

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

**NHDAMF ORGANIC SYSTEM PLAN- ON-FARM Processors & Handlers**

**INSTRUCTIONS:**

- ❖ Complete this OSP if you are requesting On-Farm Processor certification.
- ❖ Use additional sheets as necessary
- ❖ Complete Organic System Plans are required **prior** to inspection

*"On-farm processor" means a certified organic farmer who is certified under Agr 911 and who processes organic products at the same location whereby a minimum of 75% of the finished product's ingredients are organically produced by the certified organic farmer. Such ingredients can include, but are not limited to, crops, grains, or herbs.*

**SECTION 1: General Information      NATIONAL ORGANIC PROGRAM (NOP) RULE Sections 205.201 & 205.401**

Company name:		
Owner/Manager***:		
Physical Address:		
Mailing Address (if different from above):		
City:	State:	Zip:
Phone:	Fax:	Email:
Website:		

\*\*\*Is this person AUTHORIZED to act on behalf of the company       Yes       No

If **NO**-list name, address & telephone of person who is:

<b>CERTIFICATION FEE:</b>	<b>50.00</b>	<b>Note:</b> Inspection fees shall be calculated at a rate of \$35 per hour, and travel expenses at \$0.55 per mile. A separate invoice will be issued to the above APPLICANT after the completion of all inspection visits and subsequent inspections reports have been filed with NHDAMF.	
<b>TOTAL FEE SUBMITTED:</b>		<b>Date Fee Received:</b>	<b>CHECK NUMBER:</b>

**Directions to Facility/Farm:**

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**SECTION 2: Affirmation**

- ❖ I affirm that all statements made in this Organic System Plan are true and correct.
- ❖ I agree to comply with the Organic Foods Production Act of 1990 and National Organic Program Rules and Regulations and NH RSA 426:6, and PART AGR 910.
- ❖ I understand that the facility may be subject to unannounced inspection and/or organic products may be sampled and tested for residues at any time.
- ❖ I agree to provide further information as required by the certifying agent.

Print Name of Signatory \_\_\_\_\_

Signature of Owner/Manager \_\_\_\_\_ Date \_\_\_\_\_

I have attached the following required documents:

- Product flow chart
- Facility map
- Organic Product Profiles
- Water test, if applicable
- MSDS, if applicable
- Materials Sheet
- Organic product labels
- Labels for minor ingredients
- Applicable State & Town Licenses

I have made copies of this Organic Handling Plan and other supporting documents for my own records.

**SECTION 3: Products Requested for Certification**

- ❖ For multi-ingredient products complete a **NHDAMF Organic Product Profile** sheet for each product attached at end of OSP
- ❖ Use additional sheets as needed

Product type	On-farm Ingredient(s) used	Type of Packaging	Finished Product Label Claim		
			100% OG	Organic	MWO (+75% OG**)

(\*\*MWO=Made with Organic ingredients..."= Product content MUST have a minimum of 75% OG ingredient to qualify as an On-Farm Processor)

**SECTION 4: Packaging & Labeling**

- ❖ All labels must meet the requirements set forth in *NOP Sections 205.303-.304*
- ❖ Labels **MUST** be approved prior to use on finished product
- ❖ Attach labels for review which display either or both of the USDA or NHDAMF Organic Logos

1. Where are packaging materials stored? \_\_\_ Indicated on Facility Map

2. Are any fungicides, fumigants, or pest controls used in this storage area? \_\_\_ Yes \_\_\_ No

If yes, describe use and list specific product(s): \_\_\_\_\_

3. Are packaging materials reused? \_\_\_ Yes \_\_\_ No

If yes, describe how reusable packaging materials are cleaned prior to use: \_\_\_\_\_

4. Where is finished product stored? \_\_\_ Indicated on Facility Map

**SECTION 5: Water Use**

- ❖ Water used for processing must be potable
- ❖ Attached annual water test if source is other than municipal

A) Source of Water:  on-site well  municipal  other (specify): \_\_\_\_\_

B) Check ways water is used in processing:  ingredient  processing aid  cooking  cooling  product transport  
 cleaning organic products  cleaning equipment  other (specify): \_\_\_\_\_

C) Specify what, if any, on-site water treatment processes are used:  **NONE**

D) Is steam used in the processing or packaging of organic products?  Yes  No

If yes, describe how steam is used: \_\_\_\_\_

E) How often is water monitoring conducted?  weekly  monthly  annually  other: \_\_\_\_\_

Describe how water quality is monitored: \_\_\_\_\_

**SECTION 6: Assurance of Organic Integrity**

A) Organic Integrity: Describe how potential commingling and/or contamination of organic product is prevented:

B) Equipment: List all equipment used in processing:

C) Sanitation:

- ❖ Attach label information and first page of the MSDS sheet for ALL cleaning and sanitizing products
- ❖ Attach copy of cleaning logs for ALL areas of the facility

1. Check cleaning methods used:  sweeping  scraping  vacuuming  compressed air  manual washing  
 clean in place (CIP)  steam cleaning  sanitizing  other (specify):

2. Are all food contact surfaces of food grade materials?

Yes  No

3. Do you test food contact surface or rinsate for cleaner/sanitizer residues?

Yes  No

4. Where are cleaning/sanitizing materials stored?

\_\_\_\_\_ Indicated on Facility Map

**SECTION 7: Marketing & Transportation of Finished Organic Products**

A) How are organic products marketed?

\_\_\_\_\_ Own farm stand \_\_\_\_\_ On-line sales \_\_\_\_\_ Retail outlets \_\_\_\_\_ Wholesale outlets \_\_\_\_\_ Farmers' Markets

\_\_\_\_\_ Other outlets, specify: \_\_\_\_\_

B) Where are organic products sold? \_\_\_\_\_

C) With transport companies, describe steps taken to segregate organic products: \_\_\_\_\_

## SECTION 8: Pest Management

### Pest Control:

- ❖ List control products on Materials List
- ❖ Pest control practices MUST be documented in Production Records
- ❖ Specify locations of traps, monitors and other similar pest control devices on Facility Map
- ❖ Submit pesticide labels and the first page of the Material Safety Data Sheets (MSDS) for all pesticides used inside and outside the facility

A) Who is responsible for the Pest Control Program?

B) Give name, address and phone number of Pest Control Company employed:

C) When was the last date of facility inspection?

\*Attach most recent Pest Inspection Report

D) What measures are taken to prevent pesticide contamination of organic ingredients and finished products?

## SECTION 9: Recordkeeping

- ❖ Organic records must be maintained for 5 years and demonstrate compliance with the NOP Rule
- ❖ Organic products must be tracked from either:
  - 1) Day of harvest for raw on-farm ingredients, and/or
  - 2) Date received on invoice for ingredients sourced off-farm, to sale of finished products
- ❖ All records must be accessible to the inspector

A) Describe Lot Numbering System or Batch Code format:

B) Describe how recordkeeping system can track the finished product back to all ingredients:

C) Describe Product Recall Procedures:

**Submit completed form, fees, and supporting documents to:**

**N H DEPT OF AGRICULTURE, MARKETS & FOOD  
DIVISION OF REGULATORY SERVICES  
PO BOX 2042  
CONCORD NH 03302-2042**

**Tele: (603) 271-3685  
Fax: (603) 271-1109**

**Contact Information:**

**Jennifer Gornnert, Director  
Div. of Regulatory Services**

**Phone: (603) 271-7761  
Fax: (603) 271-1109**

**Email: [Jennifer.gornnert@agr.nh.gov](mailto:Jennifer.gornnert@agr.nh.gov)**