

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

NHDAMF ORGANIC SYSTEM PLAN (OSP) for MUSHROOM PRODUCTION

- ❖ Complete this OSP if you are requesting organic certification for INDOOR ORGANIC MUSHROOM PRODUCTION.
- ❖ 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:		
Organizational structure/legal status:			
<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:			

How do you grow your mushrooms? _____

Do you produce non-organic mushrooms? Yes* No

*If yes, complete Section 2C., page 4, of this document.

FEES:		
Inspection Fees:		Fees
Give total SQUARE FOOTAGE of production areas to be certified in facility. List the appropriate fee in the adjacent space.	ft ²	\$
	Certification Fee	+ \$100.00
	TOTAL FEES SUBMITTED	
For Office Use only:		
Date:	Check #	Amount:

*Please refer to TABLE 911-1 Inspection Fees for Organic Maple, Horticultural and Agronomic Crops, and Greenhouse Production, found in NH organic rules- Agr 911-CERTIFICATION OF ORGANICALLY PRODUCED PLANT, ANIMAL, FOOD OR FIBER COMMODITIES.

AFFIRMATION: Please read the following and sign below.

- I affirm that all statements made in this application are true and correct.
- 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

Print name: _____

Provide detailed travel directions to facility and each production site which for 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.

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/organic) production

The following records must be maintained and will be reviewed at inspection:

Documentation of substrate & other similar materials
 Documentation of spawn source(s)
 Harvest records
 Storage records
 Equipment cleaning record
 Shipping records
 Sales records

FACILITY MAPS NOP Section 205.202(c)

Provide a facility map for all production areas: grow rooms, storage areas, refrigeration units, receiving and shipping entrances and exits. Clearly identify each area, and indicate flow of product through the facility.

SECTION 2: MUSHROOM PRODUCTION NOP Rule Sections 205.201-205.406

Fungi Species	Source of Spawn, List company information	Growing cycles per year	Approximate number of blocks/bags/pouches per year

Materials: (sawdust, grain, limestone, logs, etc.)

Material Type	Source(s): list company information	Organic Certifier (grains or other protein sources) & Certificate	Amount sourced annually

B) EQUIPMENT: List all equipment used during production.

Type	Owned (O) Rented(R) Custom(C)	Organic	Non-organic	Cleaning protocols

Are equipment lubricants approved for use in food production areas?

Yes

No

List type & brand of lubricants: _____

C) SPLIT OPERATIONS: Complete this Section **only** if facility includes both organic and non-organic mushroom production.

Describe the management practices and physical barriers used to prevent commingling or contamination between organic and non-organic:

Substrate Materials	
Ventilation system—prevention of drift of prohibited materials	
Irrigation system: Identify water source, use of water.	
Production or growing areas-separation and identification	
Cleaning & cleaning materials	
Identification of non-organic growing areas, and bag/pouches/logs*	

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

D) Pest, Disease and Contamination Management & Monitoring

Describe preventative measures implemented to control the presence of diseases, pests or other contaminants:

NOTE: List all products used for disease/pest control, sanitation, cleaners, etc. on Material List Addendum.

E) WATER USE

1. Water Source: on-site well municipal/county-name: _____

2. Last date of water test: _____

NOTE: Current water test results must be available at time of inspection.

3. Irrigation system type: none drip mist fogger flood other: _____

4. Are input materials applied via irrigation system? No Yes List: _____

5. List product(s) used to clean irrigation lines and nozzles: _____

F) HARVESTING PRACTICES

1. Describe your harvest practices; list equipment and containers used: _____

2. Describe cleaning protocol and storage for harvest tools and containers after use: _____

3. Describe storage of harvested products: _____

4. If storage area is shared with non-organic products, how is commingling and contamination prevented? N/A

5. Describe types of packaging used for sales & shipping (specify each use): _____

6. Describe how organic product is transported to markets: _____

SECTION 3: Labeling, Audit trail and Marketing

NOP 205.103, 205.201, .205.271, .300-311

A) Labeling and Audit Trail

1. Under what name(s), label(s) or brand(s) do you market your products? _____

2. Check all that apply

No product labels used

Retail labels, such as printed boxes or bags, product stickers

Use label with USDA Organic logo

Use label with NHDAMF Organic Logo

NOTE: All labels must be approved prior to use. Provide copies of all organic product labels

3. Describe product lot numbering system: _____

4. Describe how your records can track your organic production from source to final sale. Be prepared to demonstrate your recordkeeping system at inspection.

B) Marketing

Marketing Information. Provide **name & locale** 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide product type and source(s):		
e.) How are organic & non-organic products segregated and labeled at point of sale?		

SECTION 4: NHDAMF MATERIAL LIST

NOP § 205.203, § 205.206, § 205.600-606

List all materials you use or plan to use.

Not Applicable; no materials used

