The Organic Integrity Plan is the foundation of your organic certification. It must accurately describe the practices employed by your operation to achieve and maintain compliance with the organic regulations. The purpose of this document is to provide a summary of any changes that you have made to your Organic Integrity Plan during the previous year or that you intend to make in the coming year.

Please complete and return this form to the ACO office no later than 4 months before the Valid Until date on your current organic certificate. **If there are changes to your Organic Integrity Plan, please submit the updated plan alongside this form.**

**Section A: Operation Details**

|  |  |
| --- | --- |
| **Business Name:** |  |
| **Trading As:** |  |
| **Certification No.:** |  |
| **Contact Address:** |  |
| **Physical Address(es):** |  |

|  |
| --- |
| **Have there been any changes to your operation’s authorised contacts since last year?** |
| Yes.  No. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **If yes, please list the changes to your operation’s authorised contacts in the table below.** | | | | | |
| **Add / Remove** | **First Name** | **Last Name** | **Position** | **Telephone** | **Email** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Add lines if necessary.

|  |
| --- |
| **JAS Only: Have there been any changes to your operation’s PPM and/or grading staff since last year?** |
| Yes. Please update your JAS Operation Checklist and submit it to ACO alongside this form.  No.  N/A. |

**Section B: Organic Integrity Plan Update**

Please review your Organic Integrity Plan, Input Register, maps and other related documentation to ensure that they are accurate and up to date. If there are any changes to these documents, please provide a brief description of the changes in the table below and submit the updated documents alongside this form. You do not need to include any changes which have already been submitted to and approved by ACO previously.

| **Item** | **Changes made or planned?** | **Description of changes** |
| --- | --- | --- |
| **General** | | |
| New or removed facilities / land. | Yes.  No. |  |
| New or removed products / crops / livestock. | Yes.  No. |  |
| New or removed suppliers (including contract processors or handlers). | Yes.  No. |  |
| Packaging / labelling. | Yes.  No. |  |
| Equipment. | Yes.  No. |  |
| Inputs.  *(Fertility, pest, health, cleaning, etc.)* | Yes.  No. |  |
| Export markets. | Yes.  No. |  |
| Recordkeeping practices. | Yes.  No. |  |
| **Crop & Pasture Production (inc. Wild Crops)  N/A** | | |
| Fields and buffer zones. | Yes.  No. |  |
| Natural resource and biodiversity management practices. | Yes.  No. |  |
| Soil management and crop rotation practices. | Yes.  No. |  |
| Irrigation and water management practices. | Yes.  No. |  |
| Seeds and planting stock. | Yes.  No. |  |
| Pest, weed, and disease control practices. | Yes.  No. |  |
| Harvest, storage, and transportation practices. | Yes.  No. |  |
| Post-harvest handling practices. | Yes.  No. |  |
| Other. | Yes.  No. |  |
| **Livestock Production (inc. Beekeeping)  N/A** | | |
| Livestock living conditions and housing. | Yes.  No. |  |
| Livestock feed and/or grazing management practices. | Yes.  No. |  |
| Livestock healthcare practices. | Yes.  No. |  |
| Livestock transportation. | Yes.  No. |  |
| NOP Pasture Plan | Yes.  No.  N/A. |  |
| Other. | Yes.  No. |  |
| **Processing and Handling  N/A** | | |
| Processing activities. | Yes.  No. |  |
| Storage and transportation practices. | Yes.  No. |  |
| Cleaning practices. | Yes.  No. |  |
| Facility pest control practices. | Yes.  No. |  |
| Other. | Yes.  No. |  |

**Section C: Previous Corrective Action Requests / Non-Compliances**

|  |
| --- |
| **Do you have any outstanding Corrective Action Requests (CARs) from your last audit?** |
| Yes.  No. |

|  |  |
| --- | --- |
| **If yes, please describe any actions that you have taken to date to address these CARs in the table below.Please submit evidence of the actions taken alongside this form.** | |
| **CAR Number** | **Action Taken** |
|  |  |
|  |  |
|  |  |

Add lines if necessary.

**Section D: Production Estimates**

ACO is required to collect and verify annual production estimates for certified products. For each crop / livestock / processed product listed on your organic certificate, please provide an estimated production quantity for the next 12 months. It is not necessary to provide a production estimate for products that you handle but do not further process.

|  |  |
| --- | --- |
| **Product Name** | **Estimated Production Quantity for Next 12 Months (in kg, L, or other unit of measure as appropriate)** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Add lines or attach a separate page if necessary.

**Signature**

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