

# NASAA CERTIFIED ORGANIC GROWER GROUP ORGANIC MANAGEMENT PLAN



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## NASAA & NOP PROGRAMS

*Office Use Only*  
Date Received  
  
Grower No.

### 1. BACKGROUND INFORMATION

Name of Managing Entity in Full.....  
Type of entity (company, corporation, sole trader, partnership etc).....  
Trading As (if different).....

Name of Responsible Contact Person .....

Names of Other relevant Contact Persons  
.....

Physical Address.....

..... Country..... Telephone No(s).....

Fax..... Email .....

#### 1.1 ORGANIC MANAGEMENT PLAN

All Grower Groups must be compliant with the NCO International Licensee Policy (P3.7).

Grower Group Organic Management Plans must address all aspects of the policy. If you have not received a copy, please ensure that you have obtained one form NCO and reviewed it before submitting the OMP.

#### 1.2 Physical Locations of ALL parts of Grower Group (eg Internal control system, all villages)

Name eg Village (name), Office, etc	Location	Total Hectares (village)


**1.3 MAPS**

Please supply map(s) covering the extent of this application. (NB The maps must be detailed enough to locate each individual grower).

List here the map(s) supplied (state area/location covered and which groups each map applies to). Number each map and give it the same number as listed here.

Map 1: .....

Map 2: .....

.....  
 .....  
 .....

**1.4 General details**

Is your operation certified with another certifier? If so, which one? .....

How long has the Grower Group existed? .....

How long has the Grower Group been farming organically? .....

Do you have a current copy of NASAA Standard for Organic Production and Processing? .....

Do you have a current copy of USDA NOP Standard? .....

**2. INTERNAL CONTROL SYSTEM (ICS)**

A Grower Group is a system, where a number of farmers with small landholdings can be certified by NCO as a Group. The Grower Group must be closely managed by the NCO licensee. It must have a clear Internal Control System. When NCO inspects annually it inspects management and effectiveness of the Internal Control System. The elements below are key aspects of the sort of Internal Control System which are required. These must be in place and operating effectively before certification will be granted.

**2.1 MEMBER DATA**

You must supply data for each group covering every member. This data must be recorded and kept up to date by group management. Note: No members may be added between inspections so it is important that full up-to-date lists are supplied before the inspection). Lists must be updated when members are excluded for noncompliances.

**Complete F2.1.02a NCO Grower Group Data Form (supplied by NCO with this form).**

List of member data attachments:

.....



**Provide number of farmers currently in each group/subgroup**

GROUP IDENTITY (Name)	LOCATION	NUMBER OF GROUP MEMBERS

**TOTAL Group Members:**.....

**2.2 CROP DATA**

**LIST ALL CROPS REQUESTED FOR CERTIFICATION:**

CROP	Volume of production (current season)	Area(s) produced eg village	Date of conversion

**2.3 INTERNAL INSPECTIONS**

Group management must conduct annual Internal Inspections of ALL group members at least once per year. Please supply the **group internal inspection procedure/protocol** which includes a plan for inspecting all members and the number of times. Note: The Group must be operating before the NCO inspection – thus group members must have been inspected before making application to NCO.

Please state the name &/or number of your attachment covering internal inspection protocol:

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**2.4 STANDARDS COMPLIANCE**

Explain how the group ensures each member is complying with organic Standards? Note: Should also be documented in the ICS protocol

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.....  
.....  
Attach a copy of the Group's NASAA Concise Organic Standards (translated into a language members can understand)? .....

How does the ICS deal with instances where a Group member is not complying with organic Standards? Note: Should also be documented in the ICS protocol

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.....  
.....

**2.5 CONTRACT BETWEEN GROUP MANAGEMENT AND GROUP MEMBER**

Has a written contract/agreement between the group management entity and EACH group member confirming the Grower's understanding and compliance with the NASAA &/or NOP Standards been signed?

Yes or No .....

Attach a (translated) copy of this contract/agreement

**2.6 EXTENSION WORKERS/EDUCATION PROGRAM**

How many full time Extension Workers are there per thousand Growers? .....

List personnel name, position and tasks .....

.....  
.....  
.....

**2.7 DIVERSITY OF THE GROWER GROUP**

How many crops/ products does the Group produce? .....

What (in acres or hectares) is the total area farmed by the Grower Group .....

What is the geographical extent of the group operations? .....

What percentage of the total producers of the area are involved in the Grower Group? .....

### 3. FACILITIES : PROCESSING, STORAGE & HANDLING

#### 3.1 PROCESSING FACILITIES

List all processing facilities by name and location.

State the process/ activity that occurs at that site.

Facility name	Location	Process/activity	Facility owner	Dedicated organic (yes or no)

#### 3.2 TRANSPORT

Detail all transport routes and product transported.

Crop/product	Transporter entity name	Route (from – to)	Dedicated organic transport (yes or no)

#### 3.3 STORAGE

List all storages included in the organic product flow (start from village storages, through intermediate, processing facility and export stores)

Product	Storage name & type of structure	Location/site	Store owner	Dedicated organic (yes or no)

### 4. CROP PRODUCTION METHODS

#### 4.1 SOILS AND SOIL FERTILITY

Please describe the physical characteristics of the soil, eg soil type, drainage, moisture etc

.....  
 .....

What methods of cultivation are employed?.....  
 .....

Are recent nutrient soil tests carried out?.....

Do you use compost? Yes  No  What are the compost ingredients? .....

What is the source of compost material? .....

Are animals used in fertility management? Describe.....

What feed are animals given? .....

Are animals treated with any treatments?.....Comment.....

Is raw animal manure used? Specify.....

What is the source of the manure?.....

.....

Are other fertility inputs commonly used by members of the grower group?.....

If yes, note the types, application rates and frequency of use of the following:

Type	Rate	Frequency

**4.2 SEEDS, SEEDLINGS AND PROPAGATIVE MATERIAL**

Where are seeds, seedlings and propagative material obtained?  
 .....

Is there any GMO risk for the crops grown?  
 .....

**4.3 CROP ROTATION**

Are crops rotated? If yes, please describe.  
 .....  
 .....

**4.4 WATER**

How are crops irrigated? What is the source of the water used?  
 .....  
 .....

**4.5 WEED MANAGEMENT**

What are the most troublesome weed species? How are they managed?  
 .....  
 .....  
 .....  
 .....

**4.5 PEST MANAGEMENT**

What are the troublesome pests? How are these managed? .....

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.....  
.....  
.....  
**4.6 DISEASE MANAGEMENT**

Are there any problematic diseases? If so, how do you manage them?

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.....  
.....  
.....

**4.7 CONTAMINATION POTENTIAL**

Please describe the main possible sources of contamination of organic crops (at site of production, storages, transport):

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.....  
.....  
.....

Has there been any use of prohibited inputs within the grower group?      Yes       No

List all occurrences and state corrective actions taken

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**4.8 PARALLEL PRODUCTION RISK MANAGEMENT**

Is the Grower Group producing either of the following:

a) BOTH Organic and Conversion            OR      b) Conventional and Organic/Conversion     

If YES,

Outline the risk management system used to prevent mixing of parallel products:

Outline the product tracking system and supply examples (Attachment):

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.....

**4.9 LAST APPLICATION OF PROHIBITED INPUTS**

State the date of last prohibited input use, ie, **fertilisers, herbicides, fungicides, pesticides, and animal treatments**. Also list types of inputs used, and areas/livestock treated. **Use additional sheets if necessary**

Farmer Name and ID	Chemical Type/ Brand Name	Last Date of Use	Areas/livestock Treated


**4.10 EQUIPMENT**

Is any equipment used for organic production also used for conventional production? Provide details of equipment and methods used to prevent contamination.

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 .....

**4.11 BIO- DYNAMICS**

Do you use Bio-Dynamic methods and are you seeking a Bio-Dynamic Label for products?

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If Yes, which products:

.....  
 .....

## 5. STATUTORY DECLARATION

I [Name in full] .....  
of [Address] .....  
.....  
[Occupation] .....

### DO SOLEMNLY AND SINCERELY DECLARE AS FOLLOWS:

1. I am the applicant named in the attached questionnaire &/or the responsible person for the applicant company and am authorised to make this statutory declaration.
2. I have read the NASAA Organic Standard and the UDSA NOP Standard and I understand the purpose of the Standards and what is required in order to comply with them. I will operate in accordance with the Standards from hereforth and will notify NCO immediately of the use of products prohibited by the Standards at the facility for which I have applied for certification.
3. I have completed the attached questionnaire having regard to the Standards and from my own knowledge. The answers given are true and accurate. If NCO requires further information in relation to my application, I agree to supply it to NCO.
4. I understand that NCO will rely upon the answers and information contained in the attached questionnaire in deciding whether to certify me/the applicant\* in accordance with the Standards and that it is important to the integrity of the Standards and the scheme of certification operated by NCO that the answers and information provided in the attached questionnaire are true and accurate.
5. I understand and agree:
  - i) That NCO will deploy an inspector to visit all relevant premises so long as the application is complete and review of the application shows that compliance is in place;
  - ii) That the inspector may be directly employed by NCO or contracted from another certification body by NCO;
  - iii) That NCO may perform announced and/or unannounced inspections of my operation;
  - iv) To grant right of access to all appropriate facilities including any non-organic production in the unit and to all relevant documentation including financial records to NCO, inspectors &/or NCO's accreditors.

**AND I MAKE THIS SOLEMN DECLARATION** by virtue of the Statutory Declarations Act 1959 and subject to the penalties provided by that Act for the making of false statements in statutory declarations, conscientiously stating that the statements contained in this declaration to be true in every particular.

**DECLARED at** [Address].....  
the ..... day of .....  
Before me, a JP or Commissioner for the taking of declarations:  
[Signature of JP/Commissioner].....  
[Signature of person making the declaration] .....

## 6. LIST OF ATTACHMENTS

Please list each attachment requested and any others you are submitting.

Attachments required:

- A) See 1.3 Maps
- B) See 2.1 Group member data
- C) See 2.3 Group internal inspection procedure/protocol
- D) See 2.4 Group Concise Translated Standards
- E) See 2.5 Contract between group management and group member
- F) See 4.8 Product tracking system documents/numbering system
- G) GROUP AND ICS Organisational chart
- H) Internal process flow diagram

Group Attachments: List name and number:

## 7. INTERNAL CONTROL SYSTEM STRUCTURE

7.1 Supply an organizational chart of the group management structure. Include all key personnel, positions and facility locations.

Attachment name & number .....

7.2 Please supply a flow diagram showing INTERNAL CONTROL SYSTEM Processes (see example below).

Attachment name & number .....

7.3 The following is an example of the different interactions that may be involved in an Internal Control System.

Your flow chart must include all steps within the organic system. Information Sheet 2/03 – Setting up an Internal Control System, provides guidance if needed.

# EXAMPLE ONLY – GROUP INTERNAL CONTROL SYSTEM FLOW CHART

