



Crop Producer Organic System Plan

FARM BUSINESS NAME:		WSDA CERTIFICATION NUMBER:
ORGANIC GROWER/ PRODUCER NAME:	STATE WHERE FARM IS LOCATED:	COUNTY WHERE FARM IS LOCATED:

SECTION A. GENERAL INFORMATION [NOS 205.201 AND 205.401]

The National Organic Standards (NOS) requires all operations seeking certification to develop an organic system plan that is agreed to by the certified producer or handler and an accredited certifying agent. A certified operation must update this system plan on an annual basis in order to verify continued compliance.

The organic system plan must include the following:

- A description of practices and procedures – including the frequency with which they will be performed,
- A list and detailed information regarding each substance to be used in organic production or handling,
- A description of the monitoring practices and frequency the practices will be performed,
- A description of the recordkeeping system that demonstrates compliance with the National Organic Standards,
- A description of the practices in place to prevent commingling of organic and non-organic products,
- A description of the practices in place to prevent contamination of organic products with prohibited substances, and
- Any additional information required by the certifying agent in order to evaluate compliance.

FARM OVERVIEW

1. Please provide a brief description of your farming operation in the space provided below.

2. Please check the boxes that apply to your farming operation.

- | | | |
|------------------------------------|--|--|
| <input type="checkbox"/> Vineyard | <input type="checkbox"/> Orchard | <input type="checkbox"/> Row Crop |
| <input type="checkbox"/> Livestock | <input type="checkbox"/> Market Garden | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Dry Land | <input type="checkbox"/> Irrigation | |

3. Do you work with a crop consultant or farm advisor?

Yes No

3a. If, "Yes," please provide your consultants name and contact information on the space provided below:

CERTIFICATION SUMMARY

1. Do you have a copy of the National Organic Standards?

Yes No

2. Are you a New Applicant?

Yes No

2a. If, "No," what was the first year you were certified by WSDA Organic Food Program:



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3. Have you previously <i>applied</i> for organic certification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3a. If, "Yes," please list the certification agency, the year the application was made, and the outcome of the application.			
4. If currently or previously certified, did you receive a Notice of Noncompliance or a letter notifying you that in order to maintain organic certification conditions must be met?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
4a. If, "Yes," please list the noncompliance(s) or condition(s) and state how the issues have been resolved.			
5. Have you ever been denied certification or had your certification suspended or revoked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
5a. If "Yes," please describe the circumstances.			
6. Are you currently certified by an agency other than WSDA Organic Food Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6a. If, "Yes," please list the name of the agency and the first year certified by that agency:			
SECTION B. SEEDS, ANNUAL TRANSPLANTS, AND SEEDLINGS [NOS 205.204] NOS 205.204 requires that producers use organically grown seed, annual seedlings and planting stock (even when these are provided from a contract-buyer), unless organic produced seeds and planting stock are not commercially available. Commercial availability is defined as "the ability to obtain a production input in an appropriate form, quality, or quantity to fulfill an essential function in a system of organic production or handling, as determined by the certifying agent in the course of reviewing the organic plan." You must maintain documentation verifying the unavailability of organic seed, even when seeds are provided from a contract-buyer. Genetically modified seeds and seeds treated with a prohibited substance are not allowed.			
SEEDS	<input type="checkbox"/> N/A No seeds are used on my farming operation. Skip to Annual Transplants.		
NOTE: If you are using seeds for your farming operation and you are not using organic seeds, you must have documentation available at the time of inspection to verify that attempts were made to source organic seeds and that non-organic seeds are not genetically modified and not treated with any prohibited materials.			
1. Please check all sources of seed used on your farming operation:			
<input type="checkbox"/> Save my own seeds <input type="checkbox"/> Seed Companies <input type="checkbox"/> Provided through contract <input type="checkbox"/> Other			
2. Please provide the names and contact information for all companies through which you obtain seeds in the space provided below:			
3. Do you use only organic seeds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	



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4. Do you request organic seeds when they are available from your seed suppliers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Please describe your attempts to source organic seeds in the space provided below. Include details of the documentation you maintain to verify these attempts.		
6. Are any of the seeds used on your farming operation treated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6a. If, "Yes," please provide information on the seed treatment(s) in the space provided below.		
7. Are any seeds genetically engineered? [NOS 205.105 (e)]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ANNUAL TRANSPLANTS	<input type="checkbox"/> N/A No Annual Transplants are used on my farming operation. Skip to Perennial Transplants.	
1. Do you purchase annual transplants? [NOS 205.204]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1a. If, "Yes," identify the name and organic certification status of your annual transplant source in the space provided below.		
Name		
Address		
Organic Certification No.:	Organic Certification Agency:	
2. Do you produce annual transplants on-farm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2a. If, "Yes," please list all ingredients in your soil mix, fertility products, foliar sprays, and other inputs you use on your transplants and seedlings in Section I. Material Information.		
3. Are any transplants genetically engineered? [NOS 205.105 (e)]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
PERENNIAL TRANSPLANTS	<input type="checkbox"/> N/A No Perennial Transplants are used on my farming operation. Skip to Section C.	
1. Do you plan to plant perennials this production season?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1a. If, "Yes," will you sell organic planting stock from these perennials within 12 months? If "No", skip to Question 2	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1b. If, "Yes," identify the name and organic certification status of your perennial transplant source in the space provided below.		
Name		
Address		
Organic Certification No.:	Organic Certification Agency:	



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2. If you use Perennial Transplants on your farm, please complete the chart below (include herbs, trees, rootstock, canes, and vines).

Perennial Planting Stock	Source	Organic	Untreated	Treated

SECTION C. SOIL FERTILITY AND CROP NUTRIENT MANAGEMENT [NOS 205.203, 205.205]
 NOS 205.203 requires producers to implement tillage and cultivation practices that maintain or improve the physical, chemical, and biological condition of the soil and minimize erosion. NOS 205.205 requires producers to manage crop nutrients and soil fertility through crop rotations, cover crops and application of plant and animal material. Additionally, you must manage plant and animal materials to maintain or improve soil organic matter while minimizing contamination of crops, soil and water.

1. Please describe your plan to maintain or enhance soil fertility and crop nutrients on your farming operation in the space provided below.

2. Please check all of the cultivation practices listed below that you implement on your farming operation.

- | | | |
|--|--|--|
| <input type="checkbox"/> Crop Rotation | <input type="checkbox"/> Fallow land | <input type="checkbox"/> Incorporation of crop residues/prunings |
| <input type="checkbox"/> Compost | <input type="checkbox"/> Animal manure | <input type="checkbox"/> Soil inoculates |
| <input type="checkbox"/> Soil amendments | <input type="checkbox"/> Green manure | <input type="checkbox"/> Leguminous crops |
| <input type="checkbox"/> Rock minerals | | <input type="checkbox"/> Foliar fertilizers |

3. Please check all of the tillage practices listed below that you implement on your farming operation.

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> No-till | <input type="checkbox"/> Permanent cover |
| <input type="checkbox"/> Minimum till | <input type="checkbox"/> Contour farming or tillage |
| <input type="checkbox"/> Shallow till | <input type="checkbox"/> Moisture monitoring prior to tillage |

4. Please check all of the tillage equipment used on your farming operation.

- | | |
|---|--|
| <input type="checkbox"/> Chisel Plow | <input type="checkbox"/> Cultivator |
| <input type="checkbox"/> Disk | <input type="checkbox"/> Grape hoe |
| <input type="checkbox"/> Rototiller | <input type="checkbox"/> Spader |
| <input type="checkbox"/> Harrow | <input type="checkbox"/> Weed badger |
| <input type="checkbox"/> Moldboard plow | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Rotovator | |



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5. List/Describe all soil types on your farming operation.			
6. Do you have any soil deficiencies on your farming operation?			<input type="checkbox"/> Yes <input type="checkbox"/> No
6a. If, "Yes," please describe in the space provided below.			
7. Are you experiencing any problems with soil alkalization, erosion, compaction or acidification?			<input type="checkbox"/> Yes <input type="checkbox"/> No
7a. If, "Yes," please describe in the space provided below.			
8. Do you plan to use fertilizers, manure, compost, foliar nutrients, growth regulators, crop production aids and soil amendments this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If, "Yes," list all materials that you plan to use in Section I. Material Information.			
9. Do you plan to apply animal manure? [NOS 205.203 (c)(1)] If "No", skip to Question 12.			<input type="checkbox"/> Yes <input type="checkbox"/> No
9a. If, "Yes," please check all forms of animal manure you plan to use this year.			
<input type="checkbox"/> Raw	<input type="checkbox"/> Liquid	<input type="checkbox"/> Horse manure	
<input type="checkbox"/> Aged	<input type="checkbox"/> Dairy solids	<input type="checkbox"/> Pig manure	
<input type="checkbox"/> Composted	<input type="checkbox"/> Cow manure	<input type="checkbox"/> Other:	
<input type="checkbox"/> Processed	<input type="checkbox"/> Chicken manure		
10. Do you plan to apply raw, aged, or liquid manure within 90 days of harvest on crops for human consumption?			<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Do any of your crops have direct contact with the soil?			<input type="checkbox"/> Yes <input type="checkbox"/> No
11a. If, "Yes," do you apply raw, aged, or liquid manure within 120 days of harvest on crops for human consumption?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
12. Do you make compost? If, "Yes," please answer questions 12a – 12g. If "No", skip to Question 13.			<input type="checkbox"/> Yes <input type="checkbox"/> No
12a. Please list the feedstocks that you use in your compost in Section I. Material Information (Question 3).			
12b. If you are making compost, please check the type of compost that is made:			
<input type="checkbox"/> Compost from crop or food residues	<input type="checkbox"/> Compost from animal manure	<input type="checkbox"/> Vermicompost	
<input type="checkbox"/> Compost Tea	<input type="checkbox"/> Aerobically produced compost	<input type="checkbox"/> Other	
12c. Was the initial carbon to nitrogen ratio recorded?			<input type="checkbox"/> Yes <input type="checkbox"/> No
12d. Was a temperature between 131° F and 170° F achieved?			<input type="checkbox"/> Yes <input type="checkbox"/> No



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12e. Was the temperature maintained for at least 3 days for static aerated piles, and at least 15 days for windrows?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12f. If windrows were used, was the compost turned at least 5 times?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12g. Please describe the records you maintain of your composting process.		
13. Do you purchase compost?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13a. If, "Yes," please list all purchased compost products in Section I. Material Information (Question 3).		
14. Please check all fertility management monitoring techniques implemented on your farming operation.		
<input type="checkbox"/> Soil testing	<input type="checkbox"/> Observation of crop health	
<input type="checkbox"/> Microbiological testing	<input type="checkbox"/> Comparison of crop yields	
<input type="checkbox"/> Plant tissue testing	<input type="checkbox"/> Crop quality testing	
<input type="checkbox"/> Observation of soil	<input type="checkbox"/> Other	
15. How often do you take these tests or make these observations? Please answer in the space provided below.		
16. Do you plan to use sodium nitrate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>NOS 205.602(g) allows up to 20% of a crop's total Nitrogen need from sodium nitrate. International organic standards do not allow the use of sodium nitrate.</i>		
SECTION D. CROP ROTATION AND COVER CROPS [NOS 205.205]		
NOS 205.205 requires a producer to implement a crop rotation that maintains or improves soil organic matter, provides for pest management, manages deficient or excess plant nutrients and provides erosion control. These practices can include (but are not limited to) sod, cover crops, green manure, animal rotation or catch crops.		
1. Do you implement a crop rotation on your farming operation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1a. If "Yes," please describe your crop rotation plan in the space provided below.		
2. Do you plant cover crops on your farming operation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2a. If "Yes," are cover crop seeds produced organically? If "Yes," skip to Question 3.		



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2b. If "No," do you have documentation verifying your attempts to source organic cover crop seeds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2c. Are any cover crop seeds genetically modified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2d. Are cover crop seeds treated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If "Yes," list the type of seeds and seed treatment materials below:

3. For perennial crops (orchards, vineyards, other perennials) please describe the ground cover and/or cover crops used on your farming operation in the space below:

SECTION E. NATURAL RESOURCES & WATER [NOS 205.200]

NOS 205.200 requires that an organic producer implement practices that maintain or improve the natural resources of this operation, including soil and water quality.

1. Please check the relevant plans you maintain to assist you in managing on-farm natural resources.

- | | |
|--|--|
| <input type="checkbox"/> WSDA Organic Production System Plan (this document) | <input type="checkbox"/> Farm Plan or Resource Management Plan |
| <input type="checkbox"/> NRCS Farm Plan | <input type="checkbox"/> Holistic Resource Management Plan |
| <input type="checkbox"/> Conservation District Farm Plan | <input type="checkbox"/> Other (please specify): |

2. Is water quality/quantity an issue on your farming operation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

2a. If, "Yes," please describe in the space provided below.

3. Is soil erosion/contamination an issue on your farming operation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

3a. If, "Yes," please describe in the space provided below.

4. Please check the ways that water is utilized on your farm.

- | | |
|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Washing crops |
| <input type="checkbox"/> Irrigation | <input type="checkbox"/> Greenhouse |
| <input type="checkbox"/> Livestock | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Foliar sprays | |



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5. Please check the source of water on your farm.

- | | |
|---|--|
| <input type="checkbox"/> Spring | <input type="checkbox"/> Municipal/county |
| <input type="checkbox"/> On-site well(s) | <input type="checkbox"/> Irrigation district |
| <input type="checkbox"/> River/creek/pond | <input type="checkbox"/> Other (please specify): |

6. What is the name of your municipal/irrigation district?

N/A

7. Please check the type of irrigation system(s) used on your farming operation.

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Wheel line |
| <input type="checkbox"/> Drip | <input type="checkbox"/> Solid set |
| <input type="checkbox"/> Furrow | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Center pivot | |

8. Do you apply materials through your irrigation system?

Yes

No

N/A

8a. If "Yes," please specify the materials in Section I. Material Information.

8b. Please list all of the materials you use to clean irrigation lines/nozzles in Section I. Material Information (Question 7).

9. Please check the practices implemented on your farming operation to conserve water.

- | | |
|---|--|
| <input type="checkbox"/> Micro-sprinklers | <input type="checkbox"/> Scheduled use of water |
| <input type="checkbox"/> Drip irrigation | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Tensiometer/monitoring | |

10. Please describe any additional efforts that you use to enhance biological diversity.

SECTION F. WEED, PEST, AND DISEASE PRACTICE MANAGEMENT PRACTICES [NOS 205.206]

NOS 205.206 requires that the producer implement management practices to prevent crop pests, weeds, and diseases. These practices may include crop rotation, sanitation, cultural practices, mechanical methods, and physical methods.

WEED MANAGEMENT

1. Please describe your plan to prevent weed pressure and monitor weed populations on your farming operation in the space provided below.



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2. Please check the preventive weed control methods you plan to use on your farming operation.

- | | | |
|---|--|--|
| <input type="checkbox"/> Mowing | <input type="checkbox"/> Natural mulch | <input type="checkbox"/> Plastic mulch |
| <input type="checkbox"/> Crop rotation | <input type="checkbox"/> Hand weeding | <input type="checkbox"/> Flame weeding |
| <input type="checkbox"/> Field preparation | <input type="checkbox"/> Prevention of weed seed set | <input type="checkbox"/> Cover crops |
| <input type="checkbox"/> Soil sterilization | <input type="checkbox"/> Mechanical cultivation | <input type="checkbox"/> Other (please specify): |

3. If preventive weed controls are not effective, do you plan to apply approved weed control materials?
 If, "Yes," please list them in Section I. Material Information (Question 6)

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

4. Do you maintain records of how often you implement the weed control methods identified above; *i.e., dates and fields when you cultivate or flame weed a specific field?*

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

5. Please check the monitoring practices you implement to determine the effectiveness of your weed management plan.

- | | |
|---|--|
| <input type="checkbox"/> Observation of weeds | <input type="checkbox"/> Records kept of observations/counts |
| <input type="checkbox"/> Observation of crop health | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Comparison of crop yields | |

6. Please describe the frequency of your monitoring practices in the space provided below.

PEST MANAGEMENT

1. Please check which pests or potential pests you plan to manage on your farming operation? .

- | | |
|----------------------------------|--|
| <input type="checkbox"/> Insects | <input type="checkbox"/> Nematodes |
| <input type="checkbox"/> Rodents | <input type="checkbox"/> Mites |
| <input type="checkbox"/> Birds | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Gophers | |

2. Please describe your plan to prevent pest problems and monitor pest populations on your farm in the space provided below.



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3. Please check the pest control strategies you implement on your farming operation.

- | | | |
|--|---|--|
| <input type="checkbox"/> Crop rotation | <input type="checkbox"/> Timing of planting | <input type="checkbox"/> Trap crops |
| <input type="checkbox"/> Traps | <input type="checkbox"/> Release of beneficials | <input type="checkbox"/> Physical barriers |
| <input type="checkbox"/> Frog ponds | <input type="checkbox"/> Monitoring | <input type="checkbox"/> Bird houses |
| <input type="checkbox"/> Bat houses | <input type="checkbox"/> Physical removal | <input type="checkbox"/> Mating disruption |
| <input type="checkbox"/> Resistant varieties | <input type="checkbox"/> Companion planting | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Beneficial habitat | | |

4. Do you maintain habitat for beneficial insects? Yes No

4a. If, "Yes," please describe in the space provided below.

5. Rate the effectiveness of your pest management program.

- Excellent Satisfactory Needs improvement

6. Please check the methods you use to monitor the effectiveness of your pest management program.

- | | |
|---|--|
| <input type="checkbox"/> Pheromone monitoring traps | <input type="checkbox"/> Comparison of crop yields |
| <input type="checkbox"/> Visual observation of insect activity/damage | <input type="checkbox"/> Other (please specify): |

7. Please describe the frequency of your monitoring practices in the space provided below.

8. If preventive pest control strategies are not effective, do you plan to use pest control materials?
 If, "Yes," please list all pest control materials you plan to use on your farming operation in Section I. Material Information (Questions 4 & 6). Yes No

DISEASE MANAGEMENT

1. Please describe your plan to prevent and monitor diseases on your farming operation in the space provided below. Include specific diseases you manage.



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2. Please check the disease prevention strategies implemented on your farming operation.

- | | | |
|--|---|---|
| <input type="checkbox"/> Crop rotation | <input type="checkbox"/> Companion planting | <input type="checkbox"/> Field sanitation |
| <input type="checkbox"/> Resistant varieties | <input type="checkbox"/> Soil balancing | <input type="checkbox"/> Timing of planting/cultivating |
| <input type="checkbox"/> Vector management | <input type="checkbox"/> Compost/tea use | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Plant spacing | | |

3. Rate the effectiveness of your disease management program.

- Excellent
 Satisfactory
 Needs improvement

4. Please check the disease monitoring strategies implemented on your farming operation.

- | | |
|---|--|
| <input type="checkbox"/> Observation of crop health | <input type="checkbox"/> Crop quality |
| <input type="checkbox"/> Comparison of crop yields | <input type="checkbox"/> Other (please specify): |

5. Please describe the frequency of your monitoring practices in the space provided below.

6. If disease prevention strategies are not effective, do you plan to use disease control materials?

If "Yes," please list all materials in Section I. Material Information (Question 5).

- Yes
 No

SECTION G. SPLIT AND PARALLEL PRODUCTION

Split production means that only part of your farm business (the entity for which you seek certification) is managed to meet certification requirements for Organic or Transitional production, and that you also produce conventional crops on your farm operation.

Parallel production means that the same crop varieties are produced to meet requirements for Organic or Transitional production and that you also produce the same crop variety using conventional production practices on your farm.

1. Does your farm business (the entity for which you seek certification) produce conventional crops?

If "No," skip to Section H.

- Yes
 No

1a. If "Yes," do you use the same equipment on your organic/transitional and conventional crops?

- Yes
 No

1b. If "Yes," please describe the procedures implemented to clean-out equipment in the space provided below.

2. What procedures will you use to prevent the commingling of conventional, organic and transitional crops?



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3. Please complete the chart below by listing all crop varieties that are grown and whether they are organic, transitional, or conventional.

Crop variety	Organic	Transitional	Conventional
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What portion (percent and acres) of your total production is:

Organic: _____ % _____ acres
 Transitional: _____ % _____ acres
 Conventional: _____ % _____ acres

SECTION H. HARVEST, PACKING AND STORAGE , TRANSPORTATION [NOS 205.272]

NOS 205.272 requires that handling practices and procedures present no contamination risk to organic products from commingling with non-organic products or contact with prohibited substances. Packaging materials, bins, and storage containers must not contain a synthetic fungicide, preservative, or fumigants. Reusable bags or containers that have been in contact with any substance in such a manner as to compromise the organic integrity cannot be used unless the bag or container has been thoroughly cleaned. Procedures used to maintain the organic integrity of ingredients or products must be documented.

HARVEST

1. Are any organic crops custom harvested by an outside business? Yes No

1a. If "Yes," please provide the name and contact information for the custom harvester.

2. How are organic crops harvested?

Mechanical By hand (Skip to Question #5) Other (please specify):

3. How do you ensure there are no non-organic crop residues in harvest equipment?

Equipment used for organic crops only (Skip to Question # 5) Equipment is cleaned prior to organic crop harvest or use

4. What type of cleaning documentation is maintained?

Clean truck/equipment affidavits Clean out records Other (please specify):



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5. What type of containers are organic crops harvested into?

- Bulk trucks/wagons (Skip to Question #7) Wooden bins
 Cardboard/waxed boxes Other (please specify):
 Plastic bins

6. Are the harvest containers,

- New Used for Organic Crops Only Other (please specify):
 Cleaned prior to use Lined prior to use

7. Please describe how you identify harvest containers as organic.

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PACKING – POST HARVEST HANDLING

8. Is the organic crop processed at your farm (made into essential oil, canned, pickled, etc.) Yes No

8a. If, "Yes," please complete a Processor Application packet. Please contact the Organic Food Program office to request a packet.

9. Do you handle or pack organic crops grown by other organic crop producers? Yes No

9a. If, "Yes," please complete a Handler Application packet. Please contact the Organic Food Program office to request a packet.

10. Do you pack crops grown on your farm into wholesale or retail packages on your farm? Yes No

10a. If, "Yes," please complete a Producer/Packer System Plan. Please contact the Organic Food Program office to request the form.

STORAGE

11. Do you store organic crops at your farm? If "No," Skip to Question # 15 Yes No

12. If "Yes," please provide details on your storage areas by completing the following table.

Crop	Location /Name of Storage Area(s)	Type/Capacity	Dedicated Organic?

13. Are organic crops stored in Controlled Atmosphere (C.A.)? Yes No



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14. Please describe how you ensure organic crops are not contaminated with prohibited materials or commingled with non-organic crops during storage. Please include details on both raw product storage and finished product storage if applicable.

TRANSPORTATION

15. Are you responsible for the transportation of organic crops or finished products leaving your farm? Yes No

15a. If "No," please provide the name of the responsible party & skip to Section I.

16. How do you ensure organic crops or products are not contaminated during transport?

- Transportation equipment is used for organic crops only (Skip to Section I)
- Organic products are shipped in sealed packages or containers
- Other (please specify):
- Transportation equipment is cleaned prior to organic crop harvest or use

17. What type of cleaning documentation is maintained?

- Clean truck/equipment affidavits
- Clean out records
- Other (please specify):

SECTION I. MATERIAL INFORMATION [NOS 205.105]

NOS 205.105 requires that all materials used in organic crop production either be natural substances or be approved synthetic materials listed under the National List of Allowed and Prohibited Substances [NOS 205.601; 205.602]. This includes all fertilizers, crop production aids, and pest control materials that are used on an organic operation.

1. **Planting mix ingredients and greenhouse materials.** In the space provided below, please list all of the ingredients you plan to use in your planting mix and the materials you apply to crops being produced in greenhouses.

- N/A I do not use a planting mix on my farming operation. Skip to Question 2.
- N/A I do not have a greenhouse on my farming operation. Skip to Question 2.



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2. **Foliar Fertilizers and Soil Fertility Products.** In the space provided below, please list all of the soil amendments, rock minerals, soil inoculants, and manure you plan to use.

N/A I do not use foliar fertilizers or soil fertility products on my farming operation. Skip to Question 3.

Material	Crop	Reason For Use

3. **Compost and Compost Products.** In the space provided below, please list all compost products, compost feedstocks, and compost product ingredients you plan to use.

N/A I do not use compost or compost products on my farming operation. Skip to Question 4.

Material	Crop	Reason For Use

4. **Insect Control Materials.** In the space provided below, please list all of the insect control materials you plan to use on your farming operation, the crops you intend to use the material on, the reason for its use, and the practices you plan to employ to prevent the need for its use. Include any spray adjuvants that you plan to use.

N/A I do not use insect control materials on my farming operation. Skip to Question 5.

Material	Crop	Reason For Use



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5. **Disease Control Materials** In the space provided below, please list all of the disease control materials you plan to use on your farming operation, the crops you intend to use the material on, the reason for its use, and the practices you plan to employ to prevent the need for its use.

N/A I do not use disease control materials on my farming operation. Skip to Question 6.

Material	Crop	Reason For Use

6. **Other Pest Control Materials** (*rodents, weeds, slugs, etc.*) In the space provided below, please list all weed and other pest control materials you plan to use on your farming operation, the crops you intend to use the material on, the reason for its use, and the practices you plan to employ to prevent the need for its use.

N/A I do not use any of these on my farming operation. Skip to Question 7.

Material	Crop	Reason For Use

7. **Crop Production Aids** (*sticking & spreading agents, pH adjusters, buffers, growth regulators, seed treatments, irrigation system treatments, etc.*) In the space provided below, please list all of the crop production aids you plan to use.

N/A I do not use crop production aids on my farming operation. Skip to Question 8.

Material	Crop	Reason For Use



Crop Producer Organic System Plan

8. **Post Harvest Materials** (sprout inhibitors, chlorine dioxide, post harvest fungicides, etc.) In the space provided below, please list all of the post harvest materials you plan to use on your organic crops.

N/A I do not use post harvest materials on my farming operation.

Material	Crop	Reason For Use

SECTION J. MARKETING

1. Please check all marketing venues used to sell organic crops produced on your farming operation.

- | | | |
|--|--|---|
| <input type="checkbox"/> Farmers market. | <input type="checkbox"/> Community Supported Agriculture | <input type="checkbox"/> On-Farm (u-pick, farm stand, etc.) |
| <input type="checkbox"/> Direct sales (restaurants, retail stores, etc.) | <input type="checkbox"/> Processing (sold or under contract) | <input type="checkbox"/> Wholesale |
| | | <input type="checkbox"/> Other: |

2. Please list all wholesalers/packing sheds/processors that handle your products in the space provide below.

SECTION K. RECORDKEEPING [NOS 205.103]

1. The National Organic Standards require records related to an organic crop production, harvest and sales be maintained for five years. Please describe your system for maintaining records related to your organic operation.

2. Please indicate where the following records, that pertain to your organic farming operation, are located:

- Material Application Records:
- Material & Seed Receipts:
- Sales Records:
- Production Records:

Records must be made available for review during inspection! Please keep a copy of this organic system plan for your records and as a reference for your inspection and future updates to your plan. Contact the Organic Food Program if you want to make any substantial changes to your operation, or add other approved materials this production season. Prior notification is required before you implement changes on your farm. You can update your plan by contacting us by phone, fax, email or send us a note in the mail. The National Organic Standards require a system plan update each year, and we will send a system plan update form to you with next year's renewal application.