

2021 ORGANIC SYSTEM PLAN - Processor & Handler

INSTRUCTIONS:

- ❖ Complete this (OSP) if you are requesting organic processor/handler certification
- ❖ Use additional sheets as necessary
- ❖ After the submitted OSP has been reviewed, an agricultural inspector will contact you to schedule an inspection
- ❖ 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 Reviewed 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: (Required)		
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; you must 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 of previously certified products.
- I have submitted new and/or revised 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)

NONE

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) NONE

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.

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 the *most recent* supporting documents for each non-organic ingredient

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

C. List the products labeled as **“Made with organic...(ingredient or food group identified)”**: NONE

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) NONE

E. List all **conventional** products produced:

A separate sheet is attached

SECTION 4: WATER §205.301, §205.302

1. Source of Water: On-site well Municipal

a) I have attached a copy of the most recent test results of my well water: Yes No NA for municipal sourced water

b) I will provide the most recent test results of my well water 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 quality tested? Weekly Monthly Annually Other; _____

Note: Water test results must confirm that water is potable.

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

A) PRODUCT FLOW:

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.

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

I have identified all equipment and storage areas.

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

B) ORGANIC INTEGRITY PROGRAM:

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:

1) Do you have a Quality Assurance program in place? Yes No

If yes, what program do you use? ISO HACCP TQM Other: _____

2) Do you use any outside quality assessment services? Yes No

If yes, name of company: _____

3) 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.

Equipment Name/Type	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:

E) CLEANING AND SANITATION:

- ❖ I have attached label information and first page of the MSDS for all cleaning and sanitizing products
- ❖ I will provide cleaning logs for review for all areas of the facility during the inspection

1) Check methods used:

- sweeping scraping vacuuming compressed air manual washing clean in place (CIP)
 steam cleaning sanitizing other (specify): _____

2) How do you clean/sanitize food contact surfaces?

3) Do you test food contact surfaces for cleaner/sanitizer residues? Yes No NA

If so, how?

4) Where are cleaning and sanitizing materials stored?

Indicated on facility map

5) Enter cleaners and sanitizers used throughout facility in the table below: Indicate how you assure the product is NOP allowed and the name of the third party entity, if one is used for verification.

Product Name	Describe Purpose and Where Used	Residual Testing Required?	Allowed? How Verified?	DAMF Check

6) Logs must be kept for all products entered into the above table. State how active logs are maintained and how verification of residue testing is documented:

F) FACILITY PEST MANAGEMENT: NOP §205.271

- ❖ I have attached pesticide labels and the first page of the Material Safety Data Sheet for all pesticides used inside and outside the facility
- ❖ I have indicated the locations of traps, monitors and other similar pest control devices on the Facility Map
- ❖ No pest issues at this time

1) Who is responsible for the Pest Control Program? In-house monitoring

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

2) When was the last date of facility inspection?

3) 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:

4) What kind of pests are being controlled:
 Flying insects Crawling insects Rodents Spiders Birds Other: _____

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

6) Enter pesticides, fungicides and fumigants used throughout facility in the table below: Indicate how you assure the product is NOP allowed and the name of the third party entity, if one is used for verification.

Type of Pest	Type of Control Method	Name of Pesticide/Bait/Trap Used	Log Maintained? Y/N	Allowed? How Verified?	DAMF Check

G) PACKAGING: NOP §205.272

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

1) Where are packaging materials stored? Indicated on facility map

2) 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

- 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 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, records being maintained: NA

I) STORAGE: NOP §205.272

1) I have indicated the following storage areas on my Facility Map:

- Ingredient storage – indicate both organic & non-organic, if applicable
- Packaging material storage – indicate both organic & non-organic, if applicable
- In-process storage
- Finished product storage – indicate both organic & non-organic, if applicable

2) Off-site storage; if applicable, give name, address, phone number and types of products stored at this location:

Note: Off-site storage sites require a separate inspection.

J) TRANSPORTATION OF ORGANIC PRODUCTS:

1) Receiving organic ingredients/products:

a) In what forms are incoming products received?

Dry bulk Liquid bulk Tote bags Metal drums Cardboard drums Paper bags Foil bags Glass

Other (specify);

b) How are incoming organic products transported to facility?

c) Are organic products shipped at the same time as non-organic in the same transport unit? Yes No

If yes, describe steps taken to prevent contamination of organic ingredients:

2) Shipping organic products:

a) In which forms do you ship organic products?

Dry bulk Liquid bulk Tote bags Paper bags Foil bags Metal drums Cardboard drums

Mesh bags Cardboard cases Plastic crates Other (specify);

b) How are finished products shipped?

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?

K) CUSTOM/CONTRACT AGREEMENTS:

Do you contract with any handlers, processors or storage facilities: Yes, list below No

Name of Handler/ Processor/ Storage Facility	Contact Information	Type of Facility	Certified Organic By

SECTION 6: RECORDKEEPING - NOP 205.307(5)(c)

- ❖ 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:

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

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

Describe your Product Recall Procedures:

SECTION 7: IMPORT AND EXPORT ACTIVITY- NOP 205.307(5)(c)

*This is a required section and **must** be answered if you are **directly** importing or exporting with another country. You do not need to fill out this section if you are purchasing ingredients through a broker.*

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) I have listed below each product or substance I intend to import. I have also 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.

c) I have listed below each product I intend to export. I have also indicated the country and frequency of export.

1) 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 MSDS for cleaning/sanitizing products and pest control 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 with me 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:		
<p>Note: <i>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.</i></p>				

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