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

► Complete this form if you take physical possession of products that you sell, distribute, or if you run a processing or handling facility

► Complete this form if there are multiple facilities and pest management practices or inputs in use differ.

|  |  |
| --- | --- |
| Facilities covered by this plan if different than main operation:  |  |

## 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 [ ]  No

1. What kind of pests do you have?

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

## Which of the following management practices do you use to prevent pests? (Must use at least one)

[ ]  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, including sticky traps, mechanical traps, scare eye balloons, freezing/heating treatments, electrocutors, pheromone traps, raptor perches, vacuum treatments, light, or sound

[ ]  Lures and repellents using non-synthetic or synthetic substances

List substance(s):

## If measures listed above are not sufficient to prevent or control pests, please list natural materials in use.

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

## 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 attached

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

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

* 1. By checking this box, I confirm that for any changes to my pest control materials list above, I will submit the requested materials and get approval from OTCO prior to use. [ ]  Confirmed

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

## Where do you record pest control material use and measures taken to protect organic products or packaging?

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

[ ]  Other (describe):

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

|  |
| --- |
|  |

1. How do you ensure your pest control practices do not endanger the employees while working or on break?

|  |
| --- |
|  |