

**2020 RENEWAL-Organic System Plan for Mushroom Production**

**Instructions**

- Complete this Organic System Plan (OSP) to continue certification for indoor organic mushroom 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.
- Complete OSPs and fees are required prior to inspection of each requested scope.
- Late OSPs may result in a Notice of Noncompliance.

**For office use only:**

OSP Received On: \_\_\_\_\_ Entered Into Database On: \_\_\_\_\_ By (Initials): \_\_\_\_\_ Initial Cert. Date: \_\_\_\_\_

Assigned To: Reviewer \_\_\_\_\_ Primary Review Completed On: \_\_\_\_\_  
Inspector \_\_\_\_\_ Inspector's Review Completed On: \_\_\_\_\_

Inspection Completed On: \_\_\_\_\_ Director 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 Information §205.201 and §205.401**

Farm Name:		Year First Certified	Certificate #
Name of person authorized to act on behalf of the company:			
Mailing Address:			
Physical Address <input type="checkbox"/> same as mailing			
Preferred Phone Number:	Email address:	Website:	
<b>Preferred</b> method of correspondence: <input type="checkbox"/> Phone <input type="checkbox"/> Email			
Identify your organizational structure/legal status: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Trust or non-profit <input type="checkbox"/> Cooperative <input type="checkbox"/> LLC			
<input type="checkbox"/> Legal Partnership(federal form 1065) Corporation: _____ Other-specify _____			

Check those products for which you are seeking organic certification:  Harvested Mushrooms  Growing Blocks

List the varieties of mushrooms to be certified:

You may have a different inspector from last year. Please provide **detailed** directions to your production site from Concord, NH

**SECTION 2: Applicant Affirmation §205.400-§205.405**

- ❖ I have a copy of the NHDAMF organic regulations and the USDA National Organic Program (NOP) regulations, with which I have read, understand and agree to follow for organic certification.
- ❖ This Organic System Plan has been completed to the best of my ability, with accurate and forthcoming information.
- ❖ I understand that acceptance of this Organic System Plan in no way implies granting of certification by NHDAMF.
- ❖ I will immediately notify NHDAMF of any change in my certified operation or portion of it that may affect its compliance with NHDAMF organic Rules and the USDA National Organic Program (NOP) Regulations
- ❖ I understand that the operation may be subject to unannounced inspections and/or sampling for residues at any time.
- ❖ I agree to submit applicable fees charged according to the fee schedule by NHDAMF.

My signature confirms that I have read, understand, and agree to the aforementioned statements

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 3: Organic Certification History §205.662**

1. Name(s) of any certifying agent(s) **other than** NHDAMF to which an application has been previously made, and date(s) of application: \_\_\_\_\_

2. Outcome of submission: \_\_\_\_\_

3. Did you receive a Conditions for Continued Certification (CCC) from NHDAMF last year? \_\_\_\_\_

4. Did you receive a Notice of Non-compliance (NNC) from NHDAMF last year? \_\_\_\_\_

If yes, please describe the CCC and/or NNC and the corrective actions implemented. **Note:** corrective actions along with any supporting documentation will be reviewed during your next inspection.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 4: Recordkeeping § 205.103**

**Confirm the following requirements are being met:**

- ❖ All activities and transactions of the operation are disclosed \_\_\_\_\_
- ❖ Records are maintained for 5 years beyond their creation and demonstrate compliance with the NOP Rule \_\_\_\_\_
- ❖ Organic products are tracked from day of harvest to sale of finished products \_\_\_\_\_
- ❖ For split (conventional/organic) production separate records are maintained \_\_\_\_\_

**The following records are maintained and will be available for review during the inspection \_\_\_\_\_**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Documentation of substrate & other similar materials records | <input type="checkbox"/> Documentation of spawn source(s) | <input type="checkbox"/> Harvest          |
| <input type="checkbox"/> Storage records  | <input type="checkbox"/> Equipment cleaning record        | <input type="checkbox"/> Shipping records |
|   |   | <input type="checkbox"/> Sales records    |

**SECTION 5: Mushroom Production §205.201–§205.406**

A) Do you produce any non-organic mushrooms?  Yes  No If yes, fill out "Split Operations" section

**B) Facility Map(s)**

Provide a facility map for all production areas: grow rooms, storage areas, refrigeration units, receiving and shipping entrances and exits. Clearly identify each area, and indicate flow of product through the facility.  Facility Map Attached

**C) Spawn**

1. Confirm the required information regarding the spawn used is completed in the Materials Table on page 8 \_\_\_\_\_
2. Confirm the organic certificate for spawn that is certified organic will be available for review during the inspection \_\_\_\_\_
- 2a. If non-organic spawn is used, confirm documentation will be available for review to verify that it is not a "genetically engineered" variety, it is not treated with any prohibited substances and an equivalent variety was not available \_\_\_\_\_

**D) Growing Medium Materials**

1. Confirm the required information regarding the growing medium used is completed in the Materials Table on page 8 \_\_\_\_\_
2. Confirm the organic certificate for materials used will be available for review during the inspection \_\_\_\_\_
3. Confirm for materials, such as sawdust, that a letter from the source stating that it is sourced from raw wood is attached \_\_\_\_\_

**No Changes**

**E) Grow Bags**

1. Who is your source for grow bags?  
\_\_\_\_\_
2. Describe how the above materials and bags are stored to prevent contamination:

**No Changes**

**F) Describe the production process** pertaining to the following:

1. Block production:
  
  
  
  
  
  
  
  
  
  
2. Lab/inoculation room:

3. Describe the staging area prior to placement in grow room(s):

4. Describe grow room(s), include misting & airflow/filters:

**No Changes**

**G) Equipment**

1. List equipment used throughout production:

2. How it is cleaned/sanitized and list the products used:

3. List type & brand of lubricant(s) used:

4. Are equipment lubricants approved for use in food production areas?  Yes  No,  
explain \_\_\_\_\_

5. Are cleaning logs being kept for all cleaning performed?  Yes  No

**No Changes**

**SECTION 6: Spilt Operations §205.272**

➤ Complete this section **only** if facility includes both organic and non-organic mushroom production

Describe the management practices and physical barriers used to prevent commingling or contamination between organic and non-organic:

Substrate Materials	
Ventilation system—prevention of drift of prohibited materials	
Irrigation system: Identify water source, use of water.	
Production or growing areas- separation and identification	
Cleaning & cleaning materials	
Identification of non-organic growing areas, and bag/pouches/logs*	

\* Diagram attached  Not Applicable; Separate equipment and water lines, dedicated to organic.

**SECTION 7: Contamination Management and Monitoring**

**A) Pest Control – No Changes**

1. Who is responsible for managing pest control and maintains pest control records? \_\_\_\_\_
2. Describe preventative measures implemented and products used to control the presence of disease and pests:

**B) Harvest Practices -- No Changes**

1. Describe your harvest practices:
2. List equipment and containers used:

**C) Storage – No Changes**

1. Describe cleaning protocol and storage of harvest tools and containers if reused:
2. Describe storage of harvested products:
3. If storage area is shared with non-organic products, how is commingling and contamination prevented?  **NA**

**D) Packaging – No Changes**

Describe types of packaging used for sales & shipping (specify each use):

**E) Transportation – No Changes**

1. How are mushrooms transported to markets?  Own vehicle  Commercial carrier  USPS  UPS/FedEx
2. Describe what measures are taken to prevent contamination of organic mushrooms during transportation:

**SECTION 8: Labeling, Audit Trail and Marketing §205.103, §205.201, §205.271, and §205.300-311**

**A) Labeling — No Changes**

1. Confirm the following requirements are being met:

Packaged product labels comply with §205.303 \_\_\_\_\_

Use of the USDA Seal complies with §205.311 \_\_\_\_\_

2. Under what name(s), label(s) or brand(s) do you market your product?

3. How are mushrooms sold at retail?  Loose  In closed containers  Bags  Cardboard boxes

4. How are mushrooms packaged for bulk sales?  Cardboard boxes  Other, describe: \_\_\_\_\_

5. Check all that apply:  No product labels used

Printed labels on boxes/bags, stickers  Use label with USDA Organic logo  Use label with NHDAMF Organic Logo

**NOTE: All labels must be approved prior to use. Provide copies of all organic product labels**

**B) Audit Trail**

- Per §205.103(a) A certified operation must maintain records concerning *the production, harvesting, and handling* of agricultural product that are or that are intended to be sold, labeled, or represented as “100 percent organic,” “organic,” ...
- Per §205.103(b)(2) Such records must: Fully disclose all activities and transactions of the certified operation in sufficient detail as to be readily understood and audited
- An audit trace back will be performed at the time of your inspection
- This trace back will involve reviewing the record trail of the crop from the total sales- storage- harvest- back to grow room ID

1. Confirm that you have read and understand the four above statements \_\_\_\_\_

2. Describe your product lot numbering system. **No Changes**

3. Describe how your records can trace your organic production from source to final sale. **No Changes**

**C) Marketing—No Changes**

1. Provide the **name & location** for all sales outlets of organic product:

Farmers Markets:

Direct to retail:

CSA/subscription service (#members/shares):

<input type="checkbox"/> Wholesale:
<input type="checkbox"/> Bulk commodities to processor:
<input type="checkbox"/> Contract to buyer:
<input type="checkbox"/> Food Service Establishment:
<input type="checkbox"/> Farm retail or farm stand
2. Do you buy in any organic product for resale? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the product name, source and certifying agent
3. Do you buy in non-organic product? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide product name, and source(s):
4. How are organic & non-organic products segregated and labeled at point of sale?

<b>D) International Import and Export Activity -- No Changes</b> <input type="checkbox"/>	
For more information please visit <a href="https://www.ams.usda.gov/services/organic-certification/international-trade">https://www.ams.usda.gov/services/organic-certification/international-trade</a> If this section does not apply, please initial here _____	
<b>I. Import</b>	N/A <input type="checkbox"/>
1. From which countries do you or do plan to import any ingredients to be used in your product (s): <input type="checkbox"/> Canada <input type="checkbox"/> European Union <input type="checkbox"/> Japan <input type="checkbox"/> Republic of Korea <input type="checkbox"/> Taiwan <input type="checkbox"/> Switzerland <input type="checkbox"/> Other(s): _____	
Attach a copy of your procedures (SOP) to verify that imported organic products comply with the USDA organic regulations. Attached _____	
List each product or substance intended to be imported, the source, and indicate the frequency of import:	
<b>II. Export</b>	N/A <input type="checkbox"/>
To which countries do you export or plan to export any products: <input type="checkbox"/> Canada <input type="checkbox"/> European Union <input type="checkbox"/> Japan <input type="checkbox"/> Republic of Korea <input type="checkbox"/> Taiwan <input type="checkbox"/> Switzerland <input type="checkbox"/> Other(s): _____	
Attach a copy of your process (SOP) to verify compliance with the terms of the arrangement with each applicable country to include, but not limited to, the required documentation with every shipment and product labels. Attached _____	
List all products intended for export, the country, and frequency of export:	

**SECTION 9: NHDAMF Material List §205.203, §205.206, §205.600-606**

List all materials you use or plan to use. Some examples include: growing medium, sanitizers, soaps, machinery lubricants, pesticides, and air circulation aides. **NOTE: According to NH Law, use of any EPA Registered Pesticides requires that you obtain either, a Restricted Use Pesticide License, or a General Use Permit from the NH Pesticide Control Division: telephone: 271-3640.**

**Confirm that material application records, to include date, input, rate, location and source is maintained and will be available for review at the on-site inspection. \_\_\_\_\_**

**In addition, please have available for review product labels, ingredient lists, invoices and other relevant documentation.**

Not Applicable; no materials used

Product name	Brand or Manufacturer	Purpose	Identify Any Restriction or Annotation	Third Party Verification**	For DAMF Review

\*\* Allowability of Materials may be established by an EPA "For Organic Production" label, by the brand name listed on the Organic Materials Review Institute (OMRI) or Washington State Department of Agriculture (WSDA) List, or a list maintained or recognized by your certifier. If the materials do not appear on one of these lists, you must obtain approval from your certifier by submitting a label or other documentation from the manufacturer which discloses all ingredients.

**SECTION 10: Attachments**

Confirm you have attached the following required documents \_\_\_\_\_

- Facility Map
- New or Revised Product Labels

Other \_\_\_\_\_

**Closing Affirmations**

I have made copies of this application and other supporting documents for my own records.

I understand I am required to have the copy of my OSP at the time of my inspection.

I understand that I must have all required documents and records available at the time of my inspection.

My signature confirms that I have read and agree to comply with the aforementioned statements.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Payment \$205.400</b>		
Certification Fee:	\$100.00	
Inspection Fee:		Total square feet of production area to be certified _____ Refer to Table 911-1 to determine inspection fee and list in the box.
Total Fees Submitted:		<b>Make Checks payable to: "TREASURER, STATE OF NH"</b>

**Table 911-1**

Production Type	Fee	Fee	Fee	Fee	Fee	Fee
	\$50	\$100	\$200	\$300	\$400	\$500
# Sq. Ft. controlled environment production	2000 or less	>2000-4000	>4000-6000	>6000-10,000	>10,000-20,000	>20,000

Mail completed Organic System Plan, Attachments and Payment to:

NH Department of Agriculture, Markets & Food  
 Attn: 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**