|  |  |  |  |
| --- | --- | --- | --- |
| **Operation Name:** |  | **Date:** |  |

**►** Complete this form to describe how **raw organic crop products** are handled prior to sale.

**►** Complete section 7.1-7.7 and 7.9 below for *on-farm facilities*.

**►** Complete section 7.8 below for any *contract facilities* that process/store products under your ownership. Note: most contract facilities must be certified organic.

**►** Simple processing may be included under the farm certification; more complex processing will require a separate handling certification. Contact Oregon Tilth for further information (503) 378-0690.

|  |
| --- |
| **NOP §205.272** An operation intending to sell, label, or represent agricultural products as organic must develop an organic system plan that is agreed to by the producer and an accredited certifying agent. An organic handling system plan must include a description of practices and procedures to be performed and maintained to prevent organic products from contact with prohibited substances.  **NOP §205**.**271** Pest control practices are limited to management practices, physical controls, lures, repellents, and other non-synthetic or synthetic substances consistent with the National List. |

## ON FARM FACILITY INFORMATION Site location is identified on Farm Map

Facility Name:

Site Address:       City:

State/Province:       Zip/Postal Code:       Country:

1. Describe the activities performed at this facility:

Handling/Processing (washing, sorting, mixing, drying, blending, packaging)

Storage  
 Other:

1. List (or attach a list of) the organic crops handled or stored at this facility:  Attached

|  |
| --- |
|  |

## SITE PLAN AND PRODUCT FLOW

1) Attach a schematic or overview of the facility (may be hand drawn) showing organic processing and storage area(s).  Attached

## 2) Provide a complete written description and/or a schematic product flow chart that describes how the crop(s) is harvested, received, processed, packaged, and stored (as applicable). Identify all equipment, machinery, and storage areas. The description may be included below or attached.

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## Post-Harvest Handling and On-farm Processing

1. What processing activities are performed?

Not applicable or use contract processor (Skip to section 7.4)

Washing  Sorting  Freezing  Cutting  Cooking  Seed Cleaning

Mixing  Packaging  Fermenting  Drying/dehydrating  Other:

1. Do any processed products include ingredients from off-farm (excluding salt)?

No  Yes; **NOTE**: if Yes, organic handling certification may be needed; OTCO will contact you to discuss.

1. Do you also process non-organic products at this facility?

No  Yes; **NOTE**: if Yes, organic handling certification may be needed.

1. Do you use any substances to assist in processing of your products (processing aids)?

No  Yes: include these products on **C11**—Materials List form, and submit product label/photo of container

**7.4 COMMINGLING AND CONTAMINATION PREVENTION**

1) Is the handling area and/or equipment used for BOTH organic and non-organic crops?  No (Skip to section 7.5)

Yes

1. If Yes, how do you ensure that organic crops are not contaminated by or commingled with nonorganic crops during processing?

|  |
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**7.5 SANITATION AND WATER USE**  N/A; no sanitizers/cleaners or water use

1. Describe your cleaning and sanitation steps, including final rinse step (if any), for organic food contact surfaces (counters, mixing and grinding equipment, storage areas, etc.) or submit a Standard Operating Procedure (SOP) for cleaning & sanitizing food contact surfaces.  SOP sections attached

|  |
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1. All sanitizers and cleaning materials used to clean equipment during transport, storage, handling, or processing must be   
   identified on Module C11 *Materials List.* No sanitizers/cleaning materials used (Skip to section 7.6)  Materials have been added to the C11

|  |  |
| --- | --- |
| No (Skip to question 4.) | Yes |

1. Do you use sanitizers or cleansers on equipment?

|  |  |
| --- | --- |
| Identify how you ensure that contact surfaces are free of residue: | |
| Chlorine materials and/or sanitizers allowed to evaporate completely |  |
| Thorough rinse (describe): |  |
| Residue testing (specify methods): |  |
| Other: |  |

1. How do you document the cleaning/sanitation and verification of no remaining residues? (Check all that apply.)

Cleaning/sanitation log

Notation on processing/handling record

|  |  |
| --- | --- |
| Other: |  |

1. Do you use water in direct contact with your organic product (i.e., in wash water)?  No (Skip to Section 7.6)

Yes:

* 1. What is the water source?

Municipal Source  Well  Other (describe):

* 1. For water from other than a municipal source, how do you determine that it is potable? Select all that apply:

Well provides drinking water for household  Periodic water testing for contaminants

Treat water with an allowed disinfectant in accordance with the Safe Drinking Water Act. Describe:

Other (describe):

* 1. If testing water, have any tests detected contaminants?

|  |  |
| --- | --- |
| Yes | No |
| Test results are attached. |  |
| If Yes, describe: | |

* 1. If you add chlorine to water that directly contacts organic products, indicate how you meet the following restriction:

*Residual chlorine levels in water that directly contacts organic products may not exceed the maximum residual disinfectant limit under the Safe Drinking Water Act (4 ppm) at the point where the water last contacts the organic product.*

Not applicable, no chlorine added  Final rinse with water only  Final rinse with chlorine at or below 4ppm

Other (describe):

## STORAGE FACILITY PRACTICES

1. Do you store crops?

No, not applicable or I relinquish ownership at delivery/harvest (Skip to 7.7)

Yes, and I retain ownership while the crops are in storage:

1. Complete the table below to list the storage facilities you use, including on-site storage **locations** and how the product is stored. This may include, but is not limited to hay barns, grain bins, dry storage, cold storage, walk-in coolers, seed storage sheds, etc.

|  |  |  |  |
| --- | --- | --- | --- |
| Storage Facility Name and Location | Products/Crops Stored | Type of Storage | Documentation |
|  |  |  | OC\*  IS\*\*  OWN\*\*\* |
|  |  |  | OC\*  IS\*\*  OWN\*\*\* |
|  |  |  | OC\*  IS\*\*  OWN\*\*\* |
|  |  |  | OC\*  IS\*\*  OWN\*\*\* |
|  |  |  | OC\*  IS\*\*  OWN\*\*\* |
|  |  |  | OC\*  IS\*\*  OWN\*\*\* |

\* Attach the **Organic Certificate (OC**) for each certified storage facility listed above.

\*\* For any non-certified facilities listed above, attach an Oregon Tilth **Independent Storage Information Sheet (IS)**.

NOTE: IS forms are available at www.tilth.org and must be signed and submitted when changes occur.

\*\*\* I **own** or operate this facility myself.

## FACILITY PEST MANAGEMENT -SKIP SECTION IF NO CROP STORAGE OR HANDLING FACILITIES ARE USED Not applicable

1. What kind of pests do you have or are currently being addressed in your pest control plan?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| N/A; no pests in facilities | Flying insects | Crawling insects | Rats | Mice | Spiders | Birds |
| Other (specify): | | | | | | |
|  | | | | | | |

1. Which of the following management practices do you use to prevent pests?

|  |  |
| --- | --- |
| Remove pest habitat, food sources, and breeding areas | Inspection zones around interior perimeter |
| Prevent pest access to handling facilities | Sheet metal on sides of building exterior |
| Sealed/screened vents doors, and/or windows | Positive air pressure in facility |
| Incoming ingredient inspection for pests | Locate lighting fixtures away from vents, windows, or doors |
| Manage environmental factors to prevent pest reproduction (temperature, light, humidity, atmosphere, air circulation\_ | |
| Other (specify): | |

1. Which of the following practices do you use to control pests in organic production and storage areas?

|  |
| --- |
| Mechanical or physical controls |
| Lures and repellents using non-synthetic or synthetic substances consistent with the National List.*All materials must be listed on the C11.* |

1. Are the measures listed above sufficient to prevent or control pests?
   1. If no, what additional pests control measures are employed?

|  |
| --- |
|  |
|  |

* 1. If materials not on the National List are used, how do you prevent pest control materials from contacting or contaminating organic products, ingredients, and packaging materials?

|  |
| --- |
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## Off-site Processing and handling

1. Do you use a certified organic facility to process or handle crops after harvest?

Not applicable, no off-site facility used

Yes, but legal ownership transfers at delivery

Yes, and I retain ownership of the final product during post-harvest processing (complete questions 2 through 5)

1. Complete the table below (or attach a list with all required information) describing each product that will be included in your Oregon Tilth organic certification that is processed by another operation.  List attached

*This section affects the appearance of products on your certificate and within online directories; Oregon Tilth reserves the right to modify product listings to reflect standard naming conventions.*

| Type of Product  (*Required*:  Will appear on certificate.  *Ex: Almonds, Olive Oil, Wine, Raisins)* | Product Detail  (*Optional*: Will appear on certificate, but not online. *Ex, Roasted, Extra Virgin, Shiraz Clamshells, Sun dried*) | Organic Label Claim | | | Label or Brand Name | Name of operation doing the processing | Certifier |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 100% Organic | Organic | Made With Organic \*\*\* |
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1. Attach a valid organic certificate for each processing facility listed above.  Attached
2. Attach a label for each product above with completed section **C8** Labeling and Sales  Attached
3. Describe your plan for verifying and documenting that the processing facilities you use are certified by a USDA-accredited certifier, and in good standing, on a continual basis:

Obtain current certification documentation prior to use.  Other (describe):

## PACKAGING CONTAINER MATERIALS

1. What type(s) of direct contact packaging is/are used? (select all that apply)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Hard Plastic | Flexible Plastic | Paper | Cardboard | Glass |  |
| Other: | | | | | |

1. Are all packaging materials verified to be free of prohibited materials from the manufacturer (e.g., fungicides, preservatives, fumigants)?

|  |  |
| --- | --- |
| Yes, Verification documentation is attached | N/A. No packaging in use |

1. Do you reuse packaging?

|  |  |
| --- | --- |
| No, not applicable | Yes (describe): |

1. Has any reused packaging ever contained non-organic products?

|  |
| --- |
| No, used packaging is from organic products only |
| Yes, products are protected from contact with possible residue (describe) |
|  |
|  |