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| **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 note: this document is an update to your existing OMP** | | | | | | | | | | |
| **SECTION 1 – CLIENT DETAILS** | | | | | | | | | | |
| **First Name:** | |  | | | | | **Last Name:** |  | | |
| **Trading Name:** | |  | | | | | | | | |
| **Certification Number:** | |  | | | | **Operation Type:** | | |  | |
| **Operation Address:** | |  | | | | | | | | |
| **Contact Address:** | |  | | | | | | | | |
| **Storage Address: (if applicable)** | |  | | | | | | | | |
| **Email** | |  | | | | | | | | |
| **Phone** | |  | | | | | | | | |
| **SECTION 2 – CHANGES TO OPERATION IN THE LAST 12 MONTHS** | | | | | | | | | | |
| Please indicate if changes to the following have occurred in the previous year or are planned in the next year and provide a description & supporting documents for changes:  Has the Organic Management Plan been reviewed and updated to include these changes? | | | | | | | | | | |
| **Item** | | | **Yes/No** | | **Description of Change** | | | | | |
| New or Revised Product/s (charged as per fee schedule) | | | Y  N | |  | | | | | |
| New or Revised Label/s (charged as per fee schedule) | | | Y  N | |  | | | | | |
| Facility | | | Y  N | |  | | | | | |
| Off Site Storage | | | Y  N | |  | | | | | |
| Contract Processors | | | Y  N | |  | | | | | |
| Approved Suppliers  (list product & supplier) | | | Y  N | |  | | | | | |
| Ingredients/Change of Supplier | | | Y  N | |  | | | | | |
| Cleaning Products (name, brand and where used) | | | Y  N | |  | | | | | |
| Pest Control (name, brand and where used) | | | Y  N | |  | | | | | |
| Equipment | | | Y  N | | If yes, please provide an updated floor plan | | | | | |
| Product Flow | | | Y  N | |  | | | | | |
| Water | | | Y  N | |  | | | | | |
| Waste Disposal | | | Y  N | |  | | | | | |
| Packaging Material | | | Y  N | |  | | | | | |
| Transportation | | | Y  N | |  | | | | | |
| Recordkeeping | | | Y  N | |  | | | | | |
| Staff (including JAS staff PPMD/GM) | | | Y  N | |  | | | | | |
| JAS Grading Procedure and JAS operational checklist | | | Y  N  NA | |  | | | | | |
| Export Markets | | | Y  N | |  | | | | | |
| Recall/Complaints | | | Y  N | |  | | | | | |
| Other | | | Y  N | |  | | | | | |
| **SECTION 4 – NON-COMPLIANCES** | | | | | | | | | | |
| 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*** | | | | | | | | | |
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| 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 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 provided by ACO. | | | | | | | | | | |
|  | | | |  | | | | | |  |
| **Name (print)** | | | | **Signature** | | | | | | **Date** |