

NHDAMF ORGANIC SYSTEM PLAN- (OSP) Processors & Handlers

INSTRUCTIONS:

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

Primary Reviewer: _____ Date: _____

Inspector: _____ Date: _____

Director's Approval: _____ Date: _____

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

Company Name:	Organic Cert. #:
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Owner/Manager****:

Physical Address:

Mailing Address (if different from above):

City:	State:	Zip:
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Phone:	Fax:	Email:
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Website:

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

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

Number of processing/handling facilities to be certified:**

**More than ONE facility requires separate applications for each site, and additional fees. Copies of this application may be made.

DIRECTIONS TO FACILITY TO BE INSPECTED:

CERTIFICATION FEE:	\$250.00	ADDITIONAL FACILITIES:	#	X \$100 per =	
TOTAL FEE SUBMITTED:		CHECK NUMBER:			

Note: Inspection fees shall be calculated at a rate of \$35 per hour, and travel expenses at \$0.556 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.

SECTION 2 - AFFIRMATION NOP RULE 205.100, .400, .401

- ❖ 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 additional documents:

<input type="checkbox"/> product flow chart	<input type="checkbox"/> facility map	<input type="checkbox"/> Organic Product Profiles
<input type="checkbox"/> pest management map of traps and monitors	<input type="checkbox"/> water test, if applicable	<input type="checkbox"/> MSDS, if applicable
<input type="checkbox"/> organic product labels	<input type="checkbox"/> labels for minor ingredients	<input type="checkbox"/> Applicable State & Town Licenses
<input type="checkbox"/> labels for other substances used (boiler additives, cleansers, or pesticides)		<input type="checkbox"/> Cleaning Logs

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

Organic certification history:

Are you currently certified by another USDA Certifying Agency?

Yes

No

If yes, list name & address:

1. List previous years certified organic & name of Certifying Agency:

2. List all non-compliances within the past 5 years, and corrective actions implemented:

Not Applicable

3. Has your certification ever been denied, suspended, or revoked?

Yes

No

If yes, attach copies of relevant documents and the corrective actions implemented.

Exporting of organic product(s):

Do you understand the terms of the international agreement?

Do you include a certificate of export with every shipment?

Do the product labels meet the requirements of the receiving country?

Check all countries to which you intend to export:

Not Applicable

Canada

European Union

Taiwan

Other(s): _____

List all products intended for export:

Attach an Organic Product Profile sheet and copies of all labels for each product requested for certification.

A. PRODUCTS LABELED AS "100% ORGANIC." (All ingredients must be certified organic, including processing aids.)

List all products to be labeled as "100% Organic," and check appropriate boxes

NONE

Product Name	Org. Ingredients listed on info. panel	Certifier's name on label	USDA seal used on label	Certifier's seal/logo used on label
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. PRODUCTS LABELED AS "ORGANIC." (At least 95% certified organic ingredients)

Product Name	Org. Ingredients listed on info. panel	Certifier's name on label	USDA seal used on label	Certifier's seal/logo used on label
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Products labeled as "ORGANIC" – Are any non-organic ingredients used? Yes No

If yes, list all organic products which contain non-organic agricultural ingredients:

Describe attempts to source the same organic agricultural ingredients:

C. PRODUCTS LABELED AS “Made with organic...(ingredients or food groups(s) indentified)”

(NOTE: At least 70% certified organic ingredients required; and up to 3 ingredients or food group(s) can be listed in product name. Choose from the following food group lists: *beans, fish, fruits, grains, herbs, meats, nuts, oils, poultry, seeds, spices, sweeteners, vegetables, or processed milk products.*)

Product Name	Number of ingredients or food groups listed on Principal Display Panel (PDP)	List each ingredient or food group shown on the PDP	Are organic ingredients listed on the information panel?	Certifier's seal/logo used on label
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

D. PRODUCTS WITH LESS THAN 70% ORGANIC INGREDIENTS (*Organic ingredients listed only on the information panel*) NONE

List all products which contain less than 70% organic ingredients:

E. WATER USE Attach copy of most recent water test to application.

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

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

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

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

If yes, describe how steam is used:

How often is water monitoring conducted? weekly monthly annually other:

Describe how water quality is monitored:

A. PRODUCT FLOW

1. Attach a complete written description or schematic product flow chart, which shows the movement of all organic products, from incoming/receiving through production to outgoing/shipping.
2. Indicate where ingredients are added and/or processing aids are used. All equipment and storage areas must be identified.

B. ORGANIC INTEGRITY

Describe your Organic Integrity Program in place to address areas of potential commingling and/or contamination:

C. MONITORING

Do you have a Quality Assurance program in place? Yes No

➤ If yes, what program do you use? ISO HACCP TQM Other:

Are there any outside quality assessment services used (e.g. AIB)? Yes No

➤ If yes, name of company:

How do you prevent the use of ingredients produced using excluded methods (genetic engineering), sewage sludge, or ionizing radiation? (check all that apply) GE testing letters from manufacturers other:

Are finished product samples retained? Yes No

If yes, how long?

D. Product Recall System: Describe your product recall procedures:

E. EQUIPMENT List all equipment used in processing. Attach additional sheets as necessary.

Equipment name/type	Capacity	Check if equipment is cleaned prior to organic production	Check if cleaning is documented	Check if equipment is purged* prior to organic production
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*With purging, describe purging procedures, quantities purged and documentation maintained:

F. 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?

* Indicate on Facility Map

G. PACKAGING:

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. Check type of packaging materials used: paper cardboard wood glass metal foil plastic waxed paper aseptic natural fiber synthetic fiber other (specify):

2. Where are packaging materials stored?

* Indicate on Facility Map

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

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

4. Are packaging materials reused? Yes No

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

H. LABELS and LABELING of ORGANIC PROCESSED PRODUCTS:

1. Will the USDA Organic Logo be used on packaging/receipts/labels? Yes No

2. Will the NHDAMF Organic Logo be used on packaging/receipts/labels? Yes No

I. STORAGE:

All storage areas are to be indicated on Applicant's FACILITY MAP.

The following storage areas must be indicated if used:

- Ingredient storage – Indicate both organic & non-organic, if applicable
- Packaging material storage – Indicate both organic & non-organic, if applicable
- In-process storage
- Finished product storage – Indicate both organic & non-organic, if applicable
- Off-site storage-give name, address, phone number and types of products stored at this location:

J. TRANSPORTATION OF ORGANIC PRODUCTS:1. **Incoming organic ingredients:** In what forms are incoming products received?

- dry bulk liquid bulk tote bags metal drums cardboard drums paper bags foil bags
 Other (specify):

2. How are **incoming organic products** transported to facility?

2a. With transport companies, have you notified them of organic handling requirements?

 Yes No

3. Do transport units transport non-organic products or prohibited substances?

 Yes No3a. If yes, how do you insure that inbound transport units are cleaned prior to loading **organic ingredients**?

4. Are organic products shipped at the same time as non-organic in the same transport unit?

 Yes No4a. If yes, describe steps taken to segregate **organic ingredients**:5. In which forms are **finished products** shipped?

- dry bulk liquid bulk tote bags paper bags foil bags metal drums cardboard drums
 mesh bags cardboard cases plastic crates Other (specify):

6. How are **finished products** shipped?

7. If used, have transport companies been notified of organic handling requirements?

 Yes No8. How do you verify that transport companies will not commingle **organic finished products** with: non-organic finished or prohibited substances?**SECTION 5: PEST MANAGEMENT****NOP RULE 205.271****PEST CONTROL:**

- **Use of pest control products and practices MUST be documented and included as part of the Organic System Plan.**
- **Attach a facility map indicating locations of traps, monitors and other similar pest control devices.**
- **Submit pesticide labels and the first page of the Material Safety Data Sheets (MSDS) for all pesticides used inside and outside the facility.**

1. Who is responsible for the Pest Control Program?

2. Give name, address and phone number of Pest Control Company employed:

3. When was the last date of facility inspection?

NOTE: Attach a copy of the last inspection report completed by the pest control company;
 If applicant is responsible for pest control, attach the most recent facility pest control review conducted.

4. What measures are taken to prevent pesticide contamination of **organic ingredients** and **finished products**?

SECTION 6: Record Keeping**NOP RULE 205.103**

- ❖ Organic records must be maintained for 5 years and demonstrate compliance with the NOP Rule
- ❖ Organic products must be tracked from receipt of incoming ingredients to sale of finished products
- ❖ All records must be accessible to the inspector

Which of the following records do you keep for organic processing/handling?**1. Incoming:**

- purchase orders contracts invoices receipts bills of lading customs forms scale tickets
 quality test results Certificates of Analysis receiving records copies of Certificates of Organic Operation
 verification of non-GMO ingredients Other (specify):

2. In-Process

- ingredient inspection forms blending reports production reports equipment clean-out logs sanitation logs
 Packaging reports QA reports production summary records (12 mos.)
 Other (specify):

3. Storage:

- ingredient inventory reports finished product inventory reports Other (specify):

4. Outgoing:

- shipping log transport unit inspection/cleaning forms bills of lading purchase orders sales orders
 sales invoices phytosanitary certificates export declaration forms copies of Certificates of Organic Operation
 shipping summary log sales summary log Other (specify):

5. Describe your lot numbering system:**6. Describe how your record keeping system track the finished product back to all ingredients:****7. Describe how your record keeping system balance organic ingredients in and organic products out:****Submit completed form, fees, and supporting documents to:**

N H DEPT OF AGRICULTURE, MARKES & FOOD
DIVISION OF REGULATORY SERVICES
PO BOX 2042
CONCORD NH 03302-2042 Tele: 603-271-3685 Fax: 603-
271-1109

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