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| --- | --- | --- | --- | --- | --- | --- |
| **Client Name (Trade/Farm Name):** | | | | | | Office Reg. No. |
| The handler convert the handling operation and intending to sell, label, or represent agricultural or animal products as organic must develop Organic Plan (OP) that is agreed to by the handler and FairCert Certification Services Pvt. Ltd. The OP must be submitted with the application and reviewed by and FairCert Certification Services Pvt. Ltd. for compliance with organic regulations. The OP can be updated annually to include any deviations from, or changes to the previous year’s OP, and any additions or deletions intended to be undertaken in the coming year. Please fill all sections of this OP, if you are requesting organic handler certification. Use additional sheets if necessary. | | | | | | |
| **General Information** | | **NPOP Appendix 5: 1**  **NOP § 205.201 & 205.270** | | | | |
| 1. Type of handling requested for certification (e.g. cleaning, re-packing, trading etc.).  |  | | --- | |  |  1. Attach a list of organic products handled or planned to be handle.  Attached 2. Is this facility  Dedicated to Organic only  Organic and nonorganic products processed/handle here. 3. Do sub-contract the handling operation?  Yes  No 4. If yes, please provide the detail of operation or part of the operation sub-contracted and name of sub-contractor.  |  | | --- | |  |  1. Do you handle nonorganic products in your company?  Yes  No if yes, write the name of non organic products handle.  |  | | --- | |  |  1. Attach map (may be hand drawn) showing organic storage areas.  Attached 2. Attach either a complete written description or a schematic product flow chart.  Attached   *Document Requirement: Submit the product list (single/multi-ingredient products), facility map and process flow chart that describes or shows where and how the product is received, stored, packaged, and warehoused. Identify all equipment, machinery, grading stations, and storage areas, and indicate where ingredients are added or processing aids are used.* | | | | | | |
| **Pest Management** | | | **NPOP Appendix 5: 2**  **NOP § 205.271 & 205.272** | | | |
| 1. List the name of pests are problematic in this facility.  Not Applicable  |  | | --- | |  |  1. Do you use in-house pest management system? What type of pest management system do you use?  Yes  No if yes, who is the responsible person for pest control: 2. If no, do you sub-contract the pest management services?  Yes  No, if yes, write the name of sub-contractor:  |  | | --- | |  |  1. In the table below, check the basic preventative and mechanical control strategies used. Organic processor or handlers must use management practices to prevent pests. If those practices are not effective, a material consistent with the approved list may be applied. If these practices and materials are not effective, a synthetic material not on the approved list may be used after approval of FairCert.  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Strategy: Used for which type of pests** | **Flying insects** | **Crawling insects** | **Rodents** | **Birds** | | **Preventative practices** | | | | | | Good sanitation |  |  |  |  | | Removal of habitat areas, food sources, breeding areas |  |  |  |  | | Cleanup of spilled product |  |  |  |  | | Sealed doors and/or windows |  |  |  |  | | Screened windows, vents, etc. |  |  |  |  | | Repair of holes, cracks, etc. |  |  |  |  | | Storage above ground level |  |  |  |  | | Sheet metal on building exterior |  |  |  |  | | Air curtains, air showers |  |  |  |  | | Positive air pressure in facility |  |  |  |  | | Inspect ingredients for pests |  |  |  |  | | Inspection zones around interior perimeters |  |  |  |  | | Ultrasound, light devices, scare tactics |  |  |  |  | | Control temperature, humidity, or light levels |  |  |  |  | | Monitoring devices |  |  |  |  | | (Other): |  |  |  |  | | **Mechanical or physical control, lures or repellents** | | | | | | Electrocuters, zappers |  |  |  |  | | Mechanical traps |  |  |  |  | | Sticky traps |  |  |  |  | | Pheromones traps, lures may not contact organic products |  |  |  |  | | Repellents |  |  |  |  | | Freezing |  |  |  |  | | Heat treatment |  |  |  |  | | Vacuum treatment |  |  |  |  | | (Other): |  |  |  |  |  1. Do you have a system to monitor pest?  Yes No 2. How many times do you monitor the pest in facility?   Daily  Weekly  Monthly  Yearly  As Needed   1. Are you kept the record for pest monitoring activities?  Yes  No 2. If above listed preventive and mechanical or physical control are not effective, synthetic material may be used after approval of FairCert. List pest control material(s) used:  |  |  |  |  |  | | --- | --- | --- | --- | --- | | Substance / Brand Name | Composition | Target Pest(s) | Method of application | Location | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  1. **Describe the measures taken to avoid the contamination with organic product (incoming to dispatch) at the time of spray of prohibited material in the facility (purging, cover of organic material etc.).**  |  | | --- | |  |  1. Are you kept the record for pesticide / prohibited substance use and measures taken (pesticide use log, purge log, cover equipment) to protect organic products or packaging?  |  | | --- | |  |  *Note: Attach a facility map showing the location of traps and monitors, and submit MSDS and/or label information for substances used for pest control, if applicable.* | | | | | | |
| **Assurance of Organic Integrity** | | | | **NPOP Appendix 5: 5, 7 & Annex 2**  **NOP § 205.272 & 205.103** | | |
| 1. Do you have a system or program to protect organic integrity? Yes No 2. **List all areas of potential commingling or contamination (Organic Control Points) and describe** measures implemented to prevent the commingling of organic and nonorganic products and to protect organic products from contact with prohibited substances (including cleansers, sanitizers boiler chemicals, and pest control products).  |  |  |  |  | | --- | --- | --- | --- | | Organic Control Points | Area of Potential Contamination | Preventive Measures | Related Document Maintained | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |  1. Do you have Quality Assurance Program in place? HACCP  ISO  FSMS  Other: 2. Do you test the raw material, in-process product, and finished product in whole process?   Yes  No   1. If yes, do you kept the report of testing.  Yes  No   **Water:**   1. How is water used in this facility?   Ingredients  Processing Aid  Cooking  Cooling  Cleaning equipment  Cleaning organic products  Products Transport (flume) Other (list):   1. What is the source of water:  Municipal  On-site well  Other (list): 2. Do you add any substances to the water?  Yes  No if yes, list substance and attach label or Material safety Data Sheets  Yes  No 3. If you add chlorine to wash water, indicate how you meet the following restriction: residual chlorine levels in water that contacts organic products directly may not exceed the maximum residual disinfectant limit under the Safe Drinking Water Act (4 ppm) at the point where the water last contacts the organic product. Chlorine tests Other: 4. Describe how you monitor water quality.  |  | | --- | |  |  1. How often do you conduct water quality monitoring?  Weekly  Monthly  Annually  As needed  Other: 2. Do you use steam in whole process.  Yes  No 3. Do you add any substances to the steam?  Yes  No if yes, list substance and attach label or Material safety Data Sheets  Yes  No   **Equipment:**   1. List all equipments used in processing of organic products  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Equipment Name | Where Used | Cleaning is done (Yes/No) | Cleaning Record (Yes/No) | Purged Before Organic Process (Yes/No) | Purged Record (Yes/No) | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  1. If equipment is purged, describe the purging procedure and quantity purged?  |  | | --- | |  |   **Sanitation:**   1. **List the cleaning and sanitation method used in facility (e.g. sweeping, manual washing etc.).**  |  | | --- | |  |  1. **List each substance used as a cleanser, sanitizer, or disinfectant that may come into contact with organic ingredients or food contact surfaces.**  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Substance Name | Composition | Source of Substance | Cleaning Record Maintain (Yes/No) | Frequency | Where Used | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |   ***Note: Attach a copy of MSDS and label of cleaner, sanitizer or disinfectant used.***  **Storage**   1. Describe your storage location.  No organic product storage  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Product Stored (Raw, Ingredient, Finished Product) | Location | Capacity (MT) | Status of Store | | Organic Control Point | | Dedicated Organic | Organic & Non-organic | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  1. If organic product stored in off-site store, write the name and address of sub-contracted storage.  |  | | --- | |  |   *Note: Off-site store must be certified organic before storage of organic products.*   1. What are the preventive measures are taken if organic and non-organic products stored in same premises?  |  | | --- | |  |  1. How to identified organic product in non-organic store?  |  | | --- | |  |  1. Do you identify any pest problem in storage?  |  | | --- | |  |  1. What are the preventive, mechanical and substance is used for control of pest problem in storage?  |  | | --- | |  |   **Packaging:**   1. What type of packaging material used for packing of organic products?  |  | | --- | |  |  1. Do you packed organic product in reuse packaging material or container? Yes No 2. If yes, how are the organic products protect from contact with possible residue?  |  | | --- | |  |   **Transportation:**   1. How incoming and outgoing organic product transported?  |  | | --- | |  |  1. In what forms (packing material) incoming and outgoing organic product received and dispatched?  |  | | --- | |  |  1. Do you out sourced incoming and outgoing transport? Yes No 2. If you use transport companies, have they been notified of organic handling requirements? Yes No 3. Are transport unit used to carry nonorganic products or prohibited substances before loading of organic product?   Yes No   1. If yes, how do insure that transport units are cleaned prior to loading of organic product?  |  | | --- | |  |  1. Do you stalk raw material, in-coming material and finished product on pallets during storage and transport?   Yes No   1. Is pallet used for stalking is treated with any substance Yes No, if yes write the name of substance  |  | | --- | |  | | | | | | | |
| **Labeling** | **NPOP Appendix 5: 6**  **NOP 205.300, 205.301, 205.302, 205.203, 205.304 & 205.305** | | | | | |
| 1. List all products labeled or planned to be labeled as "100 % Organic”, Organic (at least 95% certified organic ingredients) and Made with Organic (at least 70% certified organic ingredients) check appropriate boxes.  None   *\*As per NPOP no product will be labeled as “100% Organic”.*   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Brand Name | Type of Product (Single/Multi ingredient) | Organic Label Claim: | | | NPOP or NOP and FairCert Logo Mentioned | | Ingredient Mentioned on Label | | | 100% Organic | Organic | Made With Organic | | Yes | No | Yes | No | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  1. List all products which contain less than 70% organic ingredients.  None  |  |  |  |  |  | | --- | --- | --- | --- | --- | | Brand Name | Organic Ingredient | | Non-organic Ingredient | | | Ingredient Name | % Organic Ingredient | Ingredient Name | % Non-organic Ingredient | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  1. Do you labeled or sold by-products organic products?  Yes  No  Not applicable 2. If yes, list all by-products sold as organic products.  |  | | --- | |  |  1. Do you label nonretail containers used only to ship or store raw or processed organic agricultural product?  Yes  No  Not applicable   If yes, submit a copy of label.  Label Attached  *Note: All product labels must be approved by FairCert before labeling of organic products.*  *Added water and salt should not include in the calculation of organic ingredients.*  *For aquaculture products the use of iodized salt must be referred on the label (NPOP Appendix 5, 6.2 (iii)).*  *Herbs and spices less than 2% of the total weight of the products may be listed as spices or herbs without stating the percentage ((NPOP Appendix 5, 6.2 (v)).* | | | | | | |
| **Record Keeping** | | | | | **NPOP Appendix 5: 4.4.7.2**  **NOP *§* 205.103** | |
| 1. How long do you keep record?  |  | | --- | |  |  1. Do you have a lot coding procedure? Yes No if yes, describe your lot coding procedure.  |  | | --- | |  |  1. Describe audit trail including receiving of raw material to dispatch of finished products.  |  | | --- | |  |  1. How many persons are employed at your organic production facility(s)? Please describe your procedures ensuring personnel have appropriate training in organic handling practices and general food handling/protection.  |  | | --- | |  |      1. Which of the following records do you keep for organic production?   Layout Maps of all sites  Flow Charts for organic product  Storage records  Raw material Records  Clean transport records  Sales records  Transaction Certificate  Audit trail/tracking records  Shipping records  Scope certificate of supplier’s  Labours/Employ training record  Pest management map  Water test, if applicable  MSDS  Residue analyses, if applicable  Commercial unavailability of substance, if applicable  All input product labels, if applicable  All organic product labels, intended for use | | | | | | |
| **Declaration** | | | | | | |
| I do hereby affirm that all statements made in this organic plan are true and correct. I understand that acceptance of this organic plan in no way implies granting of certification by the FairCert Certification Services Pvt. Ltd. I agree to complying standard requirements and inform about all important matters and all changes in production system. | | | | | | |
| Name of Client: | | | | | Place: | |
| Signature of Client: | | | | | Date: | |

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| --- | --- |
| ***For Office Use Only*** | |
| **Declaration:**  The Organic Plan – Trading has been reviewed by me and complying with organic regulations. The Organic Plan – Trading is approved. | |
| Name of Reviewer: | Date: |
| Signature: | Place: |

|  |  |
| --- | --- |
| ***For Evaluator/Auditor Only*** | |
| **Declaration:**  The information mentioned in the Organic Plan – Trading has been verified by me and compliance with organic regulations. | |
| Name of Evaluator/Inspector: | Date: |
| Signature: | Place: |