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

► Complete this form if you operate a processing or handling facility or if you take physical possession of products that you sell/distribute.

## ► Complete this form if there are multiple facilities used in the manufacture of your product for which pest management programs have been established and materials in use vary from facility to facility.

|  |
| --- |
| **NOP §205.201 and NOP §205.271** provide that an operation intending to sell, label, or represent agricultural products as organic must develop an organic system plan (OSP) 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, or commingled with conventional products, and records must be maintained that are sufficient to demonstrate compliance.  |

|  |  |
| --- | --- |
| Name/identification and location of the facility covered by this plan if different from the operation’s main/principal facility: |       |

## FACILITY PEST MANAGEMENT

## Who is responsible for pest control in your facility?

[ ]  In-house

[ ]  Contracted pest control service (name)\*:

\*If a Pest Control Operator (PCO) is used, have you informed them in writing that this operation is organic?

 [ ]  Yes (attached) [ ]  No

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

[ ]  Flying insects [ ]  Crawling insects [ ]  Rats [ ]  Mice [ ]  Spiders [ ]  Birds [ ]  Other (specify)

## 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:

## 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

List substance(s):

## If measures listed above are not sufficient to prevent or control pests, list materials in use that are consistent with the National List and provide product labels. If none of the materials from the table below are used, check this box: [ ]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **National** **List Material** | **Brand Name**  | **Target Pest(s)** | **Method of Application** | **Location** |
| Carbon dioxide  |       |       |       |       |
| Nitrogen gas |       |       |       |       |
| Vitamin D3 bait |       |       |       |       |
| Boric acid |       |       |       |       |
| Diatomaceous earth |       |       |       |       |
| Soap products |       |       |       |       |
| Other non-synthetic materials |       |       |       |       |

## Are the measures listed above sufficient to prevent or control pests? [ ]  Yes [ ]  No

## If no, list pest control materials not on the National List that you apply in organic production, handling and storage areas.

##  [ ]  List of pest control materials in use that are not on the National List is attached.

* 1. If no, describe circumstances that could result in an escalation from using National List materials to using materials that are NOT on the National List.

* 1. If no National List materials are listed above as currently in use to control pests, explain why materials that are NOT on the National List must be used instead.

|  |  |  |  |
| --- | --- | --- | --- |
| **Brand Name/Material** | **Target Pest(s)** | **Method of Application** | **Location** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

## Attach ingredient statements or product labels for all pest control materials listed above. [ ]  Ingredient statements or product labels are attached.

1. By checking this box, I affirm that before any changes are made to the pest control materials list above, I will submit the proposed alternative materials and get approval from OTCO *prior to use*. [ ]  Change statement is understood and affirmed.

## How do you prevent pest control materials from contacting organic products, ingredients, and packaging materials?

[ ]  Remove product and packaging from areas to be treated [ ]  Cover equipment used for food handling

[ ]  Wash and rinse food contact surfaces after treatment [ ]  Purge equipment with nonorganic product

[ ]  Other (explain):

## Where do you record visual pest observations, pest control material use and the measures taken to protect organic products or packaging from contamination?

[ ]  Pesticide Use Log [ ]  Pest Monitoring Log [ ]  Purge log [ ]  Log describing removal/reentry of products and packaging

[ ]  Other (describe):

## How do you ensure your pest control practices are effective? How often do you monitor the practices?

|  |
| --- |
|  |