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| --- | --- | --- | --- | --- | --- | --- |
| NAME (s) | | | OPERATION NAME | | | |
| ADDRESS | | | CITY | | STATE | ZIP |
| PHONE | EMAIL | | | PRIMARY FORM OF CONTACT  EMAIL PHONE | | |
| Your inspection fee will be calculated based on the last calendar year’s gross organic annual sales. | | | | | | |
| GROSS ORGANIC ANNUAL SALES | | CALENDAR YEAR REPORTING | | | | |
| 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. Describe the corrective action you took in response to any noncompliance notices or conditions for continued certification you received last year: |
| 1. Please list other certifications, permits, or inspections such as GMP’s, FDA, Fair Trade, Rain Forest Alliance, etc? |
| 1. Have you reviewed the National Organic Program Standards?  Yes  No   **The NOP Standards are available online at: www.ams.usda.gov/nop** |
| **In office use only**   |  |  | | --- | --- | | **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 2. Company Overview – Chain of Custody NOP § 205.201, .401** | | | |
| The following additional forms need to be submitted:   1. Complete: 2. Product profiles must be submitted for **all products** requested for certification. 3. Product summary lists all product requested for certification 4. Supplier summary form lists all organic suppliers of organic ingredients. 5. Submit current **Organic Certificates and summary pages** for all ingredient suppliers 6. **All labels** must be **submitted and approved by your certifier (Clemson University)** prior to printing and using. 7. The **export or import** of organic products to another country may require additional certification or documents.   **Copackers:**   1. Complete the Copacker Acknowledgement Form and submit to your certifier 2. If you are processing organic product for another company, you still must submit the product information prior to distribution including: 3. Product profiles 4. Product summary 5. Supplier Summary 6. Organic Certificates and summary pages 7. **All labels** need to be submitted 8. If you use a label that lists a certification agency other than Clemson, a copy of the Organic Certificate corresponding to the agency listed on the label must be submitted.   **If any changes are made to the above, notify your certifier.** | | | |
| 1. Indicate which processing categories apply to this facility and your company. *Check all that apply.*   Processor of multi-ingredient products  Handler  Processor of single-ingredient products  Other (please specify): | | | |
| 1. Indicate your estimated annual production of products:      % Organic      % Non-organic | | | |
| 1. Indicate how you plan to market organic products. *Check all that apply.*   Wholesale  Retail  Other (please specify): | | | |
| 1. What *specific* type of organic and non-organic processing occurs at this facility (i.e., bakery, IQF vegetables, winery, etc.)? | | | |
| 1. Does your company handle the **same product** in both an organic and a non-organic form?  Yes  No   If “Yes,” identify which products are processed in both forms on the Product Summary Form. | | | |
| 1. Is the Product Summary submitted listing all products to be sold with an organic claim?  Yes  No | | | |
| 1. Are Product Profiles submitted for all products to be sold with an organic claim?  Yes  No | | | |
| 1. Is the Supplier Summary form submitted?  Yes  No | | | |
| 1. Are all Organic certificates and summary pages submitted?  Yes  No | | | |
| 1. Have all labels been submitted?  Yes  No | | | |
| 1. Does your company own the organic products processed at this facility?   Yes  No  Own some/Custom handle some  If “Yes,” at what point do you take ownership of the ingredients or products? | | | |
| **Private Labels –** Products processed by one company but owned by a different company.  **If co-packing for any private labels you must submit the** Co-packing Acknowledgement form | | | |
| 1. Are you processing organic product for another company?  Yes  No 2. Is another company processing organic product for your company?  Yes  No   If “Yes,” include details about the products in the Product Summary Form. | | | |
| **Contract Farm or Company Name** | **Address** | **Certification Agency of the Contract Company if certified** | **Service Provided** |
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| **Details about contract operations must be disclosed and available for review during each inspection.**  All labels, receipts, delivery tickets, evidence of commercial unavailability, treatments, and non-GMO documentation must be on hand at the time of inspection to verify compliance with the National Organic Program.  Failure to have documentation at the inspection will result in compliance action. | | | |
| **In office use only**   |  |  | | --- | --- | | **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 3. Harvest and Transportation of Organic Crops NOP §205.103, .270, .272** |
| 1. Does your company **provide harvest containers** to farms for organic products?  Yes  No   **If “No,” go to section 4.**  If “Yes,” complete this section:   1. Containers used for harvesting: 2. Are they new?  Yes  No 3. Are they used only for organic?  Yes  No 4. If they are reused or used for both organic and non-organic, what is your cleaning procedure:     Describe how farmers and your staff distinguish organic harvest containers form any non-organic containers that you may also provide. |
| 1. Is your company responsible for, the **harvest** of organic crops?  Yes  No 2. How do you ensure there are no non-organic crop residues in harvest equipment?   Equipment used for organic crops only  Equipment is cleaned and documented prior to organic crop harvest or use |
| 1. Is your company responsible for, the **transportation** of organic crops?  Yes  No 2. How do you ensure there are no non-organic crop residues in transport equipment?   Equipment used for organic crops only  Equipment is cleaned and documented prior to organic crop harvest or use |
| The use or reuse of any bin, box, or container that was exposed to prohibited materials in the past is prohibited, unless the container has been thoroughly cleaned and no longer poses a risk of contamination. Organic crops must be protected from contamination and the risk of commingling during harvest and transportation.  **Records must be available at inspection that demonstrate; no risk of contamination from the reuse of a container and records related to the harvest and transportation of crops that you are responsible** |
| **In office use only**   |  |  | | --- | --- | | **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 4. Receiving – Incoming Organic Products and Ingredients NOP §205.103, .270, .272** | | | | |
| 1. How are organic crops, products, and ingredients **received** at your facility? *Check all that apply.*   Burlap bags  Bins  Wholesale boxes  Bulk trailer  Totes  Retail packages  Drums  Other (specify): | | | | |
| 1. What **receiving/shipping documents** accompany incoming organic products? *Check all that apply.*   Organic certificate  Invoice  Clean truck/equipment affidavits  Transaction certificate  Certificates of analysis  Contracts  Bill of lading  Purchase order  Field ticket  Scale ticket  Other (specify): | | | | |
| 1. How are organic crops, products and ingredients distinguished from non-organic products on **receiving documents**?   Not Apply, Only Produce Organic | | | | |
| 1. Is an internal lot code assigned at the time of receipt of organic crops, products, or ingredients?  Yes  No   If “Yes,” describe the lot code system: | | | | |
| 1. Describe how your company ensures **incoming** organic crops, products, and ingredients are protected from contamination of prohibited substances and/or commingling with non-organic products. | | | | |
| 1. Indicate how often you take inventory of incoming products and/or raw ingredients?   Monthly  Quarterly  Annually  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| 1. Are incoming organic products or ingredients stored before processing or packaging?  Yes  No   If “Yes,” complete the table below with the details regarding storage of incoming products and ingredients*.* | | | | |
| **Incoming Organic Product or Ingredient** | **Location of Storage Area** | **Type of Storage** | | **Organic Products Only?** |
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| **In office use only**   |  |  | | --- | --- | | **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 5. Cleaning and Sanitation NOP §205.103, .270, .272** | | | | | |
| The NOP requires that processing procedures are free from the risk of contamination and commingling with non-organic products. Procedures used to maintain the organic integrity of ingredients and products **must be documented**.  **All cleaners and sanitizers must be reviewed by a Material Review Organization**. Clemson University Organic Certification Program **does not review material inputs**, **only approves products that have been reviewed**.  **Material Review Organizations Recognized by Clemson:**   1. Organic Material Review Institute (OMRI) 2. Washington State Department of Agriculture (WSDA) 3. Pennsylvania Certified Organic (PCO) 4. California Department of Food and Agriculture (CDFA) | | | | | | |
| 1. Check all cleaning methods used prior to processing or handling organic products:   Compressed air  Soap and water  Sweeping  Manual washing  Steam cleaning  Scraping  Clean in place (CIP)  Sanitizing  Vacuuming  Purging of equipment  Other (specify): | | | | | | |
| 1. Describe your recordkeeping for equipment cleaning: | | | | | | |
| 1. List all equipment used in organic processing or packaging and provide information on cleaning and/or sanitation materials used on that equipment.  **None Used**   **Clearly describe what intervening steps you take to ensure no residues from cleansers or sanitizers remain on equipment.**  Note: Any material that is included on the National List may be used in direct contact with organic products without an intervening step. Examples include citric acid and peracetic acid. | | | | | | |
| **Equipment/surface** | **Cleansers/Sanitizers used** | **Cleansed/**  **Sanitized Prior to  Organic** | **Reviewed by Which MRO?** | **Is it Restricted?** | **How do you ensure no residues remain?** | | |
| *Chilling Tank* | *Peracetic Acid* |  Yes |  | Yes  No | *Potable Water Rinse* | | |
| *Batch Mixer* | *Quaternary ammonium* | ☐Yes |  | Yes  No | *Residual Test Strips* | | |
|  |  | Yes |  | Yes  No |  | | |
|  |  | Yes |  | Yes  No |  | | |
|  |  | Yes |  | Yes  No |  | | |
|  |  | Yes |  | Yes  No |  | | |
|  |  | Yes |  | Yes  No |  | | |
|  |  | Yes |  | Yes  No |  | | |
|  |  | Yes |  | Yes  No |  | | |
|  |  | Yes |  | Yes  No |  | | |
|  |  | Yes |  | Yes  No |  | | |
|  |  | Yes |  | Yes  No |  | | |
| **All equipment and food contact surface cleaning must be documented and records available at inspection.**  **If materials are used at your facility that are known to leave residues even after a potable water rinse (i.e., quaternary ammonia), you must take additional steps to prevent contamination of organic products and have documentation of your preventative steps available during inspections.** | | | | | | | | |
| **In office use only**   |  |  | | --- | --- | | **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 6. Packing and Processing NOP §205.103, .270, .272** | | | | | | |
| The National Organic Program requires operations to take measures to prevent the commingling of organic and nonorganic products. The standards also require certified operations to maintain records that can trace back to the receipt of ingredients. **All processing and packing records must be available for inspection*.*** | | | | | | |
| 1. Please indicate what production records are maintained by your company:   Equipment clean- out logs  Ingredient usage reports  Shrinkage log  Product specification sheet  Production log  Ingredient inventory reports  Ingredient inspection forms  Shift production log  Finished product inventory reports  Batch recipes  QC reports  Packaging reports  Waste log  Other (specify): | | | | | | |
| 1. How are products identified as “organic” on production documents? | | | | | | |
| 1. Are your packing or processing lines and/or equipment dedicated for use with organic products only?  Yes  No    1. If “No,” describe how you ensure and document separation of organic and non-organic processing. | | | | | | |
| 1. Is equipment purged with organic product prior to processing?  Yes  No   If “Yes,” complete the following table: | | | | | | |
| **Equipment** | **Capacity of Equipment** | | **Quantity of Purge** | **Where does the purged product go?** | **Name of document purge is recorded on** | |
|  |  | |  | Sold as Non-Organic  Waste Stream |  | |
|  |  | |  | Sold as Non-Organic  Waste Stream |  | |
|  |  | |  | Sold as Non-Organic  Waste Stream |  | |
|  |  | |  | Sold as Non-Organic  Waste Stream |  | |
|  |  | |  | Sold as Non-Organic  Waste Stream |  | |
| 1. How are partial pallets/boxes/drums of organic products handled and how does your company ensure they are protected from commingling with non-organic products during packing or processing? Include details on storage of partial containers. | | | | | | |
| 1. Indicate how often you take inventory of finished products?   Monthly  Quarterly  Annually | | | | | | |
| 1. Are processed and packed organic products stored before shipping?  Yes  No   If “Yes,” complete the table below with the details regarding storage of processed and packed products. | | | | | | |
| **Processed Organic Product** | | **Location and Name of Storage Area** | | **Type of Storage** | | **Organic Only** |
| *Example: Cheese Rounds* | | *Curing Shed* | | *100 ft. of shelving* | | ** |
| 1. | |  | |  | |  |
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| **In office use only**   |  |  | | --- | --- | | **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 7. Input Materials – Direct Food Contact, Processing Aids NOP §205.272, .601, .605, .606** | | | |
| Provide information regarding the input materials you plan to use. **All materials must be submitted and approved Clemson University Organic Certification Program prior to use. The use of non-approved materials will result in compliance action.**  **Direct Food Contact** – A post-harvest material is a substance that is used on a raw organic crop prior to packaging or processing. **These direct food contact materials include sanitizers, floatation agents, waxes, and sprouting inhibitors**.  To use a direct contact material, it **must be an approved** natural product or must be listed in the National Organic Program (National List §205.601, .605, .606).  **Processing Aids**:  1) Added during processing but removed from product before it is packaged in its finished form.  2) A substance that is added during processing, converted into constituents normally present in, and does not significantly increase the amount of the constituents naturally found in the food  3) a substance that is added for its technical or functional effect in the processing but is present in the finished food at insignificant levels.   * To use a processing aid in or on a product labeled “100% Organic,” the processing aid must be certified organic. * To use a processing aid in or on a product labeled as “Organic,” the material must be listed in the National Organic Program on the National List §205.605, .606.   **\*Documentation on all materials used during organic handling must be submitted and approved prior to use.**  Documentation includes disclosure of all ingredients and verification of compliance with any restrictions within the National Organic Program for that material.  The documentation must be obtained from the manufacturer or distributor of the input material and may be in the form of Organic Materials Review Institute (OMRI) Registration, a WSDA Material Registration, labels, or other technical data sheets. | | | |
| 1. List **all** materials used in direct contact with organic products.  None Used (Go to #2.) | | | |
| **Generic and Brand Name of Material** | **Purpose of Material** | **Organic Products the Material is Used with** | **Documentation\* Submitted** |
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| 1. Does your operation use a material, not listed above, in direct contact with **non-organic** products?  Yes  No    1. If “Yes,” describe how you prevent contamination to the organic products?   List all prohibited materials used with nonorganic products at your facility. | | | |
| **In office use only**   |  |  | | --- | --- | | **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 8. Product Composition and Ingredient Verification NOP Sub Part D** |
| National Organic Program requires certified operations to have a system in place to verify compliance of all incoming organic corps, products, and ingredients. **Records regarding all inputs must be available for review at an inspection**. |
| You must have current verification that demonstrates all incoming organic crops, products and ingredients were certified by a USDA accredited certification agency. Organic certification documents must:   * Be issued by a USDA accredited agency * Reference the National Organic Program * List the organic product * Be available during each inspection |
| 1. Indicate how often you will obtain updated certification paperwork from each of your suppliers:   With each shipment of organic ingredients and products  Monthly  Quarterly  Annually |
| Current verification that all nonorganic processing aids or ingredients have not been produced with genetically modified organisms (GMOs), sewage sludge, and have not been irradiated is required.  This information must be obtained from the manufacturer or distributor of the input material and may be in the form of Organic Materials Review Institute (OMRI) Registration, a WSDA Material Registration, GMO residue testing, letters from manufacturers, or affidavits. |
| 1. Indicate how often you will obtain updated verification that ALL nonorganic processing aids or ingredients were not produced with GMOs, sewage sludge, or irradiation:   Not applicable, all organic ingredients and processing aids  Monthly  With each shipment of nonorganic ingredients or processing aids  Quarterly  Annually |
| A complete search for an organic form of an agricultural ingredient is required and must be documented before using the non-organic agricultural ingredient. This record may be in the form of a call log to suppliers, details of internet searches, or copies of emails and letters from suppliers. This must be available during inspection.  Use of a nonorganic processing aid or ingredient will result in restrictions on how the product can be labeled.  Only those nonorganic ingredients or processing aids that are specifically listed as allowed within the National Organic Program (§205.605, .606) are allowed for products labeled “Organic.” |
| 1. Indicate how often you will conduct a search for an organic alternative before sourcing a nonorganic form of an ingredient:   Not applicable, all organic ingredients and processing aids  Monthly  With each shipment of nonorganic ingredients or processing aids  Quarterly  Annually |
| 1. You must have verification that salt added to your products does not contain prohibited flow or anti-caking agents. Indicate how often you will obtain updated verification that the salt in your product complies.   Not applicable, no salt used.  Monthly  With each shipment of salt.  Quarterly  Annually |
| **In office use only**   |  |  | | --- | --- | | **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 9. Water NOP §205.103, .272, .601, .605** | | |
| 1. How is water used at your facility? *Check all that apply.*   Not used (**Go to Section 10.**)  Product transport (fruit floating)  Cleaning equipment  Ingredient  Cleaning organic products  Cooking  Cooling  Other (specify): | | |
| 1. Source of water:  Municipal  On-site well  Other (specify): | | |
| 1. Is water treated on-site?  Yes  No   If “Yes,” please describe what water treatment processes are used: | | |
| 1. Describe how you monitor water quality at your facility: | | |
| 1. Is chlorine, calcium, hypochlorite, chlorine dioxide, or sodium hypochlorite used in wash water or flume water at your facility?  Yes  No   If “Yes,” please **complete questions 5a. and 5b**.   * 1. How often do you monitor or test discharge or effluent water to ensure the residual chlorine level is at or below 4 ppm (the maximum chlorine residual limit under the Safe Water Drinking Act)?   Daily  Weekly  Monthly  Quarterly  Annually  Other (specify):   * 1. Please describe how you document the results of your monitoring or testing: | | |
| 1. Is steam used in the processing or packaging of food products?  Yes  No   If “No,” please **skip to Section 10.**  If “Yes,” does steam have direct contact with organic products?  Yes  No  If “No,” please **skip to Section 10.**  If “Yes,” **complete 6a. – 6c.** | | |
| * 1. Check all that apply to your operation:   Steam filters  Testing of condensate  Condensate traps  Testing of finished products  Other (specify): | | |
| * 1. Are boiler water additives used during food handling or processing?  Yes  No   2. If boiler water additives are used during organic processing, describe how you prevent prohibited volatile boiler additives from contaminating organic ingredients or products: | | |
| If “Yes,” please list all products used as boiler additives at your facility in the table below. Indicate which boiler water additives will be used during handling or processing of organic food products. Attach MSDS and/or label information for boiler additives you plan to use during organic handling or processing. | | |
| **Name of Boiler Water Additive** | **Used during organic handling or processing?** | **Source Name and Phone Number** |
| 1. | Yes  No |  |
| 2. | Yes  No |  |
| **In office use only**   |  |  | | --- | --- | | **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 10. Packaging, Storage Containers, and Shipping Containers NOP §205.270, .272** | | |
| Packaging materials, bins, and storage containers must not contain synthetic fungicides, preservatives, or fumigants. Reusable bags or containers that have been in contact with any prohibited substance must be thoroughly cleaned and documented. **Documentation must be available during inspection**. | | |
| 1. What type(s) of packaging materials or storage/shipping containers do you use? *Check all that apply.*   Paper  Foil  Poly  Cardboard  Waxed paper  Aseptic  Wood  Glass  Natural fiber  Plastic  Metal  Other (specify): | | |
| 1. Are all packaging materials containers food grade?  Yes  No | | |
| 1. Have any packaging materials containers been exposed to synthetic fungicides, preservatives, or fumigants?   Yes  No | | |
| 1. Are packaging materials and/or storage and shipping containers reused?  Yes  No   If “Yes,” describe how organic products are protected from contamination when placed in the reused container: | | |
| 1. Describe how you identify packages or containers as organic: | | |
| 1. Describe your lot numbering system. | | |
| 1. All product labels must be submitted to Clemson University Organic Program for approval prior to use.   Have all product labels been submitted and approved?  Yes  No | | |
| 1. Complete the table below with the details regarding storage of all packaging materials and containers. | | |
| **Packaging Material** | **Location and Name of Storage Area** | **Is area organic packaging only?** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| **In office use only**   |  |  | | --- | --- | | **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 11. Shipping – Outgoing Organic Products NOP §205.103, .270, .272** |
| 1. How do organic products leave your facility? *Check all that apply.*   Bins  Bulk bags  Wholesale boxes  Bulk trailer  Totes  Drums  Retail packages  Other (specify): |
| 1. Indicate what shipping or sales documents are maintained by your company. Check all that apply.   Pallet/tote ticket  Clean truck affidavit  Contracts  Bill of lading  Purchase order  Certificates of analysis  Sales invoice  Scale ticket  Other (specify): |
| 1. Do all documents clearly identify products as organic?  Yes  No |
| 1. Does your company arrange outgoing product transport?  Yes  No   If “No,” please **go to Section 12.**  If “Yes,” have transport companies been notified of organic handling requirements?  Yes  No |
| 1. How does your company ensure outgoing transport units are cleaned prior to loading loose, bulk organic products?   N/A, only packaged products are shipped  Clean out records  Clean truck and equipment affidavits  Other (specify): |
| 1. Are organic products shipped in the same transport units as nonorganic products?  Yes  No   If “No,” please **go to Section 12.**  If “Yes,” indicate what steps are taken to segregate organic products:  Use of separate pallets  Separate area in transport unit  Organic product shrink wrapped  Organic product sealed in impermeable containers  Other (specify): |
| **In office use only**   |  |  | | --- | --- | | **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 12. Pest Management NOP §205.271** | | | | |
| **National Organic Program states,** that certified operations **must** implement pest management that focuses on good sanitation and preventative practices (environmental factors, mechanical, or physical controls that use non-synthetic substances) **before** use of an approved pest control material  If preventative measures are not effective, a synthetic substance not on the National List may be used, provided the Clemson University Organic Program approves use of the substance, method of application, and measures taken to prevent contact with ingredients or organic products.  **Use of pest control products must be documented and included as part of the organic system plan.**  You must notify all outside pest control services that you process organic products. A pest control plan **must be suitable** for organic production and records **must be made available** by your pest control service. | | | | |
| 1. What type of pest management system does your facility use?   In-house. Name of responsible person:  Contract pest control service. Business name, address, phone: | | | | |
| 1. Check all pest problems at your facility:   No pest problems  Flying insects  Birds  Rodents  Crawling insects  Other (specify): | | | | |
| 1. Describe your system for monitoring pest populations, including frequency and monitoring documentation maintained. | | | | |
| 1. Check all pest management practices at your facility:   **Preventative Mechanical Materials on National List**  Good sanitation and clean up  Mechanical traps  Pheromone traps  Removal of exterior habitat/food sources  Ultrasound/light devices  Vitamin baits  Clean up spilled product  Release of beneficials  Diatomaceous earth  Sealed doors and/or windows  Sticky traps  Pyrethrum  Physical barriers  Electrocutors  Rotenone  Screened windows/vents  Freezing treatments  Boric acid  Monitoring  Heat treatments **Materials not on National List**  Incoming ingredient inspections  Other (specify):        Crack and crevice spray\*  Other (specify):              Fumigation\*         Fogging\*  Other (specify): | | | | |
| \*The use, frequency, and method of application of synthetic substances must be approved by Clemson University Organic Certification Program. | | | | |
| 1. If you noted use of any pest control materials that are not on the National List, explain why this material must be used and include details about why preventative and allowed methods are not proving effective.  None used. | | | | |
| 1. Explain how organic products and packaging are protected from exposure to the prohibited materials.      1. Submit details on all pest control materials used at your facility:  None used. | | | | |
| **Generic and Brand Name of Substance** | **Where is this  substance used?** | **Frequency of Use** | **Method of Application** | **What document is the use recorded on?** |
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| **In office use only**   |  |  | | --- | --- | | **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 13. Quality Assurance and Recordkeeping NOP §205.103, .270, .272** |
| National Organic Program requires a complete recordkeeping system regarding the processing of organic products.  Records must be adapted to the operation, must fully disclose all activities and transactions in sufficient details to be readily understood and audited, must be maintained for five years, and must be sufficient to demonstrate compliance with National Organic Program. |
| 1. Do you have standard operating procedures for organic processing? If “Yes,” attach a copy.  Yes  No |
| 1. Do you have an employee training program in place for organic operating procedures?  Yes  No 2. Do you have a Quality Assurance program in place? If “Yes,” indicate what type of program:  Yes  No   ISO  HACCP  Total Quality Management  Other (specify): |
| 1. Does your company conduct product testing?  Yes  No   If “Yes,” list the types of quality or residue testing conducted: |
| 1. Are samples retained?  Yes  No |
| 1. Do you have a recall system in place?  Yes  No |
| 1. Does your company conduct internal audits?  Yes  No |
| 1. Can your recordkeeping system track the finished product back to all incoming products or raw ingredients?   Yes  No |
| 1. List the documents used to track incoming product.      1. List the documents used to track in process product.      1. List the documents used to track storage of products.      1. List the documents used to track outgoing products. |
| 1. Can your recordkeeping system balance the value and volume of organic materials in with organic products sold?   Yes  No |
| 1. Do you maintain organic records for at least 5 years?  Yes  No |
| An audit of your production and financial records will be conducted during your annual inspection.  All records related to the processing and handling of organic products must be available for review and copy if necessary. In addition, please ensure staff involved in maintaining records are also available during all announced inspections. |
| **In office use only**   |  |  | | --- | --- | | **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 14. Product Flow** |
| **Attach a schematic product flow chart to illustrate the flow of products at your facility. This chart must:**   * Show the movement of organic products, from incoming/receiving through processing, packing, and storage to outgoing/shipping. * Indicate at what step ingredients and processing aids are added. * Identify all equipment related to organic. * Identify all storage areas associated with organic products, including incoming inventory, partially packed products, packaging material, and finished product. Identify nonorganic products storage as well. |
| 1. Check all aspects of your waste management system that apply:  |  |  |  |  |  | | --- | --- | --- | --- | --- | | On-site dumpster | Material Recycling | Water filtering | Daily pick-up of waste | Sale of waste | | Water recycling | Smokestack filters | Composting | Field application of waste | Other: | |
| **In office use only**   |  |  | | --- | --- | | **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 15. Affirmation** |
| I affirm that all statements made in this application are true and correct. 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:  Facility Map(s) **(Required)**  Pest Control Map(s) showing location of traps, bait stations and monitors. **(Required)**  Product Flow Chart **(Required)**  Product Profile(s) **(Required)**  Organic Certificate(s) **(Required)**  Water test, if applicable  Residue analyses, if applicable  Input product labels, if applicable  Organic product labels, if applicable **(Required)**  Other:  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 University Organic Certification Program  511 Westinghouse Road  Pendleton, SC 29670  TEL: (864) 646-2140 FAX: (864) 646-2178  Website: [www.clemson.edu/organic](http://www.clemson.edu/organic) |