

2020 RENEWAL- Organic System Plan - Processors & Handlers

INSTRUCTIONS:

- ❖ Complete this Organic System Plan to continue Processor - Handler 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): _____	
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: _____		By (Initials): _____	Certificate Mailed On: _____	By(Initials): _____	
Date Payment Received: _____		Amount: _____	Check #: _____	<input type="checkbox"/> CASH	

SECTION 1: GENERAL INFORMATION NOP §205.201, §205.401

Company Name:		Year first certified:	Organic Cert. #:
Owner/Manager:	Name of authorized person who will be present at the inspection:		
Physical Address:			
Mailing Address (if different from above):			
Phone:	Fax:	Email:	
Website:			
Number of processing/handling facilities to be certified: _____ More than one facility requires separate applications for each site and additional fees.			

Inspectors change; please provide detailed directions from Concord, NH to your facility:

AFFIRMATION: NOP §205.100, §205.400, §205.401

- I have a copy of the NHDAMF organic regulations and USDA National Organic Program (NOP) regulations, which I have read, understand and agree to follow for certified organic production.
- I completed this OSP to the best of my ability, with accurate and forthcoming information.
- 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 USDA NOP Regulations.
- I understand that the operation may be subject to unannounced inspections and/or sampling for residues at any time.
- I understand that acceptance of this OSP in no way implies granting of certification by the NHDAMF.
- I agree to submit applicable fees charged according to the fee schedule determined by NHDAMF.

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

APPLICANT'S SIGNATURE

DATE

SECTION 2: ORGANIC CERTIFICATION HISTORY

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

Outcome of submission(s): _____

Did you receive Conditions for Continued Certification (CCC) from NHDAMF last year? ☐ Yes ☐ No

Did you receive a Notice of Non-compliance (NNC) from NHDAMF last year? ☐ Yes ☐ No

If yes, please describe CCC and/or NNC and corrective actions implemented:

Note: Corrective actions along with any supporting documentation will be reviewed during inspection

SECTION 3: PRODUCT COMPOSITION NOP §205.105, §205.270, §205.300-.305, §205.305-.311

☐ I have attached an Organic Product Profile sheet and copies of all labels, for each product that I am requesting for certification.

☐ All Product Profiles and labels are on file with NHDAMF and have not changed.

☐ I have submitted new and/or revised profiles/labels of previously certified products.

A. List the names of all products to be labeled as "**100% Organic**:" (All ingredients must be certified organic, including processing aids)

☐ **No Changes**

1)	9)
2)	10)
3)	11)
4)	12)
5)	13)
6)	14)
7)	15)
8)	16)

☐ I have attached a separate sheet of current products that I wish to have certified 100% Organic under this OSP.

B. List the names of all products to be labeled as “**Organic:**” (Products must be at least 95% certified organic ingredients)

☐ No Changes

1)	9)
2)	10)
3)	11)
4)	12)
5)	13)
6)	14)
7)	15)
8)	16)

☐ I have attached a separate sheet of current products that I wish to have certified Organic under this OSP.

☐ No Changes

1) Do any of the products listed in the tables above contain any non-organic agricultural ingredients? ☐ Yes ☐ No If yes, describe your attempt to source the agricultural ingredient in organic form:

2) When sourcing non-organic agricultural ingredients, how do you prevent the use of ingredients produced using excluded methods, sewage sludge or ionizing radiation? _____ I have attached supporting documents for each non-organic ingredient

3) List processing aids indicated in the Product Profile(s) and verify compliance:

☐ No Changes

C. List the products labeled as “**Made with organic...(ingredient or food group identified)**”:

☐ No Changes

Product Name	Number of ingredients or food groups listed on the Principal Display Panel:	List each ingredient or food group shown on the Principal Display Panel:
1)		
2)		
3)		
4)		

D. List all products with less than 70% organic ingredients: (Organic ingredients listed only on the information panel)

☐ No Changes

E. List all **conventional** products produced: (Attach a separate sheet if necessary)

☐ NA

SECTION 4: WATER §205.301, §205.302

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: ☐ NA

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 5: ORGANIC INTEGRITY NOP §205.201(a), §205.270, §205.272

A) PRODUCT FLOW:

☐ No Changes

1. I have attached a complete written description or schematic Product Flow Chart/Facility Map, which shows the movement of all organic products, from incoming/receiving, through production, to outgoing/shipping.

a) I have indicated where ingredients are added and/or processing aids are used.

b) I have identified all equipment and storage areas.

c) I have indicated where cleaners, sanitizers, pesticides and packaging materials are stored.

B) ORGANIC INTEGRITY PROGRAM:

☐ No Changes

1. The following is a description of the Organic Integrity Program that I have in place to address areas of potential contamination and/or commingling (if applicable.):

C) MONITORING:☐ **No Changes**a) Do you have a Quality Assurance program in place? ☐ Yes ☐ NoIf yes, what program do you use? ☐ ISO ☐ HACCP ☐ TQM ☐ Other: _____b) Do you use any outside quality assessment services? ☐ Yes ☐ No

If yes, name of company: _____

c) Are finished product samples retained? ☐ Yes ☐ No If yes, for how long? _____**D) EQUIPMENT:** List all equipment used in processing in the table below. Attach additional sheets as necessary. ☐ **No Changes**

Equipment Name/Type	Capacity	Check if equipment is cleaned prior to organic production	Check if cleaning is documented	Check if equipment is purged(*) prior to organic production
1)				
2)				
3)				
4)				
5)				
6)				

(*) Describe your purging procedures and documentation maintained to verify compliance:

☐ **No Changes****E) SANITATION:**

- ❖ I have attached label information and first page of the SDS for all cleaning and sanitizing products ☐
- ❖ I will provide cleaning logs for review for all areas of the facility during the inspection ☐
- ❖ ☐ No Changes, however, the table in 5) must be completed.

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 surfaces for cleaner/sanitizer residues? ☐ Yes ☐ No

4) Where are cleaning/sanitizing materials stored?

Indicated on facility map ☐

5) Enter cleaners and sanitizers used throughout facility in the table below: (Cannot be answered as "No Changes")

Product Name	Describe Purpose and Where Used	Residual Testing Required?	Allowed? Third Party Verification	DAMF Check

6) Is a log kept for each cleaning procedure entered into the table above? State where active logs are maintained and how verification of residue testing is documented: ☐ No Changes

F) FACILITY PEST MANAGEMENT: NOP §205.271

- ❖ Pesticide labels and the first page of the Material Safety Data Sheet for all pesticides used inside and outside the facility are attached ☐
- ❖ Locations of traps, monitors and other similar pest control devices are indicated on the Facility Map ☐
- ❖ Pesticide use logs will be provided at the time of inspection ☐

1) Who is responsible for the Pest Control Program?

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

3) When was the last date of facility inspection?

4) I have attached a copy of the most recent facility inspection report completed by the pest control company: ☐

Or, I have attached a copy of the most recent facility pest control report completed in-house: ☐

5) What kind of pests do you have:

☐ Flying insects ☐ Crawling insects ☐ Rodents ☐ Spiders ☐ Birds ☐ Other: _____

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

- 7) Enter pesticides, fungicides and fumigants used throughout facility in the table below: (Cannot be answered as "No Changes")
☐ Locations of traps are indicated on facility map

Type of Pest	Control Method	Name of Pesticide/Bait/Trap Used	Log Maintained? Y/N	Allowed? Third Party Verification	DAMF Check

G) PACKAGING: NOP §205.272

☐ No Changes

- 1) Check type of packaging materials used: ☐ Paper ☐ Cardboard ☐ Wood ☐ Glass ☐ Metal ☐ Foil ☐ Waxed paper
☐ Plastic ☐ Natural fiber ☐ Synthetic fiber ☐ Other; specify: _____

- 2) Where are packaging materials stored? Indicated on facility map ☐

- 3) Are packaging materials reused? ☐ Yes ☐ No If yes, describe how reusable packaging materials are cleaned prior to use:

H) LABELING OF PACKAGED PRODUCTS: NOP §205.303, NOP §205.304, NOP §205.305, NOP §205.307

☐ No Changes

- 1) I have attached current labels to each Product Profile submitted for certification: ☐ Yes ☐ No
2) I have attached revised labels, I understand they need to be approved by NHDAMF prior to use: ☐ Yes ☐ No ☐ NA
3) My labels are currently on file with NHDAMF, have been deemed compliant and have not changed: ☐
4) My labels for *non-retail containers* are compliant with NOP §205.307: ☐ Yes ☐ No ☐ NA

Note: Products labeled as "Made with organic..." can have up to three of the following food groups listed in the statement: beans, fish, fruits, grains, herbs, meats, nuts, oils, poultry, seeds, spices, sweeteners, vegetables or processed milk products and all ingredients of each listed food group in the product must be organically produced.

- 5) I use the USDA Organic logo on packaging, receipts, and/or labels and understand its use according to NOP §205.311 ☐ Yes ☐ No

- 6) I use the NHDAMF logo on packaging, receipts, and/or labels and understand its use according to NHDAMF: ☐ Yes ☐ No

- 7) List products that are privately labeled? Note compliance of product profiles and labeling: ☐ NA

I) STORAGE: NOP §205.272
<div style="display: flex; justify-content: space-between;"> <div> <p>1) I have indicated the following storage areas on my Facility Map:</p> <div style="margin-left: 20px;"> <input type="checkbox"/> Ingredient storage – indicate both organic & non-organic, if applicable <input type="checkbox"/> Packaging material storage – indicate both organic & non-organic, if applicable <input type="checkbox"/> In-process storage <input type="checkbox"/> Finished product storage – indicate both organic & non-organic, if applicable </div> <p>2) Off-site storage; if applicable, give name, address, phone number and types of products stored at this location:</p> </div> <div style="text-align: right;"> <input type="checkbox"/> No Changes </div> </div>

J) TRANSPORTATION OF ORGANIC PRODUCTS:
<div style="display: flex; justify-content: space-between;"> <div> <p>1) <u>Receiving organic ingredients/products:</u></p> <p>a) In what forms are incoming products received?</p> <div style="margin-left: 20px;"> <input type="checkbox"/> Dry bulk <input type="checkbox"/> Liquid bulk <input type="checkbox"/> Tote bags <input type="checkbox"/> Metal drums <input type="checkbox"/> Cardboard drums <input type="checkbox"/> Paper bags <input type="checkbox"/> Foil bags <input type="checkbox"/> Glass <input type="checkbox"/> Plastic <input type="checkbox"/> Other (specify); </div> <p>b) How are incoming organic products transported to facility?</p> <p>c) Are organic products shipped at the same time as non-organic in the same transport unit? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, describe steps taken to segregate organic ingredients: _____</p> <p>_____</p> </div> <div style="text-align: right;"> <input type="checkbox"/> No Changes </div> </div>
<div style="display: flex; justify-content: space-between;"> <div> <p>2) <u>Shipping organic products:</u></p> <p>a) In which forms do you ship organic products?</p> <div style="margin-left: 20px;"> <input type="checkbox"/> Dry bulk <input type="checkbox"/> Liquid bulk <input type="checkbox"/> Tote bags <input type="checkbox"/> Paper bags <input type="checkbox"/> Foil bags <input type="checkbox"/> Metal drums <input type="checkbox"/> Cardboard drums <input type="checkbox"/> Mesh bags <input type="checkbox"/> Cardboard cases <input type="checkbox"/> Plastic crates <input type="checkbox"/> Other (specify); </div> <p>b) How are finished products shipped?</p> <p>c) How do you verify the prevention of commingling or contamination of organic finished products with non-organic products or prohibited substances when products are shipped via transport companies or facility owned transport vehicles?</p> </div> <div style="text-align: right;"> <input type="checkbox"/> No Changes </div> </div>

K) CUSTOM/CONTRACT AGREEMENTS:			
Do you contract with any handlers, processors or storage facilities: <input type="checkbox"/> Yes, list below <input type="checkbox"/> No			
Name of Handler/ Processor/ Storage Facility	Contact Information	Type of Facility	Certified Organic By

SECTION 6: RECORDKEEPING - NOP 205.307(5)(c)☐ **No Changes**

- ❖ Organic records must be maintained for 5 years and demonstrate compliance with the NOP Rule
- ❖ Inspector must have the ability to track organic product from receipt of incoming ingredient(s) to sale of finished product(s)
- ❖ All records must be accessible to the inspector at the time of the inspection

Which of the following records do you keep for organic processing/handling? Check all that apply:

1) Incoming:

- ☐ Purchase orders ☐ Contracts ☐ Invoices ☐ Receipts ☐ Bills of lading ☐ Customs forms ☐ Scale tickets
- ☐ Quality test results ☐ Certificates of Analysis ☐ Receiving records ☐ Copies of Certificates of Organic Operation
- ☐ Verification of non-GMO ingredients ☐ Other (specify): _____

2) In-Process

- ☐ Ingredient inspection forms ☐ Production/batch logs ☐ Equipment cleaning logs ☐ Purge log ☐ Sanitation logs
- ☐ Packaging reports ☐ QA reports ☐ Other (specify): _____

3) Storage:

- ☐ Ingredient inventory reports ☐ Finished product inventory reports ☐ Other (specify): _____

4) Outgoing:

- ☐ Shipping log ☐ Transport unit inspection/cleaning forms ☐ Bills of lading ☐ Purchase orders ☐ Sales orders
- ☐ Sales invoices ☐ Phytosanitary certificates ☐ Export declaration forms ☐ Copies of Certificates of Organic Operation
- ☐ Shipping summary log ☐ Sales summary log ☐ Other (specify): _____

5) Describe your lot numbering system:

☐ **No Changes**

6) Describe how your record keeping system can track the finished product back to all ingredients:

☐ **No Changes**

7) Describe how your recordkeeping system balances organic ingredients in to amount of organic products out:

☐ **No Changes**

Describe your Product Recall Procedures:

☐ **No Changes**

SECTION 7: IMPORT AND EXPORT ACTIVITY- NOP 205.307(5)(c)**(This is a required section and must be answered)**For more information please visit- <https://www.ams.usda.gov/services/organic-certification/international-trade>**1) Import Activity:**☐ Not applicable

a) From which countries do you import, 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): _____b) I have attached a copy of my procedure to verify that imported organic products comply with USDA organic regulations: ☐

c) Below is a list of each product or substance I intend to import. I have indicated the source and frequency of import.

2) Export Activity:☐ Not applicable

a) To which countries do you export, or have plans to export, any of your product(s):

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

b) I have attached a copy of my procedure to verify compliance with the terms of the arrangement with each applicable country to include the required documentation with every shipment and product labels.

Below is a list of each product I intend to export, I have indicated the country and frequency of export.

1) If necessary, I have attached the following documents:

- ☐ Product Profiles ☐ Product labels, if applicable ☐ Water test, if applicable ☐ Product Flow Chart ☐ Facility map
☐ Map of pest management traps and monitors ☐ Copy of pest control inspection ☐ Applicable State & Town Licenses
☐ Verification of non-organic ingredients(Pg3,Q2) ☐ First page of SDS for cleaning/sanitizing products

2) Closing affirmations:

- I have made a copy of this application for my 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
- I understand that I must allow enough time for the facility to be inspected

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

Applicant's Signature_____
Date

CERTIFICATION FEE:	\$250.00	ADDITIONAL FACILITIES:	# X \$100 per =
TOTAL FEE SUBMITTED:		CHECK NUMBER:	
Note: Inspection fees 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 inspection 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
Division of Regulatory Services
PO Box 2042
Concord, NH 03302-2042**

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