



# 2012 OEFFA Organic System Plan for Handlers

For Office Use Only	
Date Received	
Date Reviewed	
Reviewer	
Cert #	

Please complete this form if you are requesting organic handling/processing certification or re-certification. Attach Organic Product Profile sheets with labels for all products requested for certification and a current schematic product flow chart, facility map, pest management map, water test, and appropriate MSDS, if applicable. Use additional sheets if necessary. You must sign this form.

## SECTION 1: General Information NOP § 205.401

Applicant/Company Name			Date				
Owner		Manager		Primary contact person			
Address			City	State	Postal code		County
Phone		Fax		E-mail			
Additional contact person(s):				<b>I am requesting verification for export to:</b> <i>Please note: You may incur additional fees for these services</i> <input type="checkbox"/> Canada <input type="checkbox"/> European Union (EU) <input type="checkbox"/> Japan			
Type of handling/processing :						<input type="checkbox"/> Primary <input type="checkbox"/> Contract vendor <input type="checkbox"/> Broker/Trader	
Year company began:	# of employees:	Name of person overseeing organic production:		Do you have an employee training program for organic product handling? <input type="checkbox"/> yes <input type="checkbox"/> no			
<b>Check all that apply:</b> <input type="checkbox"/> New Applicant <input type="checkbox"/> Currently certified by OEFFA ( <i>renewing certification</i> ) <input type="checkbox"/> Currently certified by other certifier(s) Please list: <input type="checkbox"/> Previously certified by other certifier(s) Please list:				Have you ever been denied certification, or had your certification suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe the circumstances:			
<b><i>If you are a new applicant and have been certified by an agency other than OEFFA, or if you have ever been denied, suspended, or revoked, please attach a copy of your last communication and describe how you have resolved any outstanding noncompliances, if applicable. Contact the OEFFA Certification office if you have questions.</i></b>							
Do you have a current copy of the NOP standards? <input type="checkbox"/> yes <input type="checkbox"/> no		Government permits/ inspections:		<input type="checkbox"/> N/A Certified Since: _____ OEFFA Certification Number: _____			
<b>FOR RENEWING APPLICANTS: PLEASE REVIEW YOUR PREVIOUS YEAR'S CERTIFICATION DECISION LETTER</b> <b>Did you have any noncompliances?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable  If yes, please list the noncompliances and describe how you have addressed each one ( <i>use additional sheets if needed</i> ):							
What is the best way to contact you?		<input type="checkbox"/> Phone	<input type="checkbox"/> Mail	<input type="checkbox"/> Email			
When is the best time to contact you?		<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening			
When are you available for the inspection?		<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening			
Are there dates you prefer or are unavailable for inspection?:							
<b>Please provide directions to your facility for the inspector:</b>							

If you are the primary processor, list your contract vendors:	ADDRESS	PHONE NO.	CERTIFIED BY
CONTRACT VENDOR			

Estimated annual total production: \_\_\_\_\_% organic \_\_\_\_\_% conventional

List all products requested for organic certification. Attach an Organic Product Profile (last page of this OSP) and current or proposed label for each individual product.

List or attach a list of all products produced by your company:

**SECTION 2: Material Inputs** **NOP § 205.270 and 205.301**

Please review the definitions for product composition under §205.301 to determine whether your product is 100% organic, organic, or made with organic ingredients. Salt and water are not considered ingredients. No genetically engineered ingredients or processing aids are allowed. Please have non-GMO statements available for applicable ingredients.

**A. INGREDIENTS:**

Please complete Organic Product Profiles for all organic products requested for certification.

Are any non-organic ingredients listed as: restricted materials?  yes  no prohibited materials?  yes  no

Check if any non-organic ingredients have been processed with or exposed to the following:

- irradiation  genetic engineering  sewage sludge  fumigation  petroleum distillates  synthetic solvents

**B. PROCESSING AIDS:**  NONE USED

List all processing aids used in the production of certified organic products (please attach labels): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How/why are they used? \_\_\_\_\_

\_\_\_\_\_

Are any processing aids listed as: restricted materials?  yes  no prohibited materials?  yes  no

Check if any processing aids have been processed with or exposed to the following:

- irradiation  genetic engineering  sewage sludge  fumigation  petroleum distillates  synthetic solvents

**C. WATER:**

NONE USED

*For products that use culinary steam, boiler additives may not contaminate the organic products.*

**Check ways water is used in processing:**

- ingredient  processing aid  cooking  cooling  product transport  cleaning organic products  
 cleaning equipment  other \_\_\_\_\_

**Source of water:**  municipal  on-site well  other \_\_\_\_\_

**Is the water potable?**  yes  no *Attach copy of water test, if applicable.*

**List any known water contaminants:** \_\_\_\_\_

**What on-site water treatment processes are used?**  None used \_\_\_\_\_

**Is culinary steam used in the processing of organic products?**  yes  no

If steam has direct contact with organic products, do you use:  No direct contact

- steam filters  condensate traps  testing of condensate  testing of finished products  
 other \_\_\_\_\_

**List products used as boiler additives:** \_\_\_\_\_

*Attach MSDS, label information.*

**SECTION 3: Production System NOP § 205.201**

*Facility maps, schematic product flow charts, production logs, etc. may be used as documentation to show your production system is compliant with the NOP.*

**A. PRODUCT FLOW:**

*Attach a schematic product flow chart showing where and how the product is received, stored, processed, packaged, and warehoused. Identifying all pieces of equipment, storage areas and where ingredients are added or processing aids used.*

**B. EQUIPMENT**

**List all equipment used in processing:**

NAME	CAPACITY	IS IT CLEANED PRIOR TO ORGANIC PRODUCTION RUNS?	IS CLEANING DOCUMENTED YES (Y) NO (N)	IS THIS EQUIPMENT PURGED PRIOR TO ORGANIC PRODUCTION? YES (Y) * NO (N)

**\*If equipment is purged, list and describe purge procedures, quantities purged, disposition, and documentation:**

\_\_\_\_\_  
 \_\_\_\_\_

**SECTION 4: Assurance of Organic Integrity****NOP § 205.271 and 205.272***NOP Rule requires management practices to prevent contamination of organic products and co-mingling with non-organic products. Procedures used to maintain organic integrity must be documented.***ORGANIC CONTROL POINTS:** (OCP'S), similar to Hazard Analysis Critical Control Points (HACCP), are points in the production system where the integrity of the organic product may be compromised. Examples are co-mingling with non-organic products, contamination by sanitizers or pesticides, and improper cleaning of equipment prior to running organic products.**Do you have an Organic Control Point program in place to address areas of potential contamination?** yes     no     not applicable—organic only

If yes, list Organic Control Points you have identified in your process or submit a copy of your Organic Control Program.

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If no, do you have plans to implement an Organic Control Point program?  yes     no**SECTION 5: Audit Control System****NOP § 205.103 and 205.201(a)(4)***Audit control records should track finished organic products back to all ingredients and sources. Ingredients represented as certified organic must have verifying documentation.***Number, in the order of use, the types of documents which you use to track organic products at this operation:****Incoming:**

___ purchase orders	___ contracts	___ invoices	___ receipts
___ bills of lading	___ customs forms	___ scale tickets	___ quality test results
___ certificates of analysis	___ transaction certificates	___ copies of organic certificates	
___ receiving records	___ receiving summary log	___ other _____	

**In process:**

___ ingredient inspection forms	___ blending reports	___ production reports	___ equipment cleanout logs
___ sanitation logs	___ packaging reports	___ QA reports	
___ production summary records	___ other _____		

**Storage:**

___ ingredient inventory reports	___ finished product inventory reports	___ other _____
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**Outgoing:**

___ shipping log	___ transport unit inspection forms	___ bills of lading	___ scale tickets
___ purchase orders	___ sales orders	___ sales invoices	___ other (list): _____
___ export declaration forms	___ transaction certificates	___ organic certificates	_____
___ shipping summary log	___ sales summary log	___ audit control register	_____

**Describe your lot numbering system (for retail and wholesale, as applicable):** \_\_\_\_\_

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Can your record keeping system track the finished product back to all ingredients?  yes     noCan your record keeping system balance organic product in and organic product out?  yes     noDo you keep, or plan to keep, all records for at least 5 years?  yes     no

**SECTION 6: Quality Assurance****NOP § 205.201(a)(5)**

Do you have a QA program in place?  yes  no

If yes, what program do you use?  HACCP  TQM  other \_\_\_\_\_

Are any outside quality assessment services used (e.g., AIB)?  yes  no

If yes, name of company: \_\_\_\_\_

**Product testing:** (check all applicable categories)

ingredients prior to purchase  ingredients upon receipt  during production  finished product

Are ingredient samples retained?  yes  no If yes, how long? \_\_\_\_\_

Are finished product samples retained?  yes  no If yes, how long? \_\_\_\_\_

Do you have a product recall system in place?  yes  no

**SECTION 7: Sanitation****NOP § 205.105 and 205.605**

*NOP Rule requires that residues from cleaning materials do not contaminate organic products.*

**Check all cleaning methods used:**

sweeping  scraping  vacuuming  compressed air  manual washing  clean in place (CIP)

steam cleaning  sanitizing  other \_\_\_\_\_

**Provide information on your cleaning program and products used:**

AREA	TYPE OF CLEANING	EQUIPMENT USED	PRODUCTS USED	FREQ	DOCUMENTATION
Receiving area					
Ingredient storage					
Product transfer					
Production area					
Production equipment					
Packaging area					
Finished prod. storage					
Loading dock					
Building exterior					
Accidental spills					

Are all surfaces which contact organic products food grade?  yes  no

Do you test food contact surfaces for cleaner/sanitizer residues?  yes  no

Where are cleaning/sanitizing materials stored? \_\_\_\_\_

Do you use chlorine materials as disinfectants/sanitizers for food contact surfaces?  yes  no

If yes, do the residual chlorine levels in water exceed 4ppm?  yes  no

Attach MSDS and/or label information for all cleaners and sanitizers.

**SECTION 8: Pest Management**

**NOP § 205.271**

**A: GENERAL INFORMATION:**

What type of pest management system do you use?  in-house: name of responsible person \_\_\_\_\_  
 contract pest control service (name, address, phone no.) \_\_\_\_\_  
 \_\_\_\_\_

Check all pest problems you generally have:  flying insects  crawling insects  spiders  birds  rats  mice  
 other \_\_\_\_\_

**B: CHECK ALL PEST MANAGEMENT PRACTICES YOU USE:**

**1) PEST PREVENTION:**

- good sanitation  removal of exterior habitat/food sources  cleanup of spilled product  mowing
- exclusion  sealed doors and/or windows  repair of holes, cracks, etc.  screened windows, vents, etc.
- physical barriers  sheet metal on sides of building exterior  air curtains  air showers
- positive air pressure in facility  monitoring  ingredient inspection for pests
- inspection zones around interior perimeter  ultrasound/light devices  release of beneficials
- other \_\_\_\_\_

**2) PEST CONTROL (IF PREVENTION FAILS):**

- sticky traps  electrocutors  mechanical traps  scare eye balloons  freezing treatments  heat treatments
- vacuum treatments  pheromone traps
- other \_\_\_\_\_

**3) PEST ELIMINATION (IF PREVENTION & CONTROL FAIL):**

- carbon dioxide  vitamin baits  pyrethrum  rotenone  boric acid  diatomaceous earth
- other (*must be approved by OEFFA before use*): \_\_\_\_\_

**C. PESTICIDE USE INFORMATION FOR THE LAST 12 MONTHS:**

N/A (No pesticides used)

PRODUCT	TARGET PEST	LOCATION WHERE USED	METHOD OF APPLICATION	DATE OF LAST APPLICATION

Can any pest control products come into contact with any organic ingredients, finished organic products, or packaging materials?  yes  no If yes, describe your protocols to prevent contamination: \_\_\_\_\_

\_\_\_\_\_

If pesticides are used, where are they stored? \_\_\_\_\_

Is your structural pest management system effective?  yes  no

*Attach facility map showing location of traps and monitors. Attach MSDS and/or label information, if applicable.*

**SECTION 9: Packaging and Labeling**

**NOP § 205.272 (b) and 205.300 through 309**

*NOP Rule requires packaging materials are free of prohibited substances and must not contaminate the organic product. Organic product labels must meet NOP and other applicable government labeling requirements.*

**A. PACKAGING:**

Check types of packaging material used:

- bulk    paper    cardboard    wood    glass    metal    foil    plastic    waxed paper    aseptic  
 natural fiber    synthetic fiber    other \_\_\_\_\_  
 \_\_\_\_\_

Are all packaging materials food grade?  yes    no

Are all packaging materials free of prohibited materials?  yes    no

Are packaging materials recyclable?  yes    no   Returnable?  yes    no

**B. LABELING:**

In your ingredient statement, is each organic ingredient identified as organic?  yes    no

Do your product label(s) contain the phrase "Certified Organic by OEFFA" or a similar phrase?  yes    no

Have all labels been reviewed and approved by the appropriate regulatory authorities? (e.g. State Department(s) of Agriculture)  yes    no

*Please attach samples of all current or proposed organic product labels and include with your product profiles (see last page). The use of the OEFFA and/or USDA logo(s) is voluntary and both are available from the office in electronic & print form.*

**SECTION 10: Storage**

**NOP § 205.201 (a)(5) and 205.272**

*NOP Rule requires that no co-mingling or contamination of organic products occur during storage. Organic products should be clearly identified in storage. Off-site storage areas will need to be inspected.*

**STORAGE INFORMATION:**

USE	LOCATION	TYPE/ CAPACITY	DEDICATED ORGANIC? YES (Y) NO (N)	IDENTIFICATION
Ingredient storage				
Packaging material storage				
In-process storage				
Finished product storage				
Off-site storage*				

\* If there is off-site storage, give name, address, phone number and contact person: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Integrity of organic products must be maintained during transport.*

**A. INCOMING:**

**In what forms are incoming products received?**  dry bulk  liquid bulk  tote bags  tote boxes  metal drums  
 cardboard drums  paper bags  foil bags  other \_\_\_\_\_

**How are incoming products transported?** \_\_\_\_\_

**Do you arrange incoming product transportation?**  yes  no

**How do you insure that inbound transport units are clean prior to loading organic products?** \_\_\_\_\_

Is this documented?  yes  no

**Are transport units used to carry any prohibited materials?**  yes  no

**Have transport companies been notified of organic handling requirements?**  yes  no

**Are organic products shipped at the same time as non-organic in the same transport units?**  yes  no

**Check steps taken to segregate organic products:**  dedicated organic only  use of pallets  pallet tags

organic product shrink-wrapped  separate area in transport unit  other \_\_\_\_\_

**Is a receiving log in place?**  yes  no

**B. IN-PROCESS:**

**How are in-process products transported?** \_\_\_\_\_

**How do you insure that in-process transport units are clean prior to loading organic products?** \_\_\_\_\_

Is this documented?  yes  no

**Are production logs in place?**  yes  no

**C. OUTGOING FINISHED PRODUCT:**

**In what form are finished products shipped?**  dry bulk  liquid bulk  tote bags  tote boxes  paper bags

foil bags  metal drums  mesh bags  cardboard drums  cardboard cases  plastic crates

other \_\_\_\_\_

**How are outgoing products transported?** \_\_\_\_\_

**Do you arrange outgoing product transportation?**  yes  no

**How do you insure that outgoing transport units are clean prior to loading organic products?** \_\_\_\_\_

Is this documented?  yes  no

**Are transport units used to carry any prohibited materials?**  yes  no

**Have transport companies been notified of organic handling requirements?**  yes  no

**Are organic products shipped at the same time as non-organic in the same transport units?**  yes  no

**Check steps taken to segregate organic products:**  dedicated organic only  use of pallets  pallet tags

organic product shrink-wrapped  separate area in transport unit  other \_\_\_\_\_

**Are shipping logs in place?**  yes  no

**SECTION 12: Waste Management****NOP§ 205.200**

Will any waste products from certified organic ingredients be sold as certified organic?  yes  no

*If yes, complete an Organic Product Profile for each product.*

Check all aspects of your waste management system that apply:  on-site dumpster  material recycling

water recycling  water filtering  smokestack filters  composting  daily pickup of waste  sediment ponds

field application of waste  other \_\_\_\_\_

**SECTION 13: Affirmation****NOP §205.400; §205.403(a)(1-2); §205(g)(1-2)**

I affirm that all statements made in this application are true and correct to the best of my knowledge. I agree to comply with the Act and applicable organic production and handling regulations of this part. I will submit my updated organic system plan (this application) annually with applicable fees. If any of the information pertaining to my organic operation changes, I will notify the certification office in writing of these changes. I understand that the operation may be subject to unannounced inspection and/or sampling for residues at any time, as deemed appropriate by OEFFA Certification, to determine continued compliance with the Act. I will maintain all records applicable to my organic operation for no less than 5 years beyond their creation and allow OEFFA Certification access to such records during normal business hours. I have reviewed the information pertaining to Violations of the Act at §205.662(g)(1)-(2). I understand that acceptance of this Organic System Plan for Handlers in no way implies granting of certification by the certifying agent.

Signature of Operator \_\_\_\_\_

Date \_\_\_\_\_

I have attached the following required documents:

- product flow chart
- facility map
- pest management map of traps and monitors (may be combined with facility map)
- organic product profiles for each product
- organic product labels for each product

I have attached the following documents, if applicable:

- water test
- appropriate MSDS and/or sanitation product labels
- appropriate MSDS and/or pest control product labels

**Submit completed form, fees, and supporting documents to:**

**OEFFA Certification  
41 Crosswell Rd  
Columbus, OH 43214-3062**

**Please Note:** An incomplete application will significantly delay the certification process. Please double check that you have filled in all the information on this form.



**OHIO ECOLOGICAL FOOD AND FARM ASSOCIATION  
ORGANIC PRODUCT PROFILE**

**Applicant** \_\_\_\_\_ **Year** \_\_\_\_\_

Please fill out the following information for **each** individual organic product requested for certification. **Attach a copy of all labels used for this product.** This product profile sheet must match the submitted corresponding label(s) exactly.

**Name of finished product** \_\_\_\_\_

**Projected total volume expected to produce this year** \_\_\_\_\_, **beginning date** \_\_\_\_\_ **and ending date** \_\_\_\_\_.

**This product is sold (check all that apply):**       **Wholesale**       **Retail**

**This finished organic product will be labeled as (check one):**

- \_\_\_\_\_ a. **100% certified organic** (100% certified organic ingredients and processing aids)
- \_\_\_\_\_ b. **organic** (at least 95% certified organic ingredients with remaining ingredients from §205.605-205.606)
- \_\_\_\_\_ c. **made with organic [specific ingredients]** (70-95% certified organic ingredients)
- \_\_\_\_\_ d. **ingredients listed as organic in ingredient panel only** (less than 70% certified organic ingredients)

*Please see category descriptions in §205.301(a)-(e) for more information.*

**List all processing aids used in production of this product.** \_\_\_\_\_

**Is a lot number assigned to this product for traceability?**     **yes**     **no**

**PRODUCT COMPOSITION:** Complete the chart below for all ingredients contained in this product.

**This product contains:**       **Water** \_\_\_\_\_ (% of total product)       **Salt** \_\_\_\_\_ (% of total product)

INGREDIENT		SUPPLIER	CERTIFIED BY	STATUS: APPROVED (A) RESTRICTED (R), OR PROHIBITED (P)	% OF FINISHED PRODUCT (excluding water and salt; must add to 100%)
Water	<input type="checkbox"/> None		N/A	N/A	N/A
Salt	<input type="checkbox"/> None		N/A	N/A	N/A

**For more information on calculating the percentage of ingredients, including formulas, please see § 205.302.**