · · · · · ·	de detailed directions from Concord, NH to your sugar ho	ouse and each sugar bush under
consideration for certification, atta	ach additional sheet if necessary:	
AFFIRMATION:		
I have a copy of the NHDA	AMF organic regulations and USDA National Organic Program	(NOP) regulations, which I have rea
understand and agree to follow	llow for certified organic production.	(,
	best of my ability, with accurate and forthcoming information.	
	DAMF of any change in my certified operation or portion of it that	may affect its compliance with
NHDAMF organic Rules and	d USDA NOP Regulations. tion may be subject to unannounced inspections and/or sampling	for residues at any time
	ce of this OSP in no way implies granting of certification by the NF	
	fees charged according to the fee schedule determined by NHD	
My signatura os	onfirms that I have road understand and agree to the aforement	ioned statements
My signature co	onfirms that I have read, understand, and agree to the aforement	ioned statements.
APPLICANT'S	SIGNATURE	DATE
ORGANIC CERTIFICATION HIS	TORY:	
	ther than NHDAMF to which an application has been previously r	made, and date(s) of application: 🖵 N
	ther than NHDAMF to which an application has been previously r	made, and date(s) of application: Q N.
	ther than NHDAMF to which an application has been previously r	made, and date(s) of application: \(\Q \) N .
Name(s) of any certifying agent(s) ot	ther than NHDAMF to which an application has been previously r	made, and date(s) of application: □ N .
Name(s) of any certifying agent(s) ot Outcome of	ther than NHDAMF to which an application has been previously r	made, and date(s) of application: □ N .
Name(s) of any certifying agent(s) ot Outcome of		made, and date(s) of application: □ N .
Name(s) of any certifying agent(s) ot Outcome of		made, and date(s) of application: □ N .
Name(s) of any certifying agent(s) ot Outcome of submission(s):		
Name(s) of any certifying agent(s) ot Outcome of submission(s):		made, and date(s) of application: No
Name(s) of any certifying agent(s) ot Outcome of submission(s): Did you receive Conditions for Contin		
Name(s) of any certifying agent(s) ot Outcome of submission(s): Did you receive Conditions for Continuity pour receive a Notice of Non-comp	nued Certification (CCC) letter from NHDAMF last year? Inpliance (NNC) letter from NHDAMF last year?	☐ Yes ☐ No
Name(s) of any certifying agent(s) ot Outcome of submission(s): Did you receive Conditions for Continuity pour receive a Notice of Non-comp	nued Certification (CCC) letter from NHDAMF last year?	☐ Yes ☐ No
Name(s) of any certifying agent(s) ot Outcome of submission(s): Did you receive Conditions for Continuity of the properties of the prope	nued Certification (CCC) letter from NHDAMF last year? Inpliance (NNC) letter from NHDAMF last year?	☐ Yes ☐ No
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Name(s) of any certifying agent(s) ot Outcome of submission(s): Did you receive Conditions for Continuity of the properties of the prope	nued Certification (CCC) letter from NHDAMF last year? Inpliance (NNC) letter from NHDAMF last year?	□ Yes □ No □ Yes □ No e:
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Name(s) of any certifying agent(s) ot Outcome of submission(s): Did you receive Conditions for Continuity Did you receive a Notice of Non-complete yes, describe CCC and/or NNC and Note: Corrective actions along with	nued Certification (CCC) letter from NHDAMF last year? Inpliance (NNC) letter from NHDAMF last year? In the corrective actions you implemented to come into compliance the compliance compliance that any supporting documentation will be reviewed during instance.	□ Yes □ No □ Yes □ No e:
Name(s) of any certifying agent(s) ot Outcome of submission(s): Did you receive Conditions for Continuity Did you receive a Notice of Non-complity yes, describe CCC and/or NNC and	nued Certification (CCC) letter from NHDAMF last year? npliance (NNC) letter from NHDAMF last year? d the corrective actions you implemented to come into compliance	□ Yes □ No □ Yes □ No e:
Name(s) of any certifying agent(s) ot Outcome of submission(s): Did you receive Conditions for Continuity Did you receive a Notice of Non-compliance, describe CCC and/or NNC and Note: Corrective actions along with	nued Certification (CCC) letter from NHDAMF last year? Inpliance (NNC) letter from NHDAMF last year? In the corrective actions you implemented to come into compliance the any supporting documentation will be reviewed during inspective & Production NOP §205.201	☐ Yes ☐ No☐ Yes ☐ No☐ e:
Name(s) of any certifying agent(s) ot Outcome of submission(s): Did you receive Conditions for Continuity Did you receive a Notice of Non-complity yes, describe CCC and/or NNC and	nued Certification (CCC) letter from NHDAMF last year? Inpliance (NNC) letter from NHDAMF last year? In the corrective actions you implemented to come into compliance the any supporting documentation will be reviewed during inspective & Production NOP §205.201	☐ Yes ☐ No☐ Yes ☐ No☐ e:
Name(s) of any certifying agent(s) ot Outcome of submission(s): Did you receive Conditions for Continuity Did you receive a Notice of Non-compliance, describe CCC and/or NNC and Note: Corrective actions along with	nued Certification (CCC) letter from NHDAMF last year? Inpliance (NNC) letter from NHDAMF last year? In the corrective actions you implemented to come into compliance the any supporting documentation will be reviewed during inspective & Production NOP §205.201	☐ Yes ☐ No☐ Yes ☐ No☐ e:

Check the box that desc	ribes your o	pera	tion's production	on systen	n:			All orga	anic	□ Oı	rganic an	d non-organic	production
Do you own all the sugar bush for which you are requesting certification? Statement for each leased/rented/allowed-for-use sugar bush. Attached Yes No If No, you must submit a NHDAMF Landowner On file at NHDAMF And are up-to-date													
Any sugar bush where s	ap will to be	e colle	ected and used	d for orga	anic pr	oduct	s mus	st be r	nainta	ained in a	accordan	ce with NOP R	ule §205.202
Sugar Bush Information	on Table: S	State t	he first year that	each sug	ar bush	า was เ	used,	if nece	essary	an additio	nal page	may be attached	. □ No changes
Sugar Bush Location	Sugar Bush #, ID or Name	Map #	Size= Acres	1 st Year	Organic	Transitional	Conventional	(X) Owned	(X) Leased		Owne	r's Name & A	ddress
Sugar bush maps are to be submitted for each parcel that is being certified and indicate the following: Sugar bush maps are to be submitted for each parcel that is being certified and indicate the following: Sugar bush names(s)/number(s) Tap lines Pump stations/collection tanks Buffers Buffer													
Conservation: NOP	§205.200,	NOF	P §205.203, N	IOP §20	05.20	5							☐ No changes
What conservation practices are used in your sugar bush? ☐ Work with forester ☐ Have a maintenance plan in place ☐ Avoid erosion ☐ Harvest from healthy trees ☐ Allow maple trees to naturally re-establish ☐ Remove invasive plants ☐ Monitor sustainability of maples ☐ Other native trees/shrubs are allowed to naturally re-establish ☐ Other:													
Three-Year History o							NO	P §20	5.20	3			□NA
	of Pesticide	и: (Са	Name of	Company		es")	R	eason	for Use	•	Date	Name & Location Production Faci	on of Sugar Bush or
or Fer	unzer		Of Wall	ufacturer							Applied	- Froduction Fact	inty Treateu

Pest M	anage	ment: NOP §205.206, §20	5.271				☐ No cha	anges
A.	Indicat	te any disease problems in the	sugar bush and how they	are being manaç	ged:	□NA		
В.	Indicat	te any insect or rodent/animal	problems in the sugar bus	h or sugar house	and how t	hey are being ma	ınaged: □ NA	
SECTI	ON 3:	Tapping and Sap Collecti	on: NOP §205.272				□ No cha	anges
A.	Estima	ated total number of "organic" t	aps=	Estimated total	number o	of "conventional" t	aps=	_
	How d	o you determine the number o	f taps per tree?					
	Spout	Types/Sizes Used:						
	Estima	ated number of "organic" trees	tapped=	Estimated total nu	umber of "d	conventional" tree	es tapped=	
	How m	nany days after the last sap rui	n are all spouts removed f	rom trees?				
В.		Year Production History: (Car						
	Compl	ete the table below with the to		_				s:
		Year	Number of ¹	Гарѕ	Total	Production in G	allons	
			<u> </u>					
C.		cribe your method of tapping an ion of sap tank(s), etc.	nd sap collection, include;	determining whic	h trees to	tap, tubing/bucke	ts used, vacuum sy: □ No cha	
Sap Pu	ırchas	e Records:		□ Not App	licable		☐ No cha	anges
D.	Do you	u purchase <i>organic maple sap</i>	for processing? ☐ Yes	□ No If yes	s, list sour	ces and verification	on of organic certific	ation:
E.	Do you	u purchase <i>conventional mapl</i> e	e sap for processing?	Yes □ No If ye	es, list sou	rces:		

F. List amount purchased and amount proce commingling is prevented.	ssed, of each sap type, at your sugar house du	ring the previous se	eason and how					
SECTION 4: Production: NOP §205.105, §2	05.270		□ No (changes				
A. List type and brand of organic defoamer(s)* used in syrup production:							
Indicate the certifying agent of the organic defoamer(s) used:								
B. List all types of filter cloths/papers used for	or filtering sap and syrup:							
1) And indicate how these filters are cleaned and stored when not in use:								
C. Describe your sap collection tanks/bucket	s, transportation of sap to sugar house, storage	tank at sugar hous	e:					
D. If reverse osmosis is used, answer the fol	lowing questions:		□ NA					
How is the membrane cleaned/rinsed prior	• •							
2) What is used to clean the membrane and3) How often are the cartridges changed?								
Note: * The brand and certifying agent of the defor			□NA					
	ed as "Organic," "100% Organic" is not allowed.							
Cleaners/Sanitizers: NOP §205.271								
	ers/sanitizers used to clean all production and c press, evaporator, canner, bulk containers:	ollection equipmen	t; include spiles	s, tubing,				
BRAND NAME OF CLEANER/ SANITIZER	EQUIPMENT BEING CLEANED	NOP COMPLIANCE VERIFICATION	RESIDUE TESTING REQUIRED?	DAMF Check				
	1							

	G	Describe cleaning process of all the equipment listed above:	
	G.	Describe dearning process of all the equipment listed above	
Fo	uuinr	ment Storage: Include; tubing, spiles, buckets, consumer jugs, bulk containers, etc. and how con	tamination is
		nent otorage. Include, tubing, spiles, buckets, consumer jugs, bulk containers, etc. and now contents.	☐ No changes
	A.	During production (if applicable):	
	В.	When not in use:	
CO	NTA	INERS:	□ No changes
	A.	Describe the types and sizes of containers you use for packaging organic syrup for retail sales:	
	В.	Describe the types and sizes of containers you use for packaging conventional syrup for retail sales, if applicable:	
	C.	Describe the types of containers you use for sale and/or storage of bulk syrup:	
Мар	ole P	Products Production:	☐ No changes
	A.	Indicate how maple cream is produced, the equipment used/cleaned and packaging:	□NA

B. Indicate how <i>maple sugar</i> is produced, the equipment used/cleaned and packaging:		□NA
C. Indicate how maple candy is produced, the equipment used/cleaned and packaging:		□NA
CECTION 5. Owner in Dreduct Intervity NOD 2005 272		7 No shanas
SECTION 5: Organic Product Integrity NOP §205.272		□ No changes
A. The following is a description of my organic integrity plan that I have in place to prevent the potential cont syrup and maple products, if a split operation I have also addressed the prevention of commingling:	amination o	f maple sap,
□ I have attached a map of my sugar house showing sap storage, production areas, syrup storage, container sto	rage, etc.	
☐ I have attached a map of my sugar house showing sap storage, production areas, syrup storage, container sto☐ A map of my sugar house is on file with NHDAMF.	rage, etc.	
☐ A map of my sugar house is on file with NHDAMF.		
		⊒ No changes
□ A map of my sugar house is on file with NHDAMF. Maple Syrup Purchase Records:		
☐ A map of my sugar house is on file with NHDAMF. Maple Syrup Purchase Records:	ι	
A map of my sugar house is on file with NHDAMF. Maple Syrup Purchase Records: A. Do you purchase organic maple syrup?	ι	
Maple Syrup Purchase Records: A. Do you purchase organic maple syrup? If yes, list source(s) and how you verified organic certification:	ι	0
■ A map of my sugar house is on file with NHDAMF. Maple Syrup Purchase Records: A. Do you purchase organic maple syrup? If yes, list source(s) and how you verified organic certification:	[IYes □ N	0
Maple Syrup Purchase Records: A. Do you purchase organic maple syrup? If yes, list source(s) and how you verified organic certification: B. Do you purchase conventional maple syrup?	[IYes □ N	0
■ A map of my sugar house is on file with NHDAMF. Maple Syrup Purchase Records: A. Do you purchase organic maple syrup? If yes, list source(s) and how you verified organic certification: B. Do you purchase conventional maple syrup? If yes, list source(s):	[IYes □ N	0
■ A map of my sugar house is on file with NHDAMF. Maple Syrup Purchase Records: A. Do you purchase organic maple syrup? If yes, list source(s) and how you verified organic certification: B. Do you purchase conventional maple syrup? If yes, list source(s):	IYes □ N	0
Maple Syrup Purchase Records: A. Do you purchase organic maple syrup? If yes, list source(s) and how you verified organic certification: B. Do you purchase conventional maple syrup? If yes, list source(s): C. Do you repackage any of the organic and/or conventional maple syrup from the above sources?	IYes □ N	o lo 🗆 NA
■ A map of my sugar house is on file with NHDAMF. Maple Syrup Purchase Records: A. Do you purchase organic maple syrup? If yes, list source(s) and how you verified organic certification: B. Do you purchase conventional maple syrup? If yes, list source(s):	IYes □ N	o lo 🗆 NA
Maple Syrup Purchase Records: A. Do you purchase organic maple syrup? If yes, list source(s) and how you verified organic certification: B. Do you purchase conventional maple syrup? If yes, list source(s): C. Do you repackage any of the organic and/or conventional maple syrup from the above sources?	IYes □ N	o lo 🗆 NA

SECTIO	ON 6: Product Traceability NOP §205.103	☐ No changes
A.	An audit trace back of finished product will be performed during the on-site inspection. Records will have to show number on a randomly chosen container of syrup can be successfully traced back from the Sales record, back to	
1)	Logs must be kept showing the amount of sap collected daily.	
2)	"Production logs" must be kept for each batch, run, boil or production day, etc.; showing the amount of sap used syrup produced.	d and the amount o
3)	The date of production should be identified with a code , which correlates with the amount of production for that s boil or production day, etc., along with the syrup Grade.	pecific batch, run,
4)	All product packaging, consumer and bulk containers, must have a lot number which can be traced back to the didentify the batch, run, boil or production day, etc. indicated in #3 above. Records need to indicate the total number consumer packaged product and/or number and sizes of bulk packaged syrup.	
5)	Several <u>lot numbers</u> may be used to identify different grades of syrup produced from one code number.	
В.	Describe your code and lot numbering system and explain how a particular lot of syrup can be traced back to d	ate of production:
D.	beschibe your code and for numbering system and explain now a particular for or syrup can be traced back to u	□ No changes
SECTIO	ON 7: Marketing Information: Provide name & location for all sales outlets of organic product:	☐ No changes
☐ Suga	ar House/ Farm Stand:	
□ Sum	mer Farmers Markets:	
□ Wint	er Farmers Markets:	
☐ Dire	ct to retail:	
□ Who	lesale:	
□ Bulk	commodities to processor:	
□ Conf	tract to buyer:	
☐ Food	d Service Establishment:	

SECTION 8: Sales NOP §205.103, §205.303

I have indicated the Sales records that I maintain below: (check those which apply)
Retail sale records showing totals for all organic maple products sold, along with lot numbers Wholesale sales record showing all transactions of organic maple products, along with lot numbers Separate records for production and sales of non-organic maple products
Labels: (check those which apply) I have attached current labels to this OSP which have been previously approved by NHDAMF I have attached current labels to this OSP but they need to be approved by NHDAMF prior to being used on products My labels are currently on file with NHDAMF, have been deemed compliant and have not changed
SECTION 9: Recordkeeping NOP §205.103
I have kept the following information up-to-date and will have it available for review at the time of my inspection:
Check Records Maintained: Receipts for purchased inputs (defoamers, DE, cleaners, sanitizers, sap, syrup, etc.) Pest control records, if applicable Material inputs to sugar bush, if applicable Traceable lot numbers for wholesale and retail containers Production and sales records for the past 5 years Sugar bush maintenance log for all forest activities
International Import and Export Activity: (This is a required section and must be answered)
For more information please visit - https://www.ams.usda.gov/services/organic-certification/international-trade
For more information please visit - https://www.ams.usda.gov/services/organic-certification/international-trade Import Activity
· · · · · · · · · · · · · · · · · · ·
Import Activity □ Not Applicable
Import Activity 1) From which countries do you, or plan to, Import any ingredients for your maple product(s):
Import Activity □ Not Applicable 1) From which countries do you, or plan to, Import any ingredients for your maple product(s): □ Canada □ European Union □ Japan □ Republic of Korea □ Taiwan □ Switzerland
Import Activity □ Not Applicable 1) From which countries do you, or plan to, Import any ingredients for your maple product(s): □ Canada □ European Union □ Japan □ Republic of Korea □ Taiwan □ Switzerland □ Other(s):
Import Activity 1) From which countries do you, or plan to, Import any ingredients for your maple product(s): Canada □ European Union □ Japan □ Republic of Korea □ Taiwan □ Switzerland Other(s): Attach a copy of your procedures (SOP) to verify that imported organic ingredients comply with the USDA organic regulations.
Import Activity 1) From which countries do you, or plan to, Import any ingredients for your maple product(s): Canada □ European Union □ Japan □ Republic of Korea □ Taiwan □ Switzerland Other(s): Attach a copy of your procedures (SOP) to verify that imported organic ingredients comply with the USDA organic regulations.
Import Activity 1) From which countries do you, or plan to, Import any ingredients for your maple product(s): Canada European Union Japan Republic of Korea Taiwan Switzerland Other(s): Attach a copy of your procedures (SOP) to verify that imported organic ingredients comply with the USDA organic regulations. List each product or substance intended to be imported, the source, and indicate the frequency of import:
Import Activity 1) From which countries do you, or plan to, Import any ingredients for your maple product(s): Canada European Union Japan Republic of Korea Taiwan Switzerland Other(s): Attach a copy of your procedures (SOP) to verify that imported organic ingredients comply with the USDA organic regulations. List each product or substance intended to be imported, the source, and indicate the frequency of import: Export Activity Not Applicable
Import Activity 1) From which countries do you, or plan to, Import any ingredients for your maple product(s): Canada European Union Japan Republic of Korea Taiwan Switzerland Other(s): Attach a copy of your procedures (SOP) to verify that imported organic ingredients comply with the USDA organic regulations. List each product or substance intended to be imported, the source, and indicate the frequency of import: Export Activity Not Applicable 2) To which countries do you, or plan to, Export any of your maple product(s):
Import Activity

1)	I have attached the following documents of	r they were submitted last year and are on file:	
	☐ Landowner Statement(s), if applicable		
	☐ Maps of all sugar bush locations		
	☐ Map of sugar house showing production are	ea and storage	
	□ Product label(s)		
2)	Closing affirmations: • I have made a copy of this application	n for my records	
		e copy of my OSP at the time of my inspection	
	·	lired documents and records available at the time of my inspection	on
	·	n time for each sugar bush location to be visited during my inspecti	
	- Tanadidana that Finadi and Ondagi	Tame for each eagar back location to be violed adming my more	
My sign	ature confirms that I have read and agree to co	mply with the aforementioned statements:	
	Applicant's Signature	Date	
	: NOP §205.400 er of Taps=	() = Inspection Fee:	¢
Nullib	ei ui iaps=	Certification Fee:	\$ \$100.00

(*) Refers to Table 911-1 Inspection Fees bel	elow:
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Production Type	Fee	Fee	Fee	Fee	Fee	Fee
	\$50	\$100	\$200	\$300	\$400	\$500
# Maple Taps	1000 or less	>1000-2000	>2000-3000	>3000-5000	>5000-10,000	>10,000

TOTAL Fees Submitted:

Make check payable to "Treasurer, State of NH" and mail completed Organic System Plan & Attachments to:

NH Department of Agriculture, Markets & Food Division of Regulatory Services PO Box 2042 Concord, NH 03302-2042

If you should have any questions, please call Regulatory Services at (603) 271-3685