|  |  |  |  |
| --- | --- | --- | --- |
| **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?

|  |
| --- |
|  |