|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Instructions form completing this form:**   1. **Please complete this form and submit back to the ACO Office on or before the USDA Anniversary Date listed on your ACO Certificate or 30 days prior to annual audit.** 2. **If the question is not relevant – please indicate N/A – do not leave blank** 3. **Please submit your Livestock Inventory and any supporting documentation with this form to the ACO Office.** | | | | | | | | | | |
| **SECTION 1 – CONTACT DETAILS** | | | | | | | | | | |
| **First Name:** | |  | | | | | **Last Name:** |  | | |
| **Trading Name:** | |  | | | | | | | | |
| **Certification Number:** | |  | | | | **Operation Type:** | | | Eg. Livestock/Cropping | |
| **Main Operation Address:** | | Other Certified Properties – refer to section 4. | | | | | | | | |
| **Contact Address:** | |  | | | | | | | | |
| **Email:** | |  | | | | | | | | |
| **Phone:** | |  | | | | | | | | |
| **SECTION 2 – CHANGES TO OPERATION IN THE LAST 12 MONTHS** | | | | | | | | | | |
| Please provide a description of any changes to your operation and organic management plan that have occurred in the last year or are planned for the upcoming year:  *Please provide supporting evidence for changes (e.g. maps, SDS’s for inputs, supplier certificates)*  Please ensure your Organic Management Plan been reviewed and updated to include these changes | | | | | | | | | | |
| New Land | | | Y  N | If yes, have you submitted an Extension to Area application to ACO (charged as per fee schedule) | | | | | | |
| New Crop/s  (charged as per fee schedule) | | | Y  N | List: | | | | | | |
| Have seeds/seedlings been brought in? | | | Y  N |  | | | | | | |
| Crop Rotation | | | Y  N |  | | | | | | |
| Soil Management | | | Y  N |  | | | | | | |
| Soil Inputs  (indicate name, supplier and brand) | | | Y  N |  | | | | | | |
| Compost  Provide details | | | Y  N |  | | | | | | |
| Weed Management | | | Y  N |  | | | | | | |
| Weed Control  (indicate name, supplier and brand) | | | Y  N |  | | | | | | |
| Pest & Disease Control (indicate name, supplier and brand) | | | Y  N |  | | | | | | |
| Water & Irrigation Management | | | Y  N |  | | | | | | |
| Biodiversity | | | Y  N |  | | | | | | |
| Feral Animal Control  (indicate method) | | | Y  N |  | | | | | | |
| Crop Harvest/Transport /Storage | | | Y  N |  | | | | | | |
| Buildings/Yards/Sheds | | | Y  N | If yes, please provide an updated farm map | | | | | | |
| Roads/Infrastructure | | | Y  N | If yes, please provide an updated farm map | | | | | | |
| Quarantine Paddock/s | | | Y  N | If yes, please provide an updated farm map | | | | | | |
| Livestock Management | | | Y  N |  | | | | | | |
| Livestock Grazing Management | | | Y  N |  | | | | | | |
| Livestock Feed Supplements (indicate name, supplier, brand, certification details) | | | Y  N | If yes, you need to update and submit your pasture rule form | | | | | | |
| Livestock Pest & Disease Control (indicate name, supplier and brand) | | | Y  N |  | | | | | | |
| Livestock Transport | | | Y  N |  | | | | | | |
| Recordkeeping | | | Y  N |  | | | | | | |
| Recall/Complaints | | | Y  N |  | | | | | | |
| Other | | | Y  N |  | | | | | | |
| **SECTION 3 – NON-COMPLAINCES** | | | | | | | | | | |
| Do you have any outstanding non-compliances?  Yes  No | | | | | | | | | | |
| If Yes please provide an update on actions taken to address non-compliances issued at the last audit: | | | | | | | | | | |
| **Non-Compliance** | **Action Taken**  ***Any documents required should be submitted with this form to the ACO office*** | | | | | | | | | |
|  |  | | | | | | | | | |
|  |  | | | | | | | | | |
|  |  | | | | | | | | | |
|  |  | | | | | | | | | |
|  |  | | | | | | | | | |
|  |  | | | | | | | | | |
|  |  | | | | | | | | | |
| **SECTION 4 – ADDITIONAL PROPERTY DETAILS** | | | | | | | | | | |
| **Additional Property Details 1 (if applicable)** | |  | | | | | | | | **Certified Land Area:** |
| **Additional Property Details 2 (if applicable)** | |  | | | | | | | | **Certified Land Area:** |
| **Additional Property Details 3 (if applicable)** | |  | | | | | | | | **Certified Land Area:** |
| **Additional Property Details 4 (if applicable)** | |  | | | | | | | | **Certified Land Area:** |
| **SECTION 6 – DECLARATION** | | | | | | | | | | |
| Please sign this Statement:   * I/we have access to the relevant Standard(s) and have read the requirements for certification. * I/we have access to the relevant Standard(s) and have understood the requirements for certification. * I/we agree to farm to the relevant Standard(s) to the best of our ability. * I/we are aware that we will be liable for penalties applicable to the relevant standard for any wilfully false statement. * I/we hereby request ACO to renew our certification, and agree to pay all relevant fees and charges associated with the renewal of certification as per the current fee schedule. | | | | | | | | | | |
|  | | | | |  | | | | |  |
| **Name (print)** | | | | | **Signature** | | | | | **Date** |