

Primary Reviewer: _____	Date _____
Inspector: _____	Date _____
Director's Approval: _____	Date _____

**NHDAMF ORGANIC SYSTEM PLAN (OSP) - CROP PRODUCTION**

- ❖ Complete this OSP if you are requesting organic farm/crop certification. Use additional sheets as necessary
- ❖ Complete Organic System Plans are required **prior** to inspection

SECTION 1: General Information			
Name:			NHDAMF Cert #:
Farm Name:			
Mailing Address:			
Physical Address:			
City:	State:	Zip:	
Primary phone number:	Alternate phone number	Fax number (optional):	
Email address:		Website:	
<b>Organizational structure/legal status:</b>			
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Trust or non-profit <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative <input type="checkbox"/> Legal Partnership (federal form 1065) <input type="checkbox"/> Other-specify <input type="checkbox"/> LLC			
If a corporation, list state of incorporation and name, if different than listed above:			
***Is this person AUTHORIZED to act on behalf of the company?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If NO-list name, address & telephone of person who is:			

FEES:			
Inspection Fees: Give total acreage to be certified			Fees *
Horticultural Crop Acres: (vegs, flowers, herbs, fruit)	Acres	\$	
Agronomic Crop Acres: (hayland, pastures, forages, grains)	Acres	\$	
Greenhouse(s): permanent structures used for seedling & potted plant production are included here.	ft <sup>2</sup>	\$	
Permanent Greenhouse Types/Sizes:			
<b>Certification Fee:</b>			<b>+ \$ 100.00</b>
<b>TOTAL FEES SUBMITTED</b>			

\* Refer to Table 911-1 Inspection Fees, pg VII, Agr 911 Rules

RECORDKEEPING		NOP Rule Section 205.103	
<i>Production Records Must: 1) Disclose all activities and transactions of the operation; 2) Be maintained for 5 years beyond their creation; 3) Demonstrate compliance to the NOP Rule; 4) Be sufficient to be able to trace back to the field/location where the product was produced, grown and/or harvested; and 5) Maintain separate records for split (conventional/transitional) production.</i>			
<b>The following records must be maintained and will be reviewed at inspection. Check records currently maintained:</b>			
<input type="checkbox"/> Documentation of organic seedling purchase	<input type="checkbox"/> Harvest records	<input type="checkbox"/> Storage records	
<input type="checkbox"/> Documentation of attempts to source organic seeds and/or planting stock	<input type="checkbox"/> Compost production records		
<input type="checkbox"/> Equipment cleaning record	<input type="checkbox"/> Shipping records (scale ticket, bill of lading)	<input type="checkbox"/> Transaction Certificates	
<input type="checkbox"/> Sales records (includes purchase order, contracts, invoice, cash receipts, cash receipt journal, sales journal, etc.)			
<b>The following records must be maintained for <u>conventional</u> production. Check records currently maintained:</b>			<input type="checkbox"/> Not Applicable
<input type="checkbox"/> Field maps	<input type="checkbox"/> Seed records	<input type="checkbox"/> Harvest records	<input type="checkbox"/> Shipping records
<input type="checkbox"/> Field history sheets	<input type="checkbox"/> Storage records	<input type="checkbox"/> Input records	<input type="checkbox"/> Sales records

**AFFIRMATION: Please read the following and sign below.**

- I affirm that all statements made in this application are true and correct.
- I affirm that no prohibited products have been applied to any of the organically managed fields during the three-year period prior to projected harvests.
- I understand that the operation may be subject to unannounced inspections and/or sampling for residues at any time as deemed appropriate to ensure compliance with the NOP Rule.
- I understand that acceptance of this questionnaire in no way implies granting of certification by the certifying agent.
- I will immediately notify the certifying agent of any change in my certified operation or portion of it that may affect its compliance with the Act or regulations. I will submit an update whenever changes are made thus ensuring that the application/OSP consistently reflects my current organic operation.
- I agree to comply with all applicable State and NOP production and handling standards as described in the final rule of the United States Department of Agriculture Marketing Service National Organic Program (CFR part 205).
- I agree to submit applicable fees charged according to the fee schedule by NHDAMF.
- I have a copy of the NHDAMF organic Rules and USDA National Organic Program (NOP) Regulations which I have read, and understand.
- I have made copies of this application and other supporting documents for my own records.



\_\_\_\_\_  
Signature of Applicant/Authorized Representative

\_\_\_\_\_  
Date

**Address & travel directions to your farm and each production site which you are requesting certification:**

\_\_\_\_\_  
\_\_\_\_\_

**ORGANIC CERTIFICATION HISTORY**

List the name(s) of any certifying agent(s) to which an application has been previously made, and date(s) of application: \_\_\_\_\_ **N/A**

Outcome of submission(s): \_\_\_\_\_

If you have received any notices of non-compliance or denial of certification, please attach these with a description of actions taken to correct non-compliances, including evidence of correction.

\_\_\_\_ **Attached**      \_\_\_\_ **N/A**

**NON-COMPLIANCES**

Did you receive a Notice of Non-compliance (NNC) from NHDAMF for last year's certification?       **Yes**       **No**

If yes, please describe NNC and corrective actions implemented:

\_\_\_\_\_  
\_\_\_\_\_

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

1. Check those crops (or types of crops if your operation is highly diversified) you grow or harvest for which you are seeking organic certification:

- Seedlings types: \_\_\_\_\_
  Vegetables
  Hayland
  Grains types: \_\_\_\_\_  
 Potted Plants types: \_\_\_\_\_
  Small Fruit Type: \_\_\_\_\_
  Forage crops  
 Flowers, cut or edible
  Herbs
  Tree Fruit Type: \_\_\_\_\_
  Pasture

2. Do you own the land for which you are requesting certification?

- Yes  
 No If No, you must submit a **NHDAMF Landowner Statement (LOS)** for each leased/rented/used land area.  
 On file at NHDAMF
  Attached

3. Check the box that describes your operation's production system:

- all organic production  
 organic and non-organic production

4. Do you grow crops in soil?

- No  
 Yes If Yes, please submit the following **NHDAMF Crop OSP Forms**:  Attached (5 forms)  
**Crop Rotation and Soil Management**      **Pest, Disease and Weed Management**      **Land Requirements**  
**Prevention of Contamination and Commingling**      **Labeling, Audit Trail and Marketing**

5. Do you plant seeds, seedlings, or planting stock of any kind?

- No  
 Yes If Yes, please submit the **NHDAMF Seeds and Planting Stock Form, Page 7.**
 Attached

6. Do you use any off-farm input materials?

- No  
 Yes If Yes, please submit the **NHDAMF Materials List Form, Page 19.**
 Attached

7. Do you produce seedlings or crops in containers with planting medium, or grow crops in a greenhouse, coldframe or hoophouse?

- No  
 Yes If Yes, please submit the **Greenhouse Crop Form, Page 8.**
 Attached

8. Do you produce compost or use purchased compost?  No  Yes

9. Do you use manure?  No  Yes

10. If Yes to either #8 or 9, please submit a **Compost and Manure Form, Page 10.**  Attached

11. Do you harvest any wild-crops for sale as organic?

- No  
 Yes If Yes, please submit the **Wild Crop Harvest OSP Form.**
 Attached

12. Do you do any post-harvest handling of your crop products?  No  Yes

13. If **Yes**, check all that apply, or describe, as appropriate. If **No**, skip to question 14.

- |  |  |  |  |  |
|--|--|--|--|--|
| <input type="checkbox"/> wash product water      | <input type="checkbox"/> cool product  | <input type="checkbox"/> clean product | <input type="checkbox"/> sort/size product | <input type="checkbox"/> transport crops |
| <input type="checkbox"/> bag or package crops    | <input type="checkbox"/> grade product | <input type="checkbox"/> store product | <input type="checkbox"/> dry grain         | <input type="checkbox"/> clean seeds     |
| <input type="checkbox"/> other (describe): _____ |  |  |  |  |

14. If any of the above post-harvest activities are checked, please complete a **Prevention of Contamination and Commingling Form, page**, to describe the post-handling activities to be certified.  **Attached**

15. Do you further process crops into food products on-farm?  **No**  **Yes**

If **Yes**, list handling/processing activities below, and complete the appropriate **NHDAMF OSP-ON-FARM PROCESSING** form (fees apply).

**Attached**

16. Do you manage livestock or produce livestock products for which you are seeking organic certification?  **No**  **Yes**

If **Yes**, please complete a **NHDAMF OSP-LIVESTOCK PRODUCTION** form.

**Attached**



Maps NOP Section 205.202(c)

Attach Field Map(s). Provide an accurate map that shows each field listed on the previous Table. Show boundaries and area to be certified. The map should be 8 1/2 x 11". This may be a county parcel map, Farm Service Agency map, aerial photograph, or a detailed hand-drawn map, as long as it is clearly readable when photocopied. This map must be current and dated. An updated (revised or new) map must be submitted whenever information on the map changes (field numbers, acres, buffers, adjoining land use, etc.)

The map attached must include the following:

- field name(s)/number(s)
- North arrow
- adjoining land use(s)
- area (#acres)
- landmarks such as buildings, farm or public roads, railroad tracks
- windbreaks, hedgerows or woodlands
- buffers (if applicable)
- slope(s)

Required for ruminant livestock producers:

- location, size and identification of pastures
- location and source of water and shade
- location and types of permanent fences
- feeding area(s) (to feed without crowding)
- location and source of water and shade

Boundaries, Adjacent Land Use and Buffer Areas NOP 205.202(c)

1. Describe your farm borders and adjacent land use (organic farms, fallow fields, CRP land, wild lands, non-organic crop or livestock production, residential use, etc.):

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2. Describe the measures you take (management practices, communications and/or physical barriers) to prevent contamination by prohibited materials that are or may be applied to adjacent or nearby land (neighboring parcels or fields in split operations).  No areas of concern

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3. Describe buffer areas for each field/pasture that you maintain on your organic land to protect crops from contamination. Please specify whether you grow crops in the buffer area, and whether you plan to sell or represent them as organic. If you need more space, please attach a separate page.

Buffer description attached

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**Seed and Planting Stock Form**

**NOP Section 205.204 requires that:**

- ❖ The use of organically grown seeds, unless the variety is not commercially available.
- ❖ If using non-organic seeds, you **MUST** have records of attempts to source organic seed.
- ❖ Synthetic seed treatments are prohibited unless included on the NOP National List. (See **NOP Sec. 205.601**)
- ❖ Genetically modified organism (GMO), treated seeds and inoculants are prohibited in organic production. NOP Rule uses the phrase "excluded methods" to refer to GMO products.
- ❖ Certified producers may submit records of their own design provided the required information is included.

Check all that you use or plan to use:

1. Seeds and Annual Planting Stock

- Not Applicable; no seeds or annual planting stock used or planned for use
- certified organic seed, purchased
- certified organic seed, saved on farm (requires records)
- certified organic planting stock (e.g. seed potatoes, sweet potato slips, garlic, strawberry crowns)
- non-organic, untreated seed
- non-organic, untreated planting stock for annual crops. If non-organic seed or planting stock is used, complete # 2 below.
- No GMO seeds purchased or planted

2. Seed or Planting Stock Treatments and Inoculants

- Not Applicable; none used
- pelletization
- disinfection
- inoculant
- priming
- other (describe): \_\_\_\_\_
- coating
- fungicide or insecticide

Please list specific treatments and inoculants: \_\_\_\_\_

3. Annual Seedlings

- Not Applicable; no annual seedlings grown or purchased
- seedlings or transplants grown on farm. Complete the **Greenhouse Crop Production Form, page 9.**  Attached
- seedlings or transplants grown off farm, at address other than applicants. Complete the **Greenhouse OSP.**  Attached
- purchase certified organic seedlings. List supplier and attach **organic certificate.**  Attached

4. Perennial Planting Stock (for crops grown as perennials: e.g., trees, shrubs, vines)

- Not Applicable; no perennial planting stock is used
- certified organic perennial planting stock is:  purchased  produced/propagated on farm
- non-organic stock (describe, include date planted or anticipated planting):

**Documentation:**

- ❖ Please have documentation available for inspection that shows the source(s), quantity, variety(ies) and organic status of seed and/or planting stock used, whether purchased or produced on farm. (seed orders, seed receipts, etc.)
- ❖ If non-organic seed or planting stock is used, provide documentation of your search for equivalent varieties of organic seed or planting stock and reasons for commercial non-availability (quantity, quality or form).
- ❖ If you grow any crops or use any inoculants that may be genetically modified (e.g. corn, soybean, canola, papaya, cotton, alfalfa inoculant, alfalfa seed, sugar beets, sugar cane, summer squash--zucchinis and yellow crook-necked varieties, rice, or sweet peppers) please be prepared to show documentation that the varieties you grow are not genetically modified.

**Greenhouse Crop Production Form** **NOP 205.200, 205. 201(a)(5), 205.202(c)**

Complete this Greenhouse Crop Production Form if you produce organic seedlings, transplants, or crops in a greenhouse, high tunnel or coldframe.

1. Please indicate the scope of your greenhouse operations.

- Greenhouse crop production is part of my farming operation and located on certified organic land.  
Please show greenhouse location(s), ID, and size on farm map.  Shown on farm map
- This operation consists primarily or exclusively of greenhouse production.  Shown on farm map

I sell seedlings, potted annual or perennial plants.

**NOTE: A seedling/plant inspection must be conducted prior to selling plants. Contact NHDAMF to schedule an appointment.**

Land Requirements Form attached

2. Please describe greenhouse structure type(s). Check all that apply.

- High Tunnel(s) # & sizes: \_\_\_\_\_  Cold frame(s)  Permanent Greenhouse(s) # & sizes: \_\_\_\_\_
- Other (describe): \_\_\_\_\_

3. Please describe your greenhouse crops. Check all that apply.

- Annual transplants or starts  Perennials—planting or sale of whole plants as organic  Cut flowers, herbs
- Harvested crops (e.g. fruits, vegetables)  Other (describe): \_\_\_\_\_

4. Are greenhouse crops grown in soil?  No  Yes  N/A

5. Are crops grown in planting medium?  No  Yes Include potting soils or planting mediums on the **NHDAMF Materials List, p 19.**

**SPLIT OPERATIONS (OG & Non-OG production):**

6a. Do you produce both organic and non-organic greenhouse crops?  No, organic only  Yes

6b. Is your organic greenhouse adjacent to non-organic greenhouse production areas?  No  Yes

7. If **Yes** to questions 6a or 6b, describe the management practices and physical barriers used to prevent commingling or contamination for:

Planting Medium (include soil mix materials, wetting agents and fertilizer materials), soil mixing, and seeding equipment	
Ventilation system—prevention of drift of prohibited materials	
Irrigation system: Identify water source, use of water with respect to fertilizer materials and equipment.**	
Production or growing areas-separation and identification	
Plant Containers-cleaning & cleaning materials	
Plant and Container Identification—labels and tags:	

\*\*If water lines are shared, attach a diagram of piping, pumps, valves and backflow preventers, as applicable.

- Diagram attached  Not Applicable; Separate equipment and water lines, dedicated to organic.

**Soil Management and Crop Rotation NOP § 205.2 Crop Rotation Form § 205.203, § 205.205**

1. What are the major practice components of your soil-building/crop nutrient management plan?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> crop rotation                  | <input type="checkbox"/> incorporation of crop residue | <input type="checkbox"/> green manures           |
| <input type="checkbox"/> cover crops                    | <input type="checkbox"/> compost                       | <input type="checkbox"/> manure                  |
| <input type="checkbox"/> mined lime                     | <input type="checkbox"/> mulch                         | <input type="checkbox"/> soil inoculants         |
| <input type="checkbox"/> fertilizer materials or blends | <input type="checkbox"/> biodynamic preparations       | <input type="checkbox"/> other (describe): _____ |

2. Please list all materials used or planned for use on your **Materials List, p. 19**.

- All materials used or planned for use are listed on my **Materials List, p. 19**.  **No materials are used.**

3. Describe your crop rotation plan(s), in general terms, including its main goals (soil organic matter; weed and pest management, nutrient management; erosion; biological diversity).

- ❖ List the sequence and frequency of crops/plant families, cover crops, green manures or sod. If you use more than one basic rotation sequence, please describe each rotation you use.
- ❖ For perennial crops, describe management of ground cover, alley cropping, intercropping or hedgerows.
- ❖ Attach additional pages if necessary.  **Rotation plans attached**

**Please note: Records documenting crop rotation (e.g. yrly crop maps) for each field will be verified at your inspection.**

Examples:

- ❖ Vegetable and Small Fruit Rotation: Brassica family vegetables—fall-planted strawberries (1-2 years' harvest, depending on weather and condition of plants)—winter cover crop—warm season vegetables—winter cover crop—cut flowers—cover crop. Break disease cycles of *Phytophthora* and *Botrytis* in strawberries.
- ❖ Spring grain—legume green manure—winter grain—oilseed. Manage soil moisture, control weeds, cycle nutrients and provide nitrogen for grain crops.
- ❖ Apple orchard and vineyard—winter cover crops between rows; grass in apples; legume blend in vineyard, hedgerow of native shrubs along north farm roads. Increase organic matter, prevent nutrient leaching, provide habitat for songbirds and natural enemies of pests.

4. Describe, and indicate, as applicable, the issues you address with your crop rotation and soil management practices.

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> organic matter increase | <input type="checkbox"/> soil compaction or crusting | <input type="checkbox"/> wind erosion                | <input type="checkbox"/> salinity            |
| <input type="checkbox"/> pest management         | <input type="checkbox"/> water availability          | <input type="checkbox"/> soil structure              | <input type="checkbox"/> deficient nutrients |
| <input type="checkbox"/> Ph                      | <input type="checkbox"/> disease management          | <input type="checkbox"/> water infiltration/drainage | <input type="checkbox"/> water erosion       |
| <input type="checkbox"/> excess nutrients        | <input type="checkbox"/> weed management             | <input type="checkbox"/> overall farm biodiversity   |  |
| <input type="checkbox"/> other (describe): _____ |  |  |  |

5. Indicate, as applicable, how you monitor the effectiveness of your crop rotation and soil management plan:

Practice	Monitoring frequency**	Type of monitoring records kept
soil observation		
soil (nutrient) tests		
soil organic matter content		
crop observation		
plant tissue tests		
crop quality tests		
crop yield comparison		
microbiological tests		
Other (specify):		

\*\*Monitoring frequency: Daily (D), Weekly (W), Monthly (M), Yearly (Y), As needed.

**Compost Use. NOP Section Rule 205.203(c)(2) requires that:**

- ❖ The C:N ratio of compost components be between 25:1 and 40:1
- ❖ Temperatures between 131° F and 170° F be maintained and recorded for a specific number of days, depending on the method of composting (see Rule annotation).
- ❖ Compost Records MUST be maintained, and available for Inspector review.

**Manure Use. NOP Rule Section 205.203(c)(1) requires that:**

- ❖ Raw manure MUST be fully composted unless applied to fields with crops not for human consumption, or
- ❖ Be incorporated into the soil 120 days prior to harvest for crops whose edible portion has direct contact with the soil, or be incorporated into the soil 90 days prior to harvest for all other crops for human consumption.

**Manure**

1. Do you use un-composted, raw or aged manure?  NO  YES  N/A
2. If **Yes**, check how your use of raw manure is compliant with NOP standards. Manure is:
  - applied to land producing a crop not intended for human consumption (pasture, hay, cover crops, etc.).
  - incorporated at least 120 days before harvest of a crop whose edible portion may contact the soil surface or soil particles.
  - incorporated at least 90 days before harvest of a crop whose edible portion does not directly contact the soil surface or soil particles.
  - a pelletized manure product listed or documented to meet NOP requirements of heating at 150° F for one hour or 165° F with <12% moisture content, or other procedure compliant with NOP Guidance 5006 on processed manure.
3. **Please be prepared to show records of manure use (locations used, crops grown, application and harvest dates).**
4. If you use off -farm manure, list source(s), livestock type and production practices (e.g. from caged layers, dairy barn cleanout and bedding, etc.):

**Compost**

5. Do you purchase or produce compost?  Yes  No If No, please skip to question 11.
6. Do you purchase compost?  Yes  No Include all composts on **Materials List, p. 19.**
7. If **Yes**, how do you document compliance?
  - Records for purchase of brand name compost on a list of allowed materials (e.g. OMRI or WSDA)
  - Letter from the compost supplier that compost was produced in compliance with NOP regulations.
  - Other (describe):
8. Do you produce compost?
  - No**, no compost produced. Please skip to question #12 Soil and Water Quality.
  - Yes**, compost contains *only* plant materials (no manure or other animal materials)
  - Yes**, compost contains plant and animal materials
9. If **Yes**, list all compost ingredients (including feedstocks, minerals, inoculants, if applicable).  **List attached**

10. If you produce compost that contains manure or other animal materials, describe your composting methods including temperatures reached, timelines for production, whether in-vessel, static pile, or windrow, and aeration methods.

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11. Do you maintain records for your compost production?  No  Yes

If **Yes**, please attach a sample record.

Sample record attached

**Note:** If compost production that includes manure as an ingredient does not comply with NOP standards in § 205.203(c)(2), or NOP Guidance 5021, the compost is considered raw manure. Please complete the section below.

**Soil and Water Quality**

12. Describe how you manage manure, and compost production to protect crops, soil and water (wells, aquifer, ponds or reservoirs, lakes, streams, etc.) from contamination by plant nutrients, heavy metals or pathogenic organisms.

(Examples include: use of feeding pads; frequent manure removal, application and incorporation; stockpile manure/produce and store compost away from water/drainage areas; manure "applied" by grazing livestock; manure storage/composting on impermeable pads, or covered to prevent leaching, etc.)

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**Pest, Disease and Weed Management & Monitoring Form** **NOP 205.206, 205.600-602 205.103** **Page 1 of 2**

1. Check the management practices you use to prevent or control crop pests, weeds, and diseases. Next to the appropriate practice, identify the disease (fungus, bacteria, virus), pest (insects, mites, birds, rodents, deer, etc.) or weeds which is to be controlled. There is no need to name weeds individually.

<b>Pest Prevention Practice</b>	<b>Weeds</b>	<b>Pest</b>	<b>Diseases</b>
Augment pest predators/parasites/beneficials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burning crop residues (see item 5 next page)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Construct habitat for predators (raptor perches, owl or bat boxes, frog ponds, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crop rotation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop habitat for natural enemies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disease/pest weed resistant varieties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diversified plantings/planting arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flaming, heat, steam, or electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical cultivation/tillage or hand weeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical or physical means (hoeing, pruning, picking, vacuum, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mowing or Livestock grazing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mulching with approved materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nonsynthetic lures/traps/repellants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plastic or synthetic mulch/solarization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sanitation measures to remove disease vectors, weed seeds, and pest habitat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Selection of suitable species/growing location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soil and crop nutrient management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timing of planting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water/ Irrigation management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. If you use materials to manage pests (including natural botanical, mineral or allowed synthetics), please list these on your **Materials List**.

**Listed**       **No pest management materials used.**

3. Describe how and when you monitor the effectiveness of your pest management program, and whether you keep any monitoring records.  
*Please have any records available for inspection.*

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4. Do you burn crop residues?     **No**     **Yes**    If **Yes**, describe the crop, purpose, location and timing of burning.

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**Prevention of Commingling & Contamination and Crop Post-Harvest Handling** NOP 205.201(a)(5), 205.202(c); NOP 205.270-.271

Describe the management practices and physical barriers implemented—to minimize risks and prevent commingling/contact between organic and non-organic product, and prevent contamination of organic product with substances prohibited in organic production and handling. Buffers must be “sufficient to prevent contamination.”

**Page 1 of 4**

**Irrigation Water**

1. Do you irrigate?  **No**  **Yes** If **No**, please skip to Question 6.

2. If **Yes**, describe your irrigation system type and water source(s) (on-site well, spring, creek, river, pond, or name of irrigation district (municipal/county/regional)):

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If **Yes**, describe how you assess and manage potential risks for contamination of irrigation water: \_\_\_\_\_

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4. If you have a split operation, do you chemigate, or fertigate with prohibited substances during non-organic production?

**No**  **Yes**  **Not Applicable**; all organic operation.

5. If **Yes**, how do you prevent the contamination of organic products? \_\_\_\_\_

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**Materials Storage**

6. Do you store any prohibited materials on farm?

**Yes**  **No** If **No**, please skip to question 9.

7. If **Yes**, how do you clearly identify and separate allowed and prohibited materials: \_\_\_\_\_

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**Equipment and Containers: Production, Application and Harvest**

8. Do you use (own/rent/contract) any equipment (seeders, fertilizer or pesticide applicators, harvest equipment or containers) that is also used for non-organic production?

**No** All equipment is dedicated to organic.  **Yes** If **Yes**, cleaning records must be maintained for equipment that is also used for non- organic production. Cleaning records will be reviewed at inspection.

9. Describe your harvest practices and list equipment and containers used: \_\_\_\_\_

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10. Do you use the service of custom applicators (pesticides, fertilizers, other) or harvesters?  **No**  **Yes** If **Yes**, describe the service and how you monitor the prevention of contamination or commingling.

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11 If any equipment or container is shared with non-organic products, describe how you prevent commingling and contamination.

**Not Applicable**; all equipment & containers are dedicated to organic.

**Transport**

**Not Applicable**; crops/products are sold before transport

12. Please describe the containers, equipment and vehicles used to transport crops/products harvested from the field, and describe destination: \_\_\_\_\_

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13. If any vehicle is shared with non-organic products, describe how you prevent commingling and contamination.  
 Not Applicable; all vehicles are dedicated to organic

**Product Storage**

14. Check your crop/product storage practices.  
 no crop or product storage       store own product on site (farm or production facility)  
 store product in a facility that is certified organic (*Please keep a copy of the organic certificate.*)  
 store product in a facility that is excluded per NOP § 205.101 (i.e., product remains in the same package or container and is not otherwise processed).

15. Describe crop(s) and type(s) of storage: \_\_\_\_\_

16. Please list all on-site storage areas that you manage, or contracted facilities with stand-alone certification.

Not applicable; no crops are stored

Type of storage	Size/Capacity	Location: on-site or other facility name	Crop(s) stored	Certifier (if contracted)

17. If any storage area is shared with non-organic crops/products, describe how you prevent commingling and contamination.  
 Not Applicable; all storage is dedicated organic

**Treated Wood**

18. Is there any treated wood on the farm?       Yes     No    If **No**, skip questions 19 and 20.

19. If **Yes**, indicate date of installation \_\_\_\_\_ (MM/DD/YY)

20. Describe how contact between treated wood and soil, crops and livestock is avoided: \_\_\_\_\_

**Post-Harvest Crop Handling**

This section is intended for use by operations that handle only their own product and whose activities preserve the essential form of the product, such as washing, packing, cooling and storing produce, drying grain, and seed cleaning or preparing raw agricultural product for market or farm use.

Use the **Handler OSP forms** if you conduct **On-farm processing**, and want to label such products as “organic.” On- Farm processing activities include complex handling activities, such as cooking, baking, curing, churning, separating, distilling, extracting, manufacturing, canning, etc.

1. Describe the type(s) of post harvest handling you do (for example, grading, dry pack, wet packing line, flume washing of vegetables, grain cleaning, etc.)

2. What type(s) of crops are handled in your post harvest handling facility? \_\_\_\_\_

Cleaning and Sanitation

3. Describe how you clean your post harvest handling area including any food contact surfaces: \_\_\_\_\_

\_\_\_\_\_

a. List all cleaning materials you use or plan to use in the **NHDAMF Materials List**  Attached

b. If you have a Standard Sanitation Operating Procedure (SSOP), you may attach a copy of the portion that covers equipment and organic food contact surfaces.

Attached  N/A

Water Use

4. Do you use water to clean crops or food contact surfaces?  Yes  No If **No**, skip to question 9.

5. If **Yes**, identify water source \_\_\_\_\_ and indicate how it is used:

to clean facility  to clean food contact surfaces  to wash product  Other describe): \_\_\_\_\_

6. Do you add chlorine to wash water, dump tank, flume or other water that has direct food contact?  Yes  No If **No**, skip to question 9.

If **Yes**, how do you provide for a potable water rinse after the agricultural crop has been in contact with water with added chlorine? Please describe what rate or concentration you use, your rinse procedures, and any testing or monitoring you do.

\_\_\_\_\_

7. Do you add any other material(s) to the water?  Yes  No

8. If yes, list these materials on the **NHDAMF Materials List** .  Attached

Post-Harvest Pest Control

9. List recurrent or potential pest problems, including flying or crawling insects, rodents, birds, etc.

\_\_\_\_\_

10. Describe the strategies you use or plan to use to prevent, manage or minimize pest problems in your handling facilities (wherever washing, packing, grading, cleaning, cooling and/or storage occurs).

\_\_\_\_\_

11. Indicate preventative (non-material) practices, and mechanical or physical means of pest control, lures or repellants:

- sanitation measures
- inspect incoming product
- crack, crevice and hole repair
- seal doors and windows
- electrocuters/bug zappers
- pheromone traps
- temperature, humidity and light control
- elimination of pest habitat or breeding areas
- monitoring
- air curtains
- sticky traps
- other (describe): \_\_\_\_\_
- screen windows and vents
- eliminate sources of food
- clean up spilled product
- mechanical traps
- freezing

13. When and how do you monitor for pests in storage areas? \_\_\_\_\_

14. What pest management and monitoring records do you keep? \_\_\_\_\_

**Post-Harvest Material Use**

15. List all materials you use or plan to use in your post-harvest handling and facility pest management on the **NHDAMF Materials List**.

- No materials used
- List of materials attached

NOTE: Include cleaners, sanitizers, fumigants, rodenticides (e.g. Vitamin D3 bait), ripeners, sprout inhibitors, growth regulators, oils, coloring agents, waxes, Boric Acid, Diatomaceous earth, gases and soap products when completing the Materials List.

**Containers**

Containers, bins, and packaging materials must not contain synthetic fungicides, preservatives, or fumigants; and all reusable containers must be thoroughly cleaned and pose no risk of contamination prior to use for organic crops.

Describe types of containers used for harvesting: \_\_\_\_\_

\_\_\_\_\_

With previously used containers, describe cleaning procedures: \_\_\_\_\_

\_\_\_\_\_

Describe types of packaging used for sales, shipping, or storage (specify each use): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Labeling and Audit Trail**

1. Under what name(s), label(s) or brand(s) do you market your products: \_\_\_\_\_

2. What kinds of labeling do you use? Check all that apply

- No product labels used
- Retail labels, such as printed boxes or bags, produce stickers, rubber bands or twist ties
- Signage and written materials (Farmers Markets or Farm Stands, website, brochure, CSA newsletter, or other promotional materials)
- Non-retail labeling for storage or shipping containers, such as bin or pallet tags. § 205.307(b) states: "Nonretail containers used to ship or store raw or processed agricultural product labeled as containing organic ingredients must display the production lot number of the product if applicable." If lot numbers are used, please complete question 3.

3. Describe your lot numbering system for non-retail packaging.  Not Applicable; no non-retail packaging used

4. If you use a label, please provide copies of all organic product labels used.

- Not Applicable; no labeling used
- Current label previously submitted to NHDAMF
- New label(s) attached for review (Labels must be approved before use.)

5. Describe how your records can track your organic production from source (farm, field or production location) to final sale. Be prepared to demonstrate your recordkeeping system at inspection.

**Marketing**

<b>Marketing Information.</b> Provide <b>name &amp; locale</b> for all sales outlets of organic product:		
<input type="checkbox"/> Farmers Markets:		
<input type="checkbox"/> Direct to retail:		
<input type="checkbox"/> CSA/subscription service (#members/shares):		
<input type="checkbox"/> Wholesale:		
<input type="checkbox"/> Bulk commodities to processor:		
<input type="checkbox"/> Contract to buyer:		
<input type="checkbox"/> Food Service Establishment:		
<input type="checkbox"/> Farm retail or farm stand		
a.) Do you buy in any organic product for resale?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b.) Is it certified organic?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c.) Provide product type, source & organic verification:		

d.) Do you buy in non-organic product? Provide product type and source(s):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e.) How are organic & non-organic products segregated and labeled?		
Will the <b>USDA Organic Seal</b> or the <b>NHDAMF Certified Organic Logo</b> be used on the product labels or other marketing materials?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Specify which:		
<b>** NOTE: All labels must be approved prior to use. Please attach copies of all organic product labels</b>		

Make Checks out to: **“TREASURER, STATE OF NH.”**

Mail completed Application Document to:

Division of Regulatory Services  
 NH Department of Agriculture, Markets & Food  
 PO Box 2042  
 Concord, NH 03302-2042

If you should have any questions, please call (603) 271-3685 or email [Jennifer.gornert@agr.nh.gov](mailto:Jennifer.gornert@agr.nh.gov)

