

2020 RENEWAL Organic System Plan for On-Farm Processors & Handlers

INSTRUCTIONS:

- ❖ Complete this Organic System Plan to continue On-Farm Processor certification.
- ❖ 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: _____	<input type="checkbox"/> NA
Database Updated On: _____	Initials: _____	Certificate Mailed On: _____	Initials: _____
Date payment received: _____	Amount: _____	Check # _____	Cash <input type="checkbox"/>

SECTION 1: General Information §205.201 & §205.401		
Company name:	NHDAMF Cert#	
Name of Authorized Person Who Will be Present at Inspection:		
Physical Address:		
Mailing Address (if different from above):		
Phone:	Email:	Website:
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 _____		
List all the products for which you are seeking organic certification:		
You may have a different inspector from last year. Please provide detailed directions from Concord to Facility/Farm:		

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

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

Outcome of submission: _____

Did you receive a Conditions for Continued Certification (CCC) from NHDAMF last year? _____

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: Products Requested for Certification §205.300-§205.305

1. Confirm the following requirements have been met:

- ❖ A NHDAMF **Product Profile Sheet** for each product has been completed, and new ones are attached. _____
- ❖ For **non-organic ingredients**, documentation that the ingredient was not produced using: excluded methods, ionizing radiation, or sewage sludge is attached. _____
- ❖ A list of all **products** that have been previously reviewed and approved is attached. _____

2. Complete the table for all products requested for certification:

Product	On-farm Ingredient(s) Used	Off Farm Ingredient(s)	Describe Packaging	Finished Product Label Claim		
		Used		100% Organic	Organic	Made With... (+75% OG**)

(**MWO=Made with Organic ingredients..."= Product content MUST have a minimum of 75% OG ingredient to qualify as an On-Farm Processor)

SECTION 5: Packaging

Confirm the following requirement has been met: If a change in the product profile results in a change to the label, the new label is used when the change in the product goes in effect. _____

Packaging--No Changes

2. Where are packaging materials stored? _____ Indicated on Facility Map ____

3. Are any fungicides, fumigants, or pest controls used in this storage area? ___ Yes ___ No

If yes, describe how contamination of organic product is prevented: _____

4. Are packaging materials reused? ___ Yes ___ No

If yes, describe how reusable packaging materials are cleaned prior to use: _____

5. Where is finished product stored? _____ Indicated on Facility Map ____

6. I have attached current labels of finished products for review and NHDAMF approval. ___Yes ___No

SECTION 6: Water §205.301, §205.302 -- No Changes

1. Source of Water: On-site well Municipal Other (specify): _____
a) I have attached a copy of the most recent water test: Yes No
b) I will provide my water test record for review at the time of my inspection:

2. Check ways water is used in processing: Ingredient Processing aid Cooking Cooling Product transport
 Cleaning organic products Cleaning equipment Other; specify: _____

3. Specify what, if any, on-site water treatment processes are used: NONE

4. Is steam used in the processing or packaging of organic products? Yes No
a) If yes, describe how steam is used: _____

5. How often is water monitoring conducted? Weekly Monthly Annually Other; _____
a) Describe how water quality is monitored:

SECTION 7: Assurance of Organic Integrity §205.272

A) Organic Integrity -- No Changes

Describe how potential commingling and/or contamination of organic product is prevented during processing and storage.

B) Equipment—No Changes

List all equipment used in processing _____ Indicated on Facility Map

C) Sanitation—No Changes

Confirm compliance with the following requirements:

- ❖ Label information and the first page of the MSDS sheet for ALL cleaning and sanitizing products are attached _____
- ❖ Cleaning logs for ALL areas of the facility will be available for review during the inspection _____

1. Check cleaning methods used: sweeping scraping vacuuming compressed air
 manual washing clean in place (CIP) steam cleaning sanitizing other (specify): _____

2. How do you clean food contact surfaces?

3. Do you test food contact surface s for cleaner/sanitizer residues? Yes No

4. Are logs kept of residue testing? Yes No

5. Where are cleaning/sanitizing materials stored? _____ Indicated on Facility Map

6. List products used such as cleaners, sanitizers and pest management and verify product is approved for indicated use:

Product Name	Describe Purpose and Where Used	Identify Who Approved for Use in Organic Production (National List, OMRI, PCO, etc.)	Residual Testing Required?	Is Testing Verified?	DAMF Only: Product Reviewed

SECTION 8: Pest Management §205.271

Confirm the following requirements have been met:

- ❖ All products are listed on the Materials List _____
- ❖ Pest control practices are documented in Production Records _____
- ❖ Locations of traps, monitors and other similar pest control devices are specified on the Facility Map _____
- ❖ Pesticide labels and the first page of the Material Safety Data Sheets (MSDS) for all pesticides used inside and outside the facility are attached _____

Pest Management--No Changes

A) What kind of pests do you have:

- Flying insects Crawling insects Rodents Spiders Birds Other:

B) What type of pest management system do you use:

- Removal of pest habitat, food sources and breeding areas
- Prevention of access to handling facilities
- Management of environmental factors, such as temperature, light, humidity, atmosphere, and air circulation, to prevent pest reproduction
- Traps: _____
- Other: _____

C) Who is responsible for the Pest Control Program?

D) If applicable, give name, address and phone number of Pest Control Company employed:

E) Describe how your pest monitoring activities are recorded? (Where, when, by whom, etc.)

F) When was the last date of a facility inspection? _____ Most recent Pest Inspection Report attached _____

G) What measures are taken to prevent pesticide contamination of organic ingredients and finished products?

SECTION 9: Marketing & Transportation of Finished Organic Products

Confirm the following requirements are met:

- ❖ All labels meet the requirements pursuant to **§205.303-.304.** _____
- ❖ Labels are approved by NHDAMF prior to use on finished product. _____

Marketing—No Changes

A) Provide the name & location for all sales outlets of organic product:

Own farm stand _____

On-line sales _____

Retail outlets _____

Wholesale outlets _____

Farmers' Markets _____

Website _____

Specify other outlets: _____

B) When transporting product, describe steps taken to segregate organic products: _____

C) Will the USDA Organic Logo be used on packaging/receipts/labels? ____ Yes ____ No

D) Will the NHDAMF Logo be used on packaging/receipts/labels? ____ Yes ____ No

E) Current labels of finished products are attached for review and NHDAMF approval. ____ Yes ____ No

SECTION 10: Recordkeeping § 205.103

Confirm the following requirements are being met:

- ❖ Organic records are maintained for 5 years and demonstrate compliance with the NOP Rule _____
- ❖ Organic products are tracked from day of harvest for raw on-farm ingredients, and date received for ingredients sourced off-farm (invoice), to sale of finished products _____
- ❖ All records are accessible to the inspector _____

A) TRACE BACK AUDIT—No Changes

To facilitate the required Trace Back Audit during the inspection, describe your lot numbering system or batch code format. How does the lot number assigned to your product correlate with the date of production? Provide an example and explanation

B) PAPER TRAIL—No Changes

Describe how your recordkeeping system can track the finished product back to all ingredients.

What documents do you use to keep track of the lot numbers for all ingredients listed in the finished product?

C) IN/OUT AUDIT—No Changes

What records do you keep to monitor the inventory of ingredients used in production, or are available to use?

What records do you keep to monitor the quantity of organic products produced, currently in stock and sold?

D) Describe your Product Recall Procedures—No Changes

SECTION 11: International Import and Export Activity

This section is required by the NOP to be completed.

For more information please visit <https://www.ams.usda.gov/services/organic-certification/international-trade>

Import Activity—No Changes

1. From which countries do you or have plans to import any ingredients to be used in your 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 products comply with the USDA organic regulations.

List each product to be imported, the source, and indicate the frequency of import:

Export Activity

Not Applicable

2. To which countries do you or have plans to Export any of your product(s):

- Canada European Union Japan Republic of Korea Taiwan Switzerland
 Other(s): _____

Attach a copy of your procedures (SOP) to verify compliance with the terms of the arrangement with each applicable country to include the required documentation with every shipment and product labels.

List all products intended for export, the country, and frequency of export:

Section 12: Attachments

Confirm you have attached the following required documents _____

- Facility map Product Profile Sheet for each Product Materials Sheet List of all certified products
 Product flow chart Product Labels MSDS, if applicable
 Applicable State & Town Licenses Organic Ingredient Certificates Labels for minor ingredients
 Letter(s) from manufacturer(s) attesting non-organic ingredient(s) was not produced using: excluded methods, ionizing radiation, or sewage sludge; if applicable

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 _____

Payment \$205.400		
Certification Fee:	\$50.00	
Inspection Fee:	Pending Invoice	Shall be calculated at a rate of \$35 per hour, and travel expenses at \$0.55 per mile. A separate invoice will be issued to the above APPLICANT after the completion of all inspection visits and subsequent inspections reports have been filed with NHDAMF.
		Make Checks payable to: "TREASURER, STATE OF NH"

Mail completed Organic System Plan & Attachments 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