Except where instructed otherwise, please complete all questions within this document. If a question is not applicable to your operation, please mark it as ‘N/A’ or similar and provide the reason. If you refer to a separate document or procedure in your response to a question, please submit that document or procedure alongside this plan.

**Section A: General Information**

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

|  |
| --- |
| **A.1 Please provide a brief, general description of your organic operation.** |
|  |

|  |
| --- |
| **A.2 Does your operation handle both organic and non-organic products?** |
| Yes.  No. |

|  |
| --- |
| **A.3 Do you use any contract processors or handlers (including external storage facilities) for your organic products?** |
| Yes.  No. |

|  |  |  |
| --- | --- | --- |
| **A.4 If yes, please list all contract processors or handlers (including external storage facilities) used by your operation in the table below.** | | |
| **Business Name & Address** | **Services Provided** | **Certified Organic? If yes, please provide name of certifier and certification number / ID** |
|  |  |  |
|  |  |  |
|  |  |  |

Add lines if necessary.

|  |
| --- |
| **A.5 Do you provide contract processing or handling services to other organic operations?** |
| Yes.  No. |

|  |  |  |
| --- | --- | --- |
| **A.6 If yes, please list all organic operations that you provide contract processing or handling services to in the table below.** | | |
| **Business Name & Address** | **Services Provided** | **Certified Organic? If yes, please provide name of certifier and certification number / ID** |
|  |  |  |
|  |  |  |
|  |  |  |

Add lines if necessary.

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| --- |
| **A.7 Do you hold organic certification with any certifying bodies other than ACO?** |
| Yes. Name of certifier and certification number / ID:  No. |

**Section B: Incoming Goods**

Not applicable – No organic products are handled or stored. **Go to next section.**

|  |
| --- |
| **B.1 Do you organise transportation of incoming organic products?** |
| Yes.  No. Transportation is organised by: |

**If you organise transportation, please complete questions B.2 to B.4, otherwise go to B.5.**

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| --- |
| **B.2 Describe how incoming organic products are transported.** |
|  |

|  |
| --- |
| **B.3 Are incoming organic products transported in the same vehicles / transport units as non-organic products?** |
| Yes.  No. |

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

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| --- |
| **B.5 Describe your process for verifying the organic status of products upon receival. What steps are taken to quarantine products in the event that their organic status cannot be verified?** |
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|  |
| --- |
| **B.6 Do you import organic products?** |
| Yes.  No. |

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| --- |
| **B.7 If yes, how do you verify that incoming organic products have not undergone prohibited chemical or radiation treatments during the import and export process? What steps are taken to downgrade the status of organic products which have received these treatments?** |
|  |

**Section C: Storage**

Not applicable – No organic products are handled or stored. **Go to next section.**

|  |  |  |  |
| --- | --- | --- | --- |
| **C.1 Describe your storage areas in the table below.** | | | |
| **Use** | **Do you have this type of storage?** | **Storage Area Name / Location\*** | **Is this storage area dedicated for organic use?** |
| Ingredient Storage |  |  |  |
| Packaging Material Storage |  |  |  |
| In-Process Storage |  |  |  |
| Finished Product Storage |  |  |  |
| Other. Please describe: |  |  |  |

\*Storage area locations must be clearly identified on your facility map.

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

|  |
| --- |
| **C.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 D: Preparation**

Not applicable – No organic products are handled or stored. **Go to next section.**

|  |
| --- |
| **D.1 Indicate the types of processing activies that you perform on organic products:** |
| No processing activities. **Go to next section.**  Cooking / Baking.  Curing.  Heating / Drying.  Mixing.  Grinding.  Churning.  Separating.  Distilling.  Extracting.  Slaughtering.  Cutting.  Fermenting.  Eviscerating.  Preserving / Dehydrating.  Freezing / Chilling.  Packaging / Filling.  Other. Please describe: |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **D.3 Describe the equipment and utensils used for organic processing 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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| --- |
| **D.4 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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| --- |
| **D.5 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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**Section E: Packaging and Containers**

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| --- |
| **E.1 What types of packaging materials / containers are used to ship or store organic products?** |
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| --- |
| **E.2 How do you ensure that packaging materials / containers are fit for purpose (e.g., food grade) and free from prohibited substances such as synthetic fungicides, preservatives, or fumigants?** |
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| --- |
| **E.3 Are any packaging materials / containers reused?** |
| Yes.  No. |

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

**Section F: Labelling**

|  |
| --- |
| **F.1 What types of product labels do you use?** |
| No product labels used.  Retail labels.  Non-retail labels on containers used to ship or store organic products, such as produce boxes, totes, bulk containers, etc. |

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

**If you use non-retail labels, please complete questions F.2 and F.3, otherwise go to F.4.**

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| --- |
| **F.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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| --- |
| **F.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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| --- |
| **F.4 Decribe your lot numbering system (if applicable).** |
|  |

**Section G: Outgoing Goods**

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| --- |
| **G.1 Do you organise transportation of outgoing organic products?** |
| Yes.  No. Transportation is organised by: |

**If you organise transportation, please complete questions G.2 to G.4, otherwise go to next section.**

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| --- |
| **G.2 Describe how outgoing organic products are transported.** |
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|  |
| --- |
| **G.3 Are outgoing organic products transported in the same vehicles / transport units as non-organic products?** |
| Yes.  No. |

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

**Section H: Water**

Not applicable – No organic products are handled or stored. **Go to next section.**

|  |
| --- |
| **H.1 How is water used at your facility?** |
| Not used. **Go to next section.**  Ingredient / processing aid.  Cleaning produce.  Cleaning equipment.  Boiler.  Other: Please describe: |

|  |
| --- |
| **H.2 What is the source of water used at your facility?** |
| Municipal.  Other. Please specify: |

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| --- |
| **H.3 Does the water used meet drinking water standards?** |
| Yes.  No. |

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| --- |
| **H.4 Is water treated on-site?** |
| Yes.  No. |

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| --- |
| **H.5 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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| --- |
| **H.6 How and when (e.g., daily, weekly, monthly) do you monitor water quality? What monitoring records do you keep?** |
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| --- |
| **H.7 Do you use boiler water additives?** |
| Yes.  No. **Go to next section.** |

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| --- |
| **H.8 If yes, does steam have direct contact with organic products or product contact surfaces?** |
| Yes. List all boiler water additives used or planned for use in your Input Register.  No. |

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| --- |
| **H.9 If yes, describe the measures taken to ensure that boiler additive chemicals do not contaminate organic products.** |
|  |

**Section I: Facility Pest Control**

Not applicable – No organic products are handled or stored. **Go to next section.**

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| --- |
| **I.1 What type of pest control system does your facility use?** |
| In-house.  External. Name of pest control service provider: |

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| --- |
| **I.2 What are the significant pest problems in your facility (flying / crawling insects, rodents, birds, etc.)?** |
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| --- |
| **I.3 What preventative pest management practices do you employ in your facility?** |
| 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: |

|  |
| --- |
| **I.4 What physical or mechanical pest management practices do you employ in your facility?** |
| None used.  Mechanical traps.  Sticky traps.  Ultrasound / light devices.  Electrocutors / bug zappers.  Heat treatments.  Freezing treatments.  Other. Please describe: |

|  |
| --- |
| **I.5 What chemical pest management practices do you employ in your facility? List all pest control chemicals used or intended for use in your Input Register.** |
| None used.  Pheremone traps.  Vitamin baits.  Diatomaceous earth.  Pyrethrum.  Crack and crevice spray.  Rodent bait stations.  Fumigation / fogging.  Other. Please describe: |

|  |
| --- |
| **I.6 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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| --- |
| **I.7 Describe the measures taken to ensure that pest control chemicals do not contaminate organic products or packaging materials.** |
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| **I.8 How and when (e.g., daily, weekly, monthly) do you monitor for pest activity? What monitoring records do you keep?** |
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**Section J: Environmental Management**

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| **J.1 Describe the measures taken to minimise the environmental impacts of your operation (reducing energy consumption, reducing or recycling waste, etc.) and to comply with any local environmental authority requirements?** |
|  |

**Section K: Quality Control & Recordkeeping**

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| --- |
| **K.1 Do you have a quality assurance program in place?** |
| Yes. Type of program:  No. |

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| --- |
| **K.2 Describe the monitoring practices that you have implemented to verify the effectiveness of your organic management system on an ongoing basis.** |
|  |

|  |  |
| --- | --- |
| **K.3 List all of the records that you keep in relation to your organic operation.** | |
| **Purchase / Incoming Goods**  *Purchase records, receival records, etc.* |  |
| **Storage**  *Inventory records, etc.* |  |
| **Preparation**  *Production records, packing / filling records, etc.* |  |
| **Sales / Outgoing Goods**  *Sales records, shipping records, etc.* |  |
| **Cleaning**  *Cleaning records, etc.* |  |
| **Pest Control**  *Inspection reports, etc.* |  |
| **Staff and Contractors**  *Staff training records, contractor declarations, etc.* |  |
| **Complaints and Noncompliances**  *Complaints log, etc.* |  |
| **Other** |  |

|  |
| --- |
| **K.4 Do you keep all records pertaining to your organic operation for at least five years after their creation?** |
| Yes.  No. Records are kept for: |

|  |
| --- |
| **K.5 Describe your procedure for handling complaints and other instances of potential noncompliance relating to organic products?** |
|  |

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| --- |
| **K.6 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 L: Supplier Verification**

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| --- |
| **L.1 What criteria do you use to evaluate and approve new organic suppliers (ingredients, input materials, contract processors / handlers, etc.)?** |
|  |

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

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| --- |
| **L.2 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?** |
|  |

|  |
| --- |
| **L.3 Some non-organic ingredients are only permitted when an equivalent organic version is not commercially available. If you use or plan to use any such ingredients, what process do you follow to determine if an equivalent organic ingredient is commercially available, both initially and on an ongoing basis thereafter? What records do you keep of this process?** |
|  |

**Section M: Export**

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| --- |
| **M.1 Do you export organic products or intend to export organic products in the future?** |
| Yes.  No. **Go to next section.** |

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

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| --- |
| **M.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:** |  |

**Please submit the following documents alongside this plan:**

Facility map.

Flow chart outlining the movement of organic products from receival through to dispatch.

Input Register.

Product Evaluation Spreadsheet.