**Section A: General Information**

|  |  |
| --- | --- |
| **Business Name:** |  |
| **Trading As:** |  |
| **Physical Address(es):** |  |

|  |
| --- |
| **A.1 Please provide a brief, general description of your organic operation.** |
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| **A.2 Do you grow crops in soil?** |
| Yes.  No. |

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| **A.3 Do you produce seedlings or crops in containers with planting medium, or grow crops in a greenhouse, coldframe or hoophouse?** |
| Yes. Please complete the OIP Annex – Greenhouse Crop Production.  No. |

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| **A.4 Do you use manure or compost?** |
| Yes. Please also complete the OIP Annex – Manure and Compost.  No. |

|  |
| --- |
| **A.5 Do you do any post-harvest handling of your crop products (e.g., flotation, washing, sanitising, cooling, sorting/grading, bagging/packaging, removal of foreign objects or plant parts)?** |
| Yes. Please also complete the OIP Annex – Post-Harvest Handling.  No. |

|  |
| --- |
| **A.6 Do you do any more complex processing of crop products (processes that change the essential form of the product, e.g., cutting, cooking, etc.)?** |
| Yes. Please complete an Organic Integrity Plan – Processing and Handling to include this activity in your certification.  No. |

|  |
| --- |
| **A.7 Do you produce livestock or livestock products (eggs, milk, etc.) for which you are seeking organic certification?** |
| Yes. Please complete an Organic Integrity Plan – Livestock to include this activity in your certification.  No. |

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| --- |
| **A.8 Do you use any contract processors or handlers (including external storage facilities) for your organic products?** |
| Yes.  No. |

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| --- | --- | --- |
| **A.9 If yes, please list all contract processors or handlers (including external storage facilities) used by your operation in the table below.** | | |
| **Business Name and Address** | **Services Provided** | **Certified Organic? If yes, please provide name of certifier and certification number / ID** |
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Add lines if necessary.

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| **A.10 Do you hold organic certification with any certifying bodies other than ACO?** |
| Yes. Name of certifier and certification number / ID:  No. |

**Section B: Parallel / Split Production**

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| --- |
| **B.1 Select the option that best describes your operation.** |
| All organic production.  Split production – organic and non-organic production of different, visually distinct varieties.  Parallel production – organic and non-organic production of the same or visually indistinct varieties. |

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| --- |
| **B.2 If you have parallel production, which crops are grown in parallel?** |
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| **B.3 Do you have a plan to convert your whole farming operation to organic production or otherwise eliminate parallel production?** |
| Yes.  No. Please refer to relevant organic standards for conversion requirements. |

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| **B.4 If yes, please describe your conversion plan below (include specific objectives, timelines, etc.).** |
|  |

**Section C: Field and Crop Information**

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| --- | --- | --- | --- | --- |
| **C.1 List all fields / production units under your management control – whether organic, in-conversion, or non-organic – in the table below.** | | | | |
| **Address** | **Field Number / ID** | **Size (Ha)** | **Organic Status (Organic, In-Conversion or Non-Organic)** | **Ownership Status (Owned or Leased)** |
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Add lines if necessary.

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| --- | --- | --- | --- |
| **C.2 List all crops for which you are seeking organic certification. Include food and feed crops, as well as pasture / forage.** | | | |
| **Crop** | **Area Address / Field Numbers / IDs** | **Total Hectares per Crop** | **Expected Annual Yield** |
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Add lines if necessary.

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| **C.3 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.).** | |
| North: |  |
| South: |  |
| East: |  |
| West: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **C.4 Describe the buffer areas that you maintain to prevent contamination of organic crops by prohibited substances applied to neighbouring land or fields. Please specify whether you grow crops inside the buffer area, and whether you plan to sell or represent these crops as organic.** | | | | |
| **Field Number / ID** | **Type of Buffer (crop land, tree line, natural vegetation, grass strip, etc.)** | **Width of Buffer (m)** | **Adjoining Land Use** | **If crop is harvested from the buffer, describe how it will be used (sold as organic, sold as conventional, etc.)** |
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Add lines if necessary.

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| **C.5 Describe any other measures taken (management practices, communication with neighbours, etc.) to prevent contamination of organic crops by prohibited substances applied to neighbouring land or fields.** |
|  |

**Section D: Biodiversity**

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| **D.1 What practices do you employ to maintain or improve biological diversity on your farm?** |
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| **D.2 What percentage of your farm is set aside for biodiversity, i.e., treed areas, grasslands, or other reserves which are non-cultivated and non-intensively grazed?** |
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**Section E: Soil Management and Crop Rotation**

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| **E.1 What practices do you employ to maintain or improve soil fertility and biological activity on your farm?** |
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| --- |
| **E.2 Do you use any input materials as part of your soil fertility program?** |
| Yes. List all input materials used or planned for use in your Input Register.  No. |

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| --- |
| **E.3 Describe your crop rotation plan below. Include 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 that you use. For perennial crops, describe management of ground cover, alley cropping, intercropping or hedgerows.** |
|  |

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| --- |
| **E.4 How and when (e.g., daily, weekly, as needed) do you monitor the effectiveness of your crop rotation and soil management plan? What monitoring records do you keep?** |
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| **E.5 Do you have any soil micronutrient deficiencies on your farm?** |
| Yes.  No. |

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| --- |
| **E.6 If yes, list the soil deficiencies present.** |
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|  |
| --- |
| **E.7 How do you monitor and record soil micronutrient deficiencies?** |
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| --- |
| **E.8 Do you have any soil erosion problems on your farm?** |
| Yes.  No. |

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| --- |
| **E.9 If yes, what practices do you employ to minimise soil erosion?** |
|  |

**Section F: Water Management**

|  |
| --- |
| **F.1 Do you irrigate?** |
| Yes.  No. **Go to next section.** |

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| --- |
| **F.2 What type of irrigation system do you use?** |
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| **F.3 What is the source of water used in your irrigation system (e.g., municipal, onsite well, spring, creek, river, pond, irrigation district)?** |
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| **F.4 Describe how you assess and manage potential contamination risks from the water sources listed above.** |
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| **F.5 How is your irrigation system designed and monitored to ensure the efficient use of irrigation water?** |
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| **F.6 Is irrigation equipment shared with non-organic production?** |
| Yes.  No. |

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| **F.7 If yes, how do you prevent contamination of organic crops by prohibited substances applied through shared irrigation systems during non-organic production?** |
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| **F.8 Do you use any irrigation system cleaners?** |
| Yes. List all irrigation system cleaners used or planned for use in your Input Register.  No. |

**Section G: Seeds and Planting Stock**

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| --- |
| **G.1 What is the source of seeds or annual planting stock used to grow organic crops?** |
| Not applicable – no seeds or annual planting stock used or planned for use.  Organic seed/planting stock, purchased.  Organic seed/planting stock, saved on farm.  Non-organic seed/planting stock.  Other. Please describe: |

|  |
| --- |
| **G.2 What is the source of annual seedlings used to grow organic crops?** |
| Not applicable – no annual seedlings used or planned for use.  Organic seedlings, purchased.  Organic seedlings or transplants, grown on farm.  Non-organic seedlings.  Other. Please describe: |

|  |
| --- |
| **G.3 What is the source of perennial planting stock used to grow organic crops?** |
| Not applicable – no perennial planting stock used or planned for use.  Organic perennial stock, purchased.  Organic perennial stock, produced/propagated on farm.  Non-organic perennial stock.  Other. Please describe: |

|  |  |  |
| --- | --- | --- |
| **G.4. If you purchase organic seeds or planting stock, please list your suppliers in the table below.** | | |
| **Supplier Name** | **Supplier’s certifier and certification number / ID** | **Seeds/planting stock purchased from this supplier** |
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Add lines if necessary.

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| **G.5. If you use non-organic seeds or planting stock, what process do you follow to determine if an equivalent organic variety is commercially available prior to purchase? What records do you keep of this process?** |
|  |

**Note:** Non-organic seed or planting stock must be approved by ACO prior to use. Non-organic annual seedlings are not permitted for use under the NOP.

**Section H: Weed Management**

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| **H.1 What are your significant weed problems?** |
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| --- |
| **H.2 What practices do you employ to prevent or control weeds?** |
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| --- |
| **H.3 Do you use any input materials to control weeds?** |
| Yes. List all input materials used or planned for use in your Input Register.  No. |

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| --- |
| **H.4 How and when (e.g., daily, weekly, as needed) do you monitor the effectiveness of your weed management plan? What monitoring records do you keep?** |
|  |

**Section I: Pest Management**

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| --- |
| **I.1 What are your significant pest problems (insects, mites, birds, rodents, dogs, etc.)?** |
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| --- |
| **I.2 What practices do you employ to prevent or control pests?** |
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| --- |
| **I.3 Do you use any input materials to control pests?** |
| Yes. List all input materials used or planned for use in your Input Register.  No. |

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| --- |
| **I.4 How and when (e.g., daily, weekly, as needed) do you monitor the effectiveness of your pest management plan? What monitoring records do you keep?** |
|  |

**Section J: Disease Management**

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| --- |
| **J.1 What are your significant disease problems (fungus, bacteria, virus, etc.)?** |
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| --- |
| **J.2 What practices do you employ to prevent or control diseases?** |
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|  |
| --- |
| **J.3 Do you use any input materials to control diseases?** |
| Yes. List all input materials used or planned for use in your Input Register.  No. |

|  |
| --- |
| **J.4 How and when (e.g., daily, weekly, as needed) do you monitor the effectiveness of your disease management plan? What monitoring records do you keep?** |
|  |

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| **J.5 Do you burn crop residues?** |
| Yes.  No. |

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| --- |
| **J.6 If yes, describe the crop, purpose, location and timing of burning.** |
|  |

**Section K: Materials Storage**

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| --- |
| **K.1 Do you store any prohibited input materials on farm?** |
| Yes.  No. |

|  |
| --- |
| **K.2 If yes, where are prohibited input materials stored? How do you identify and separate allowed and prohibited input materials in storage?** |
|  |

**Section L: Treated Wood**

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| --- |
| **L.1 Are there any treated timber installations on the farm (fences, trellises, stakes, animal housing, etc.)?** |
| Yes.  No. |

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| --- |
| **L.2 If yes, please indicate the type of treated timber installations, and the location and date of their installation.** |
|  |

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| --- |
| **L.3 Describe how contact between treated timber installations and soil, crops, and livestock is avoided.** |
|  |

**Section M: Equipment and Harvest**

|  |  |  |  |
| --- | --- | --- | --- |
| **M.1 List all equipment and containers used for planting, tillage, spraying, and harvesting in the table below.** | | | |
| **Equipment Name** | **Use** | **Leased, Owned or Contracted?** | **Is this equipment dedicated for organic use?** |
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Add lines if necessary.

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| **M.2 If any equipment or containers are shared with non-organic production, how do you ensure that they are pre-cleaned of any non-organic products or prohibited substances prior to use in organic production? List all cleaners and sanitisers used or planned for use in your Input Register.** |
|  |

|  |
| --- |
| **M.3 Describe how organic crops are harvested (mechanical, by hand, etc.).** |
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| --- |
| **M.4 Describe the measures taken to protect organic crops from commingling with non-organic crops (including buffer crops) during harvest.** |
|  |

|  |
| --- |
| **M.5 Are crops contract harvested?** |
| Yes.  No. |

|  |
| --- |
| **M.6 If yes, describe how contractors are monitored to ensure that commingling and contamination prevention procedures are followed.** |
|  |

**Section N: Crop Storage**

|  |  |  |  |
| --- | --- | --- | --- |
| **N.1 List all onsite storage areas or external storage facilities used in the table below.** | | | |
| **Storage Area Name / Location** | **Type of Storage (silo, cold room, etc.)** | **Crop(s) Stored** | **Is this storage area dedicated for organic use?** |
|  |  |  |  |
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Add lines if necessary.

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| --- |
| **N.2 Describe the measures taken to protect organic products from commingling with non-organic products or contamination with prohibited substances during storage.** |
|  |

|  |
| --- |
| **N.3 Do you use any post-harvest storage inputs (e.g., controlled atmosphere)?** |
| Yes. List all input materials used or planned for use in your Input Register.  No. |

**Section O: Storage and Post-Harvest Pest Control**

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| --- |
| **O.1 What are the significant (recurring or potentially problematic) pest problems in your post-harvest storage and handling areas (flying / crawling insects, rodents, birds, etc.)?** |
|  |

|  |
| --- |
| **O.2 What preventative pest management practices do you employ in your post-harvest storage and handling areas?** |
| None used.  Good sanitation.  Removal of exterior habitat / food sources.  Cleaning up spilled product.  Temperature, humidity and light control.  Sealed doors and windows.  Screened windows and vents.  Crack, crevice and hole repair.  Air curtains.  Positive pressure.  Other. Please describe: |

|  |
| --- |
| **O.3 What physical or mechanical pest management practices do you employ in your post-harvest storage and handling areas?** |
| None used.  Mechanical traps.  Sticky traps.  Ultrasound / light devices.  Electrocutors / bug zappers.  Heat treatments.  Freezing treatments.  Other. Please describe: |

|  |
| --- |
| **O.4 What chemical pest management practices do you employ in your post-harvest storage and handling areas? List all pest control chemicals used or intended for use in your Input Register.** |
| None used.  Pheromone traps.  Vitamin baits.  Diatomaceous earth.  Pyrethrum.  Crack and crevice spray.  Rodent bait stations.  Fumigation / fogging.  Other. Please describe: |

|  |
| --- |
| **O.5 If chemical pest control measures are used, explain why preventative and physical/mechanical pest control measures alone are not sufficient to control pests.** |
|  |

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| --- |
| **O.6 Describe the measures taken to ensure that pest control chemicals do not contaminate organic products or packaging materials.** |
|  |

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| --- |
| **O.7 How and when (e.g., daily, weekly, as needed) do you monitor for pest activity in your post-harvest storage and handling areas? What monitoring records do you keep?** |
|  |

**Section P: Packaging and Containers**

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| --- |
| **P.1 What types of packaging materials / containers are used to store or ship organic products?** |
|  |

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| --- |
| **P.2 How do you ensure that packaging materials / containers are fit for purpose (e.g., food grade) and free from non-authorised substances such as synthetic fungicides, preservatives, or fumigants?** |
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| --- |
| **P.3 Are any packaging materials / containers reused?** |
| Yes.  No. |

|  |
| --- |
| **P.4 If yes, describe how packaging materials / containers are cleaned and sanitised prior to reuse. List all cleaners and sanitisers used or planned for use in your Input Register.** |
|  |

**Section Q: Labelling**

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| --- |
| **Q.1 What types of product labels do you use?** |
| No product labels used.  Retail labels, such as printed boxes or bags, produce stickers, rubber bands or twist ties.  Non-retail labels for storage or shipping containers, such as bin or pallet tags. |

**Note:** All product labels must be submitted to ACO for approval prior to use.

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| **Q.2 How do non-retail labels identify the organic status of the product (‘Organic’ in the product name, ACO logo, etc.)?** |
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| **Q.3 What unique identification is included on non-retail labels to link the product to audit trail documentation such as sales or shipping records (lot number, shipping identification, etc.)?** |
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| **Q.4 Describe your lot numbering system (if applicable).** |
|  |

**Section R: Outgoing Goods**

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| **R.1 Do you arrange transportation of outgoing organic products?** |
| Yes.  No. **Go to next section.** |

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| --- |
| **R.2 If yes, describe how outgoing organic products are transported.** |
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| --- |
| **R.3 Are outgoing organic products transported in the same vehicles / transport units as non-organic products?** |
| Yes.  No. |

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| --- |
| **R.4 Describe the measures taken to protect outgoing organic products from commingling with non-organic products or contamination with prohibited substances during transport.** |
|  |

**Section S: Recordkeeping**

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| --- | --- |
| **S.1 List all of the records that you keep in relation to your organic operation.** | |
| **Seeds and Planting Stock**  *Purchase records, seed-saving / propagation records, planting records, etc.* |  |
| **Inputs**  *Purchase records, application records, etc.* |  |
| **Equipment and Harvest**  *Equipment cleaning records, harvest records, etc.* |  |
| **Post-Harvest Storage and Handling**  *Storage records, washing / grading / packing records, etc.* |  |
| **Sales and Transportation**  *Sales records, shipping records, etc.* |  |
| **Complaints and Noncompliances**  *Complaints log, etc.* |  |
| **Staff and Contractors**  *Organic training records, etc* |  |
| **Other** |  |

|  |
| --- |
| **S.2 Do you keep all records pertaining to your organic operation for at least five years after their creation?** |
| Yes.  No. |

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| --- |
| **S.3 Describe your procedure for handling complaints and other instances of potential noncompliance relating to organic products?** |
|  |

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| --- |
| **S.4 Do you have a procedure to notify ACO in the event of an organic product recall or any other instance of noncompliance relating to organic products (e.g., contamination)?** |
| Yes.  No. |

**Section T: Supplier Verification**

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| --- |
| **T.1 Do you have an Approved Supplier Program to evaluate and approve new organic suppliers (seeds / planting stock, input materials, contract processors / handlers, etc.)?** |
| Yes.  No. |

**Note:** All new suppliers must be submitted to ACO for approval prior to use.

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| --- |
| **T.2 What criteria do you use to evaluate new suppliers?** |
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| **T.3 How and when (e.g., annually, with each purchase) do you review approved suppliers to ensure that their certification is current and covers the products / services to be supplied?** |
|  |

**Section U: Export**

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| --- |
| **U.1 Do you export organic products or intend to export organic products in the future?** |
| Yes.  No. |

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| --- |
| **U.2 If yes, which countries do you export to or intend to export to?** |
|  |

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| --- |
| **U.3 What procedures do you have in place to ensure that all required export documents are obtained prior to departure (OGCs, EU COIs, NOP Import Certificates, etc.), and that exported products comply with any additional importing country requirements?** |
|  |

**Signature**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Position:** |  |
| **Signature:** |  | **Date:** |  |

**OIP Annex – Greenhouse Crop Production**

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| --- |
| **1. Describe the type and size of your greenhouse(s).** |
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| --- |
| **2. What type of crops do you grow in your greenhouse(s) (annual transplants or starts, perennials for planting or sale, crops for sale, etc.)?** |
|  |

|  |
| --- |
| **3. Are greenhouse crops grown directly in soil or in containers with growing medium (substrate, planting mix, potting soil, etc.)?** |
| Crops are grown directly in soil.  Crops are grown in containers with growing medium. List all components of the growing medium in your Input Register. |

|  |
| --- |
| **4. Do you produce both organic and non-organic greenhouse crops?** |
| Yes.  No. **Go to question 12.** |

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| --- |
| **5. How do you separate and identify organic and non-organic growing areas within your greenhouse(s)?** |
|  |

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| --- |
| **6. How do you label or distinguish between organic and non-organic plants during greenhouse production?** |
|  |

|  |
| --- |
| **7. How do you prevent commingling between growing media and fertility materials used for organic and non-organic greenhouse production during their storage and preparation?** |
|  |

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| --- |
| **8. If irrigation systems are shared with non-organic greenhouse production, how do you prevent contamination of organic crops by prohibited materials applied through the irrigation system?** |
|  |

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| --- |
| **9. If ventilation systems are shared with non-organic greenhouse production, how do you prevent drift of prohibited materials through the ventilation system?** |
|  |

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| --- |
| **10. Are growing containers and equipment dedicated to organic production?** |
| Yes.  No. |

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| --- |
| **11. If any growing containers or equipment are shared with non-organic production, how do you ensure that they are pre-cleaned of any non-organic products or prohibited substances prior to use in organic production? List all cleaners and sanitisers used or planned for use in your Input Register.** |
|  |

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| --- |
| **12. What practices do you employ to prevent or control pests and diseases in your greenhouse?** |
|  |

|  |
| --- |
| **13. Do you use any input materials in your greenhouse (for soil fertility, pest and disease control, irrigation system cleaning, etc.)?** |
| Yes. List all input materials used or planned for use in your Input Register.  No. |

**Signature**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Position:** |  |
| **Signature:** |  | **Date:** |  |

**OIP Annex – Manure & Compost**

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| --- |
| **1. Do you use uncomposted raw or aged manure?** |
| Yes.  No. **Go to question 5.** |

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| --- |
| **2. If yes, what is the source of manure used?** |
| On-farm.  Off-farm. List all sources of off-farm manure in your Input Register. |

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| --- |
| **3. Is manure applied to land producing a crop intended for human consumption?** |
| Yes.  No. |

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| --- |
| **4. If yes, please describe manure application and incorporation methods, as well as the timing of manure application prior to harvest.** |
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| --- |
| **5. Do you use compost?** |
| Yes.  No. **Go to question 12.** |

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| --- |
| **6. If yes, what is the source of compost used?** |
| Purchased. List all compost suppliers in your Input Register. **Go to question 12.**  Produced on farm. |

|  |  |
| --- | --- |
| **7. If you produce your own compost, list all compost ingredients used (feedstocks, minerals, inoculants, etc.) and their source.** | |
| **Ingredient** | **Supplier / Source** |
|  |  |
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Add lines if necessary.

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| --- |
| **8. What is your initial C:N ratio for compost production?** |
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| --- |
| **9. What type of composting system do you use?** |
| In-vessel.  Static aerated pile.  Windrow.  Other. Please describe: |

|  |
| --- |
| **10. Describe your composting process, including temperatures reached, timelines for production, and aeration methods.** |
|  |

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| --- |
| **11. What records do you maintain of compost production (temperatures, turning, etc.)?** |
|  |

|  |
| --- |
| **12. Describe how you assess and manage potential contamination risks from manure and compost, such as plant nutrients, pathogenic organisms, heavy metals, or residues of prohibited substances.** |
|  |

|  |
| --- |
| **13. How are manure storage and handling facilities, including composting facilities, constructed and managed to prevent contamination of ground and/or surface water (storage / composting on impermeable pads, covered to prevent leaching, etc.)?** |
|  |

**Signature**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Position:** |  |
| **Signature:** |  | **Date:** |  |

**OIP Annex – Post-Harvest Handling**

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| **1. Please provide a description of your post-harvest handling activities.** |
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| **2. Do you use any post-harvest handling inputs (e.g., floating agents)?** |
| Yes. List all input materials used or planned for use in your Input Register.  No. |

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| **3. Describe the measures taken to protect organic products from commingling with non-organic products or contamination with prohibited substances during post-harvest handling.** |
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| --- | --- | --- | --- | --- |
| **4. Describe the equipment and utensils used for post-harvest handling in the table below.** | | | | |
| **Equipment Name / Location** | **Use** | **Is this equipment dedicated for organic use?** | **Is this equipment cleaned prior to organic use?** | **Is this equipment purged prior to organic use?** |
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Add lines if necessary.

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| **5. If equipment is cleaned or purged prior to use, please provide a description of your cleaning / purging procedures. List all cleaners and sanitisers used or planned for use in your Input Register.** |
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| **6. How do you ensure that there are no residues from cleaners or sanitisers remaining on equipment at the end of the process?** |
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| **7. How is water used during post-harvest handling?** |
| Not used.  Cleaning produce.  Cleaning equipment.  Other. Please specify: |

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| **8. What is the source of water used during post-harvest handling?** |
| Municipal.  Other. Please specify: |

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| --- |
| **9. Does the water used meet drinking water standards?** |
| Yes.  No. |

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| **10. Is water treated on-site?** |
| Yes.  No. |

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| **11. If yes, describe your water treatment process below. List all water additives used or planned for use (e.g., chlorine) in your Input Register.** |
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| **12. How and when (e.g., daily, weekly, monthly) do you monitor water quality? What monitoring records do you keep?** |
|  |

**Signature**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Position:** |  |
| **Signature:** |  | **Date:** |  |