**Processing and Handling Organic System Plan: Crops Addendum**

Please fill out this questionnaire if you are requesting organic process/handling certification or recertification as a crop handler/processor. Attach Organic Product Profile sheets for all products requested for certification and a current schematic product flow chart, Organic Control Points, facility map, pest management map, water test(s), and appropriate MSDS if required. Use additional sheets if necessary.

**Handle**: to sell, process, or package agricultural products, including but not limited to trading, facilitating sale or trade on behalf of a seller or oneself, importing to the United States, exporting for sale in the United States, combining, aggregating, culling, conditioning, treating, packing, containerizing, repackaging, labeling, storing, receiving, or loading. (205.2 Definitions)

If you feel that you meet the criteria to be a handler, and all activities are conducted on farm please fill out this addendum. If some of your processes happen off farm, please fill out the full Processing and Handling System Plan.

***WARNING: This form will be returned to you if it is not completed in its entirety. This will significantly delay the certification process, in regard to your file.***

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| SECTION 1: GENERAL INFORMATION | NOP | §205.201, .401 |
| 1. Describe processes that you are completing on farm. |
| 2. Do you process/handle your product(s) seasonally or year-round?. \*If seasonal, please explain below: | Seasonally | Year-Round |
| 3. Please list other certifications, permits, or inspections such as GMP’s, FDA, Fair Trade, Rain Forest Appliance, etc. |

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| 3. Have you ever received a negative scoring report from any other regulatory agency including, but not limited toFDA, OSHA, or state health department? Yes No*Please attach the most recent reports.* |
| 4. Describe all products produced. |
| SECTION 2: Assurance of Organic Integrity & Product Flow NOP §205.201, .272, .401*NOP standards require that procedures, processes, storage and equipment present no contamination risk to organic products from co-mingling with other non-organic products, sanitation products or pest management products. Procedures used to maintain organic integrity must be documented.*PRODUCT FLOW: Attach a schematic product flow chart which shows where and how the product is received, stored, processed, packaged, and warehoused. Please identify all pieces of equipment, storage areas, and where ingredients are added or processing aids used. Identify all storage areas associated with organic products, including incoming inventory, partially packed products, packaging material, and finished product. Identify nonorganic products storage as well. |
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| SECTION 3: Organic Control Points (OCPs) |
| **An application without a written organic control point plan will be considered incomplete.****ORGANIC CONTROL POINTS** (OCPs): similar to Hazard Analysis Critical Control Points (HACCP), are points in the productions system where the integrity of the organic product may be compromised. Examples areco-mingling with non-organic products, contamination by sanitizers or pesticides, and improper cleaning of equipment prior to running organic products.1. Describe OCPs below: |

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| SECTION 4: Record Keeping NOP §205.103, .270, .272 |
| NOP standards require that audit control records track finished organic products back to all ingredients. Ingredients must be verified as certified organic. Amounts of organic finished products must balance with certified organic ingredients that are produced and purchased. All relevant documents must identify products as "organic".NOP Rule requires that records disclose all activities and transactions of the operation, be maintained for 5 years, and demonstrate compliance with the NOP Rule. All records must be accessible to the inspector. |
| 1. Please describe the record keeping system below that ensures the organic integrity of the finished product. |
| SECTION 6: Packaging and Labeling NOP §205.270,.272,.303,.311 |  | N/A |
| *NOP standards require that packaging materials are free of prohibited substances and must not contaminate the organic product. Organic product labels must meet certification agency and government labeling requirements.* |
| **A. PACKAGING** |  | **N/A** |
| 1. Are all packaging materials: |  | New |  | Used |
| 2. Check the types of packaging material used:Bulk Paper Cardboard Wood Glass Metal Foil Aseptic Natural Fiber Synthetic Fiber Other | Plastic | Waxed paper |
| 3. Are all packaging materials food grade? |  | Yes |  | No |  |  | N/A |
| 4. Are all packaging materials free of prohibited materials? |  | Yes |  | No |  | N/A |
| 5. Are packaging materials recyclable? |  | Yes |  | No |  | N/A |
| 6. Are packaging materials returnable? |  | Yes |  | No |  | N/A |
| 7. Where are the packaging materials stored? |
| 8. Are any fungicides, fumigants, or pest control products used in the storage area(s)? |  | Yes |  | No |  | N/A |
| *\*If yes, please list any of these pest control products on the Master Inputs List.* |
| 9. Have any packaging materials been exposed to synthetic fungicides, preservatives, |  | Yes |  | No |  | N/A |
| or fumigants?*\* If yes, please describe the expose and list the products used on the Master Inputs Lis*t |
| 10. Are packaging materials reused? |  | Yes |  | No |  | N/A |
| *\*If yes, please describe how reusable packaging materials are cleaned prior to use.* |
| 11. Are reusable packaging materials used for both organic and nonorganic products? |  | Yes |  | No |  | N/A |
| *\* If yes, list the specific nonorganic products that are packaged* |

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| **B. LABELING** |  | **N/A** |
|  |  | 1. Have all product labels been submitted and approved for use by KDA? | Yes | No |  |
|  |  | 2. If product is labeled organic, does it identify each organic ingredient in the ingredient statement? | Yes | No | N/A |
|  |  | 3. Does the label contain the USDA Seal in correct form and design? | Yes | No |  |
|  |  | 4. Does the label identify the name of the ACA that certified the handler of thefinished product preceded by the statement, “Certified organic by ,” located below the information identifying the handler or distributor of the product? | Yes | No | N/A |
| 5. Please attach all retail labels to this Organic System Plan. |
| SECTION 13: Affirmation |
| **IMPORTANT – Include this completed Processing/ Handling Organic System Plan (OSP) with your Organic Certification Application, Crop/Farm Organic System Plan (if applicable), and attach the necessary documents from****the list below.** |
| **I have attached the following documents:** |
|  |  | Organic Certification Application Flow Chart Facility map Organic Control Points document Organic Product Profiles Organic Product Labels Pest management map of traps and monitors Water test, if applicable Appropriate MSDS, if applicableApplicable Fees (according to the Fee Schedule attached to the Application) |
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| I affirm that all statements made in this application are true and correct. I agree to follow organic standards. I understand that the operation may be subject to unannounced inspection and/or sampling for residues at any time as deemed appropriate to ensure compliance with the NOP Rule.I understand that acceptance of this questionnaire in no way implies granting of certification by the certifying agent. I agree to follow the organic standards as required in 7 CFR 205 and KAR 40:010. I understand that I may withdraw this application in writing at any time. I understand that I may be held liable for the costs of any services provided by the certifying agent up to the time of withdrawal. I understand that my application fee is nonrefundable. I understand that voluntary withdrawal prior to the issuance of a notice of noncompliance or certification denial that I will not be issued a notice of noncompliance orcertification denial |
| **This OSP was prepared by: Date:** |
| **Deadline for Renewals, January 15th****Submit completed form, Application, Fees, and supporting documents to: Kentucky Department of Agriculture****Certified Organic Program 111 Corporate Drive****Frankfort, KY 40601** |

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|  |  | For Office Use Only |
| Operation Name: |  | Approved By: |
| Date: |  | Date: |

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| **Product List*****List all the products you are requesting for certification on this form.*** For new and changed products, attach color copies of labels & preprinted packaging (ex: coffee bag) in the same order as they are listed here. All labels must be approved before use. | Product Is Packaged for: | Finished Product will be labeled as (check one) |
| **Product Name & Brand Name(s)***(as requested, to appear on certificate)* | **Single or Multiple Ingredient** | **Lot Number Used?** | **Wholesale** | **Retail** | **Export** | **100% Organic** | **Organic (**95-99.99%) |  |
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Certificate #: Ver. 1 12/23