*Organic Certification Program*

Mushroom Organic System Plan Addendum

|  |  |
| --- | --- |
| NAME (s)      | OPERATION NAME      |
| ADDRESS      | CITY      | STATE      | ZIP      |
| PHONE      | EMAIL      | PRIMARY FORM OF CONTACT[ ]  EMAIL [ ] PHONE |
| First Year Certified       |

Thank you for your interest in organic certification. Please provide as much detail as possible when completing certification paperwork. Your thoughtful and complete answers will reduce further requests for information, and therefore expedite the certification process.

**Tips and guidance are highlighted throughout our forms. If in doubt, contact our staff. We are here to assist.**

The National Organic Program (NOP) requires all operations seeking certification to develop an organic system plan that is agreed to by the certified operation and an accredited certifying agent. A certified operation must update this system plan on an annual basis in order to verify continued compliance.

**Your organic system plan must include the following:**

**✓** A description of practices and procedures – including the frequency with which they will be performed,

**✓** A list and detailed information regarding each substance to be used in organic handling,

**✓** A description of the monitoring practices and frequency the practices will be performed,

**✓** A description of the recordkeeping system that complies with the rule,

**✓** A description of the practices in place to prevent commingling of organic and non-organic products,

**✓** A description of the practices in place to prevent contamination of organic products with prohibited substances,

**✓** Any additional information required by the certifying agent in order to evaluate compliance.

**This is a plan – You may change or update it throughout the year.**

**Changes must be submitted and approved by Clemson University Organic Certification Program prior to implementation.**

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| **Section 1. General Information NOP §205.201, .401** |
| 1. Are you a new applicant for certification or continuation of certification?

 [ ]  **New** – Applying for a new certification  [ ]  **Continuation of Certification**- Existing Operation certified by Clemson University Organic Certification Program**If existing operation, please skip to question 2** * 1. If new applicant, have you ever been denied certification or had your certification suspended or revoked?

 [ ]  Yes [ ]  No *If “Yes,” describe the circumstances:*      * 1. If new applicant, list *previous or current* organic certification by other certification agencies:

      1. Provide a brief description or updates of your business:

       |
| 1. List all crops requested for certification:

     a. Do you need to include pasture as a crop for certification? [ ]  Yes [ ]  No |
| 1. Describe the corrective action you took in response to any noncompliance notices or conditions for continued certification you received last year:

        |
| 1. Have you reviewed the National Organic Program Standards? [ ]  Yes [ ]  No

**The NOP Standards are available online at: www.ams.usda.gov/nop** |
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| **Review** | **Inspection** |
| **Reviewer:**  | **Inspector:** |
| **Section is complete and compliant** [ ]  **Yes** [ ] **No** | **Section has been verified and is compliant**[ ]  **Yes** [ ] **No** |
| **Comments:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Comments:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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|  **Section B. Production Overview** |
| 1. Indicate your estimated annual production of mushrooms:      % Organic      % Non-organic
 |
| 1. Does your company handle the same product in both an organic and in a non-organic form? [ ]  Yes [ ]  No
 |
| 1. Describe all **organic** mushroom production areas/facilities: *Areas and facilities listed below must be identified on attached maps. Outdoor areas must have clearly defined boundaries and buffer zones indicated on maps.*
 |
| **Harvest Area I.D.** | **Location of Production Area or Facility** | **Description of Production Area or Facility** | **Acreage or Square Footage** | **Type of Mushroom** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
| 1. How are outdoor production areas managed during the entire growing period of the organic mushroom? [ ]  N/A

       |
| 1. Describe the system used for mushroom production:

List all inputs on the Materials Input Inventory.      |
| 1. Describe all **non-organic** mushroom production areas/facilities: [ ]  N/A

**If “N/A” skip to section C** *Areas and facilities listed below must be identified on attached maps.* |
| **Harvest Area I.D.** | **Location of Production Area or Facility** | **Description of Production Area or Facility** | **Acreage or Square Footage** | **Type of Mushroom** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
| 1. How do you separate and identify organic and non-organic mushroom growing areas?

      |
| 1. How do you label and maintain separation of organic and non-organic mushrooms through to the point of sale?

      |
| 1. How do you maintain your audit trail for documenting separation of organic and non-organic mushrooms through all phases of your operation?

      |
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| **Review** | **Inspection** |
| **Reviewer:**  | **Inspector:** |
| **Section is complete and compliant** [ ]  **Yes** [ ] **No** | **Section has been verified and is compliant**[ ]  **Yes** [ ] **No** |
| **Comments:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Comments:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Section C. Source of Spawn and Substrate NOP §205.105, .201, .203, .204** |
| Clemson University requires that organic spawn be used when commercially available. If organic spawn is documented as not commercially available, non-organic spawn may be used and may be cultured on non-organic andnon-GMO substrate, provided that prohibited substances are not used in spawn production. Mushroom strains used must not be genetically engineered. Document **your organic spawn search on the** Organic Seed Search form.Sawdust or wood products used for substrate **must not be** from wood treated with prohibited substances.Logs used as substrate **must be from** sites that **have not been treated with prohibited substances** for at least 36 months preceding log harvest.Clemson University requires that uncomposted substrate from agricultural sources be organic. Non-organic agricultural products and manure used for substrate must be fully composted in accordance withNational Organic Program composting requirements (NOP §205.203(c)).Sterilization of substrate does not fulfill the composting requirement. Non-organic agricultural products used for substrate must not be genetically engineered. |
| 1. List all spawn used in the production of mushrooms.

*If organic, note certifier; if non-organic, give verification that no prohibited substances were applied during spawn production, and that spawn and spawn substrate are not genetically engineered.* |
| **Spawn type** | **Organic?** | **Source** | **Certifier/Verification** |
|       | [ ]  |       |       |
|       | [ ]  |       |       |
|       | [ ]  |       |       |
|       | [ ]  |       |       |
|       | [ ]  |       |       |
| 1. Do you use logs as a substrate for organic mushrooms? [ ]  Yes [ ]  No
 |
| 1. Did you manage the property they were grown on for at least 3 years preceding harvest? [ ]  Yes [ ]  No

If “No,” provide a Prior Land Use Declaration (PLUD) completed by the landowner or manager. |
| 1. Are any other wood products used as substrate? [ ]  Yes [ ]  No

If “Yes,” list products used, their sources and describe what verification you have that the wood is not treated and does not contain prohibited substances:      |
| 1. List all agricultural products used as substrate: [ ]  N/A

If organic, note certifier; if non-organic, give verification that the product is not genetically engineered. |
| **Product** | **Organic?** | **Source** | **Certifier/Verification** |
|       | [ ]  |       |       |
|       | [ ]  |       |       |
|       | [ ]  |       |       |
|       | [ ]  |       |       |
|       | [ ]  |       |       |
| 1. If manure and/or compost is used as a substrate, please describe your process:

Have you submitted an Affidavit of Bulk Input Materials Composition Form? [ ]  Yes [ ]  No      |
| 1. Do you produce spawn? [ ]  Yes [ ]  No

If “Yes,” describe growing media used for spawn, if different from mushroom substrate described above:      |
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| **Review** | **Inspection** |
| **Reviewer:**  | **Inspector:** |
| **Section is complete and compliant** [ ]  **Yes** [ ] **No** | **Section has been verified and is compliant**[ ]  **Yes** [ ] **No** |
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|  **Section D. Sanitation NOP §205.105, .201, .206** |
| Inputs for controlling microbial contamination for organic mushroom production **must be approved** per NOP §205.105.Prohibited sanitizers and disinfectants must not be applied to organic mushrooms or growing substrate.Use of chlorine and all other products must follow National Organic Program annotations/restrictions. |
| 1. What sanitizers and disinfectants do you use? [ ]  None

       |
| 1. What, if any, are applied to crops and/or substrate? [ ]  None

       |
| 1. How do you ensure organic integrity and compliance with NOP annotations/restrictions in your use of these products?

 [ ]  N/A       |
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| **Section F. Affirmation** |
| The National Organic Program requires that no prohibited substances compromise the integrity of the organic mushroom system.Harvest, storage, on-farm processing/handling, transportation, marketing, sales and record-keeping information about your mushroom operation must be included in your Crop Organic System Plan. |
| I affirm that all statements made in this application are true and correct. No prohibited products have been applied to any of my organically managed fields during the three-year period prior to projected harvest. I understand that the operation may be subject to unannounced inspection and/or sampling for residues at any time as deemed appropriate to ensure compliance with the Organic Foods Production Act of 1990 and National Organic Program Rules and Regulations. I understand that acceptance of this questionnaire in no way implies granting of certification by the certifying agent. I agree to provide further information as required by the certifying agent. |
| **Signature of Operator:** **Date:**  |
| I have attached the following documents:[ ]  Maps of all parcels/fields (showing adjoining land use and field identification)[ ]  Field history sheets[ ]  Documentation for fields owned or rented for less than three years, if applicable[ ]  Water test, if applicable[ ]  Soil and/or plant tissue tests, if applicable[ ]  Residue analyses, if applicable[ ]  Input product labels, if applicable[ ]  Organic product labels, if applicable[ ]  I have made copies of this system plan and other supporting documents for my own records. |
| **Submit completed form, fees, and supporting documents to:**Clemson UniversityOrganic Certification Program511 Westinghouse RoadPendleton, SC 29670TEL: (864) 646-2140 FAX: (864) 646-2178Website: [www.clemson.edu/organic](http://www.clemson.edu/organic) |
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| **Return this form with the Crop Organic System Plan.** |