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| **SECTION ONE: General Information****NOP RULE 205.201 and 401** |
|  |
| 1. Owner

FIRST NAME |  | SURNAME |  |
| 1. Manager

FIRST NAME |  | SURNAME |  |
| 1. 2nd in charge of management

FIRST NAME |  | SURNAME: |  |
| TRADING NAME: |  | TYPE OF BUSINESS |  |
| Year first registered: |  |
| List previous certification by other bodies: |  |
| List current certification by other agencies: |  |
| **List all products requested for Registration:****Total number of products: .** |  |
| Have you ever been denied/suspended certification? If yes, describe the circumstance/s: | **[ ]  YES** **[ ]  NO** |
|  |
| Do you have a copy of the current Organic standard? | [ ]  YES [ ]  NO |
| Do you have any other QA programs in place? If yes, please specify: (i.e., ISO, HACCP) | [ ]  YES [ ]  NO |
| Type of processing/handling operation, i.e., blending, repacking, re-labelling |  |
| Estimated annual total production | % registered % non-registered |
| Is your operation? | [ ]  Primary Processor [ ]  Contract Processor[ ]  Wholesaler /LP (Name you are processing for: ) |
| **OFF-SITE FACILITY/CONTRACT PROCESSING** |
| Do you use any off-site facility or contract processor? If Yes, please fill out the following: | [ ]  YES [ ]  NO |
|

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| --- | --- | --- | --- |
| Name of contract processor/ off-site facility | Address | Phone number | Registered with: |
|  |  |  |  |
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| **SECTION TWO: Labelling and Product Composition** |
| List all products labelled or planned to be labelled as Registered Farm Input / Garden Product / Production Input (previously Allowed Inputs) |  |
| Are sulfites, nitrates, or nitrites added during the production or handling process? If yes, please list all registered products produced with sulfites, nitrates, or nitrites. | [ ]  YES [ ]  NO |
| **By-products** |
| Will any by-products from registered products be sold as registered Allowed Inputs? If yes, list all registered products manufactured from by-products | [ ]  YES [ ]  NO |
| ***#Attached Registered Product Application must be filled out for each product above.*** |
| **Water** |
| Tick ways water is used in processing.**[ ]**  ingredient **[ ]**  processing aid **[ ]**  cooking **[ ]**  cooling **[ ]**  product transport**[ ]**  cleaning **[ ]**  cleaning equipment **[ ]**  boiler **[ ]**  other, specify: |
| Source of water**[ ]**  municipal **[ ]**  on-site well **[ ]**  other, specify: |
| Does the water meet the standard of drinking water?*(attach copy of water test, if applicable)* | [ ]  YES [ ]  NO |
| What on-site water treatment processes are used? |
| Is steam used in the processing or packaging of products? If yes, please describe how steam is used. | [ ]  YES [ ]  NO |
| Does steam have direct contact with products? | [ ]  YES [ ]  NO |
| a) If yes, do you use:**[ ]**  steam filters **[ ]**  condensate traps **[ ]**  testing of condensate **[ ]**  testing of finished products**[ ]**  others, specify: |
| List products used as boiler additives. *(Attach SDS and/or label information for boiler additives)*  |
| Describe how you monitor water quality. |
| How often do you conduct water quality monitoring?**[ ]**  weekly **[ ]**  monthly **[ ]**  annually **[ ]**  other, specify: |

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| **SECTION THREE: Assurance of Registered integrity** |
| ACO and NOP standard require that handling practices and procedures present no contamination risk to registered products from commingling with nonregistered products or contact with prohibited substances. Packaging materials, bins, and storage containers must not have contained synthetic fungicides, preservatives, or fumigants. Recycle bags or containers must be clean and pose no risk to the integrity of registered products. Procedures used to maintain registered integrity must be documented. |
| **Product flow-flow chart and floor plan** |
| *Attach a complete written description or schematic product flow chart which shows the movement of all products, from incoming/receiving through production to outgoing/shipping. Indicate where ingredients are added and/or processing aids are used. All equipment and storage areas must be identified.* |
| **Product Integrity** |
| What sort of documents you have in place to address areas of potential commingling and/or contamination? (i.e., Quality Assurance Manual/Registered integrity program) |  |
| List specific control points you have identified in your process and state how you have address*. (or attach a copy of your QA manual/registered integrity program)* |  |
| **Monitoring** |
| Do you have a Quality Assurance Program in place? If yes, what program do you use?**[ ]**  ISO **[ ]** HACCP **[ ]**  others, specify: | [ ]  YES [ ]  NO |
| Are any external quality assessment services used? If yes, name of company: | [ ]  YES [ ]  NO |
| Product testing (tick all that apply):**[ ]** ingredients tested prior to purchase **[ ]** ingredients tested upon receipt**[ ]** products tested during production **[ ]** finished products tested**[ ]** others, specify: |
| How do you prevent the use of ingredients produced using excluded methods (Genetic Engineering) or ionizing radiation? (tick all that apply):**[ ]** GE testing **[ ]** verification letters from suppliers **[ ]** other, specify: |
| Are ingredient samples retained? If Yes, how long? | [ ]  YES [ ]  NO |
| Are finished product samples retained? If Yes, how long? | [ ]  YES [ ]  NO |
| Do you have a product recall system in place? | [ ]  YES [ ]  NO |
| **Equipment** |
| List all equipment used in processing: |
| Equipment name | Capacity | Tick if equipment is cleaned prior to registered production | Tick if cleaning is documented | Tick if the equipment is purged prior to registered production |
|  |  | **[ ]**  | **[ ]**  | **[ ]**  |
|  |  | **[ ]**  | **[ ]**  | **[ ]**  |
|  |  | **[ ]**  | **[ ]**  | **[ ]**  |
|  |  | **[ ]**  | **[ ]**  | **[ ]**  |
|  |  | **[ ]**  | **[ ]**  | **[ ]**  |
|  |  | **[ ]**  | **[ ]**  | **[ ]**  |
|  |  | **[ ]**  | **[ ]**  | **[ ]**  |
| If equipment is purged, list and describe purge procedures, quantities purged and documentation. |
| **Sanitation** – *attach SDS and/or label information for cleaning and sanitizing products*. **[ ]**  |
| Tick all cleaning methods used:**[ ]** sweeping **[ ]** scraping **[ ]** vacuuming **[ ]** compressed air**[ ]** manual washing **[ ]** steam cleaning **[ ]** sanitizing (list below) **[ ]** other, specify |
| Provide information on your cleaning program and products used |
| Area | Type of cleaning | Cleaning equipment used | Products used | Tick if AQIS acceptable product | Tick if cleaning is documented |
| Receiving area |  |  |  | [ ]  | [ ]  |
| Ingredient storage |  |  |  | [ ]  | [ ]  |
| Product transfer |  |  |  | [ ]  | [ ]  |
| Production area |  |  |  | [ ]  | [ ]  |
| Production equipment |  |  |  | [ ]  | [ ]  |
| Packaging area |  |  |  | [ ]  | [ ]  |
| Finished product storage |  |  |  | [ ]  | [ ]  |
| Loading dock |  |  |  | [ ]  | [ ]  |
| Building exterior |  |  |  | [ ]  | [ ]  |
| Accidental spills |  |  |  | [ ]  | [ ]  |
| Other, specify |  |  |  |  |  |
| Are all surfaces which contact products food grade? | [ ]  YES [ ]  NO |
| Do you test food contact surfaces or rinse for cleaner/sanitizer residues? | [ ]  YES [ ]  NO |
| Where are cleaning sanitizing materials stored? |
| Do you have Cleaning Procedure / Manual in place? | [ ]  YES [ ]  NO |
| **Packaging** |
| Tick types of packaging material used:**[ ]** paper **[ ]** cardboard **[ ]** wood **[ ]** glass **[ ]** metal **[ ]** foil**[ ]** plastic **[ ]** waxed paper **[ ]** aseptic **[ ]** natural fibres **[ ]** synthetic fibres **[ ]** other, specify: |
| Where are packaging materials stored? |  |
| Are any fungicides, fumigants, or pest control products used in this storage area? If yes, describe use and list specific products | [ ]  YES [ ]  NO |
| Have any packaging materials been exposed to synthetic fungicides, preservatives, or fumigants? If yes, describe exposure, including name of products used. | [ ]  YES [ ]  NO |
| Are packaging materials reused? If yes, describe how reusable packaging materials are cleaned to prevent contamination prior to use. | [ ]  YES [ ]  NO |
| **Storage** |
| Provide information on your storage areas by completing the following table. |
| Use | Location | Type/capacity | ID name or number | Tick if dedicated registered | Potential contamination or commingling problem |
| Ingredient storage |  |  |  | **[ ]**  | **[ ]**  |
| Packaging material storage |  |  |  | **[ ]**  | **[ ]**  |
| In-process storage |  |  |  | **[ ]**  | **[ ]**  |
| Finished product storage |  |  |  | **[ ]**  | **[ ]**  |
| Off-site storage\* |  |  |  | **[ ]**  | **[ ]**  |
| Other, specify: |  |  |  | **[ ]**  | **[ ]**  |

\*if there is off-site storage, please fill out Section One (1), Off-site storage/facility table.

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| **Transportation of Registered Product** |
| 1. **Incoming (source from within Australia):**
 |
| In what forms are incoming products received?**[ ]** dry bulk **[ ]** liquid bulk **[ ]** tote bags **[ ]** tote boxes **[ ]**  metal drums **[ ]** cardboard drums**[ ]** paper bags **[ ]** foil bags **[ ]** other, specify: |
| How are incoming products transported? |
| Do you arrange incoming product transport? | [ ]  YES [ ]  NO |
| 1. If yes, do you use contract transport companies?
 | [ ]  YES [ ]  NO |
| 1. If yes, do you have contract agreement in place to inform them registered handling requirement?
 | [ ]  YES [ ]  NO |
| Are transport units used to carry nonregistered products or prohibited substances? | [ ]  YES [ ]  NO |
| 1. If Yes, how do you ensure that inbound transport units are cleaned prior to loading registered products?
 |  |
| 1. Is the inspection/cleaning process documented?
 | [ ]  YES [ ]  NO |
| Are registered products shipped at the same time as nonregistered in the same transport units? | [ ]  YES [ ]  NO |
| 1. If Yes, check all steps taken to segregate registered products

**[ ]** use of separate pallets **[ ]** pallet tags identifying ‘registered’ **[ ]** registered product shrink wrapped**[ ]** separate area in transport unit **[ ]** registered product sealed in impermeable containers **[ ]** other, specify |
| **2) Incoming (source from out of Australia)** |
| In what forms are incoming products received?**[ ]** dry bulk **[ ]** liquid bulk **[ ]** tote bags **[ ]** tote boxes **[ ]**  metal drums **[ ]** cardboard drums**[ ]** paper bags **[ ]** foil bags **[ ]** other, specify: |
| How are incoming products transported? |
| Do you have verification of non fumigation in place? If No, please describe how you assure the registered product are not fumigated. | [ ]  YES [ ]  NO |
| 1. **Outgoing finished product**
 |
| In what forms are finished products shipped?**[ ]** dry bulk **[ ]** liquid bulk **[ ]** tote bags **[ ]** tote boxes **[ ]** metal drums **[ ]** cardboard drums**[ ]** paper bags **[ ]** mesh bags **[ ]**  plastic crates **[ ]** cardboard boxes **[ ]**  other, specify: |
| How are outgoing products transported? |
| Do you arrange outgoing product transport? | [ ]  YES [ ]  NO |
| 1. If Yes, do you use contract transport companies?
 | [ ]  YES [ ]  NO |
| 1. If Yes, do you have contract agreement in place to inform them handling requirement?
 | [ ]  YES [ ]  NO |
| Are transport units used to carry nonregistered products or prohibited substances? | [ ]  YES [ ]  NO |
| 1. If Yes, how do you ensure that outbound transport units are cleaned prior to loading registered products?
 |  |
| 1. Is the inspection/cleaning process documented?
 | [ ]  YES [ ]  NO |
| Are registered products shipped at the same time as nonregistered in the same transport units? | [ ]  YES [ ]  NO |
| 1. If Yes, check all steps taken to segregate registered product

**[ ]** use of separate pallets **[ ]** pallet tags identifying ‘registered’ **[ ]** registered product shrink wrapped**[ ]** separate area in transport unit **[ ]** registered product sealed in impermeable containers **[ ]** other, specify |

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| **SECTION FOUR: Pest Management** |
| The registered standard requires management practices to prevent pests, such as removal of pest habitat, food sources, and breeding areas, and prevention of access to handling facilities. Environmental factors, such as temperature light, humidity, atmosphere, and air circulation, may be used to prevent pests. Pests may be controlled using mechanical or physical means, such as traps, light or sound. Lures and repellents may be used if they do not contain prohibited substances or products produced using excluded methods (GE).  |
| ***#Attach a facility map showing the location of traps and monitors and submit SDS and/or label information for substances used for pest control.*** |
| What type of pest management system do you use?**[ ]** In-house: name of responsible person:**[ ]** Contract pest control service: name, address, phone number: |
| Tick all pest problems you generally have:**[ ]** flying insects **[ ]** crawling insects **[ ]** rats **[ ]** mice **[ ]** spiders **[ ]** birds **[ ]** other, specify: |
| Tick all pest management practices you use:**[ ]** good sanitation **[ ]** removal of exterior habitat/food sources **[ ]** mowing **[ ]** clean up spilled product**[ ]** sealed doors and/windows **[ ]** repair of holes, cracks, etc **[ ]** screened windows, vents etc.**[ ]** physical barriers **[ ]** sheet metal on sides of building exterior **[ ]** air showers **[ ]** carbon dioxide**[ ]** positive air pressure in facility **[ ]** monitoring **[ ]** incoming ingredient inspection for pests**[ ]** inspection zones around interior perimeter **[ ]** ultrasound /light devices **[ ]** release of beneficial**[ ]** sticky traps **[ ]** electrocutors **[ ]** pheromone traps **[ ]** mechanical traps **[ ]** scare eye balloons**[ ]** nitrogen **[ ]** freezing treatments **[ ]** heat treatments **[ ]** vacuum treatments **[ ]** pyrethrum**[ ]** air curtains **[ ]** vitamin baits **[ ]** precipitated silica **[ ]** fumigation\* **[ ]** fogging\***[ ]** crack and crevice spray **[ ]** other, specify:\*Fumigation and fogging require adequate handling for registered products. Registered products for registered use must be removed from the fumigated/fogging area minimum 48 hours. |
| Are records kept of your pest monitoring activities? | [ ]  YES [ ]  NO |
| Check all aspects of your waste management system that apply:[ ]  On-site dumpster [ ]  material recycling [ ]  daily pick-up waste [ ]  composting[ ]  field application of waste [ ]  other, specify: |
| Does your waste management system provide habitat and/or food sources for pests? | [ ]  YES [ ]  NO |
| If yes, please describe: |
| **Pesticide use information for the last 12 months:** |
| Substance | Target pest | Location where used | Method of application | Date of last application | Tick if allowed under the Registered Standard |
|  |  |  |  |  | **[ ]**  |
|  |  |  |  |  | **[ ]**  |
|  |  |  |  |  | **[ ]**  |
|  |  |  |  |  | **[ ]**  |
|  |  |  |  |  | **[ ]**  |
|  |  |  |  |  | **[ ]**  |
|  |  |  |  |  | **[ ]**  |
|  |  |  |  |  | **[ ]**  |
| Are records kept of all pesticide application? | [ ]  YES [ ]  NO |
| If a pest control substance is used, list all measures taken to prevent contact with registered products, ingredients or packaging materials: |
| Are there any substances intended for use which are not listed above? If Yes, list substances intended for use below: | [ ]  YES [ ]  NO |
| Substance | Target pest | Location where will be used | Method of application | Reason for use | Tick if allowed under the Registered Standard |
|  |  |  |  |  | **[ ]**  |
|  |  |  |  |  | **[ ]**  |
|  |  |  |  |  | **[ ]**  |
|  |  |  |  |  | **[ ]**  |

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| **SECTION FIVE: Record Keeping** |
| The organic standards require that records disclose all activities and transactions of the operation, be maintained for 5 years (at least 1 year for JAS) and demonstrate compliance with the standard. Registered products must be tracked from receipt of incoming ingredients to sale of finished products. Amounts of registered finished products must balance with registered ingredients purchased. All relevant documents must identify products as ‘registered’- if NOP or JAS, must be identified as ‘NOP registered’ or ‘JAS registered’. All records must be accessible to the inspector. |
| Which or the following records do you keep for registered processing/handling?***Incoming:*****[ ]** Purchase orders **[ ]** contracts/agreements **[ ]** invoices **[ ]**  receipts **[ ]** bills of lading**[ ]** customs forms **[ ]** scale tickets **[ ]** quality test results **[ ]** certificates of analysis**[ ]** copies of registered certificates **[ ]** transaction certificates **[ ]**  verification of non-GMO ingredients**[ ]** verification of ingredients produced not using sewage sludge**[ ]** verification of ingredients produced/handled without ionizing radiation**[ ]** receiving records **[ ]  r**eceiving summary log(12month) **[ ]** other, specify:***In-Process:*****[ ]** Ingredient inspection forms **[ ]** blending reports **[ ]** production reports**[ ]** equipment clean-out logs **[ ]** sanitation logs **[ ]** packaging reports **[ ]** QA reports**[ ]** Production summary records (12months) **[ ]** other, specify:***Storage*****[ ]** Ingredient inventory reports **[ ]** finished product inventory reports **[ ]** other, specify***Outgoing:*****[ ]** Shipping log **[ ]** bills of lading **[ ]** scale tickets **[ ]** purchase orders**[ ]** sales orders **[ ]** sales invoices **[ ]** phytosanitary certificates **[ ]** export declaration forms**[ ]** transaction certificates **[ ]** shipping summary log **[ ]** sales summary log **[ ]** audit control register**[ ]** complaint log **[ ]** transport unit inspection/cleaning forms **[ ]** other, specify: |
| Describe your lot numbering system: |
| Can your record keeping system track the finished product back to all ingredients? | [ ]  YES [ ]  NO |
| Can your record keeping system balance ingredients in and registered products out? | [ ]  YES [ ]  NO |
| How long do you keep your records? |  |

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| **SECTION SIX: Affirmation** |
| I affirm that all statements made in this Allowed Input Handling Plan are true and correct. I agree to comply with the APVMA and the ACOS. I understand that the facility may be subject to unannounced audit and/or registered products may be sampled and tested for residues at any time. I agree to provide further information as required by ACO.Name: Title: Signature: Date: ***The following documents must be attached with the Allowed Input Handling Plan upon initial application.*****[ ]** Product flow chart (outline Registered Control Points)**[ ]** Facility map**[ ]** Ingredient Declaration sheet for each product**[ ]** Pest management map of traps and monitors**[ ]** Water test (if applicable)**[ ]**  SDS for sanitizer and pest control substance (if applicable)if there is any other additional attachment, please list below (i.e., cleaning manual, labels): |