

NASAA GROWER GROUP

QUESTIONNAIRE

- Strictly Confidential



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<i>Office Use Only</i> Date Received Grower No.

1. BACKGROUND INFORMATION

Name of Managing Entity in Full.....

Trading As (if different).....

Name of Main Contact

Names of Other
Contacts.....

Postal
Address.....

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

Fax..... Email

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

LOCATION eg Village, Office	HECTARES

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

How long has the Grower Group existed?

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

PLEASE LIST **ALL** CROPS REQUESTED FOR USDA NOP CERTIFICATION:

Initials

CROP	Area produced eg village	Already Planted?

Do you have a current copy of the USDA NOP Standards?

State number of farmers currently in group per location

LOCATION	CURRENT FARMER NUMBERS	TOTAL

2. INTERNAL CONTROL SYSTEM

A Grower Group is a system, where a number of farmers with small landholdings can be certified by NOP as a Group. The Grower Group must be closely managed by the NOP licensee. It must have a clear Internal Control System. When NOP inspections are carried out annually it is mostly inspecting the management of the Internal Control System. The elements below are key aspects of the sort of Internal Control System which is required, if NOP is to certify the applicant.

2.1 LISTS

The Internal Control System must maintain lists which detail the following for each grower. Please confirm that the following information is recorded for each grower.

ITEM	Yes/No	COMMENTS
Permanent Identification Number		
Name		
Year of Entrance to organic program		
Location		
No of hectares		

Initials

Yield Records		
Cash Crops		
Last Internal Inspection		
Last (external) NOP Inspection of Growers		

NB The NOP inspector will need to obtain from the applicant a COMPLETE set of up-to-date lists when it inspects the operation. (No other producers may be added between inspections so it is important that full up-to-date lists are supplied at the inspection).

2.2 MAPS & MARKERS

Please supply or describe the maps you have for this application. (NB The maps must be detailed enough to locate each individual grower)

Describe

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.....

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2.3 INSPECTIONS

Do you carry out Annual Internal Inspections of ALL growers each 12 months?

Does your documentation record the date and details of such inspections?

Describe

.....

.....

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.....

2.4 STANDARDS COMPLIANCE

If you carry out Annual Inspections of the Growers, how do you check that they are complying with organic Standards?

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.....

How do you deal with instances where a Grower is not complying with organic Standards?

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.....

Do you update Lists when a Grower is excluded from the Group?.....

2.5 CONTRACT BETWEEN LICENSEE AND PRODUCER

Initials

Is there a written contract with EACH Grower confirming the Grower's understanding and compliance with the NOP Standards?

Does each Grower have a copy of the NOP Organic Standards translated into a language that they can understand?

If no to either of these questions, when do you anticipate that these requirements will be completed?

2.6 EXTENSION WORKERS/EDUCATION PROGRAM

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

What is their name and what are their tasks?

2.7 DIVERSITY OF THE GROWER GROUP

How many products does the Grower Group produce?.....

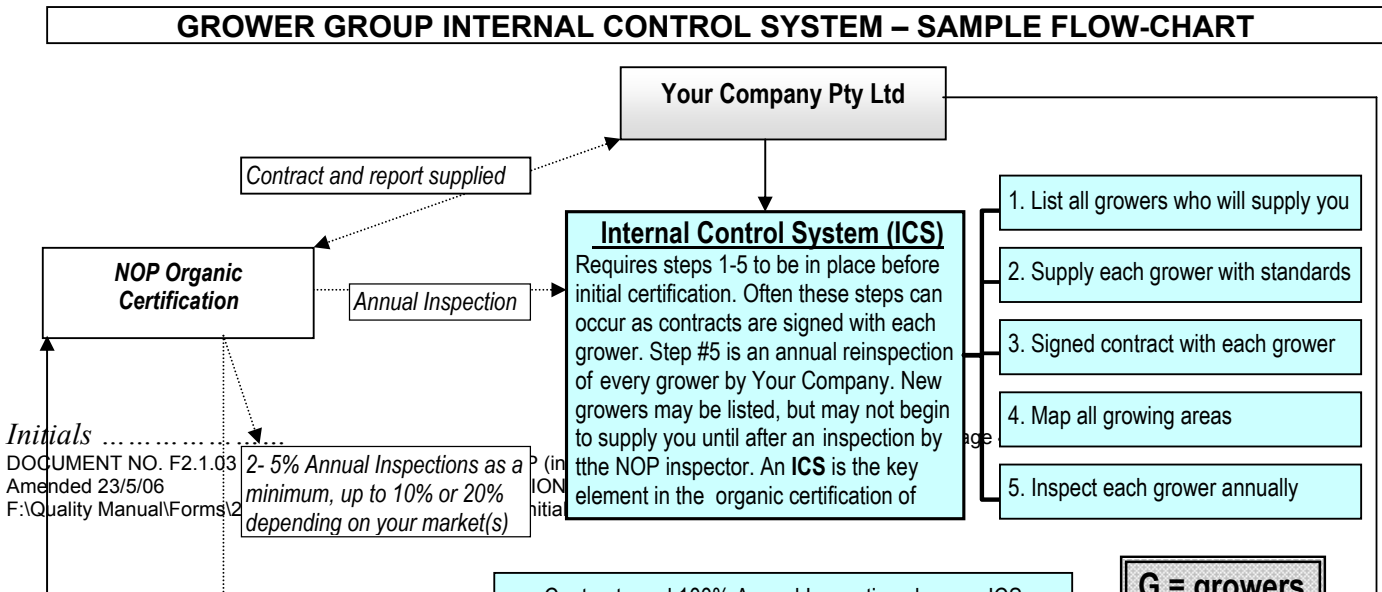
How large (in acres or hectares) is the area farmed by the Grower Group?

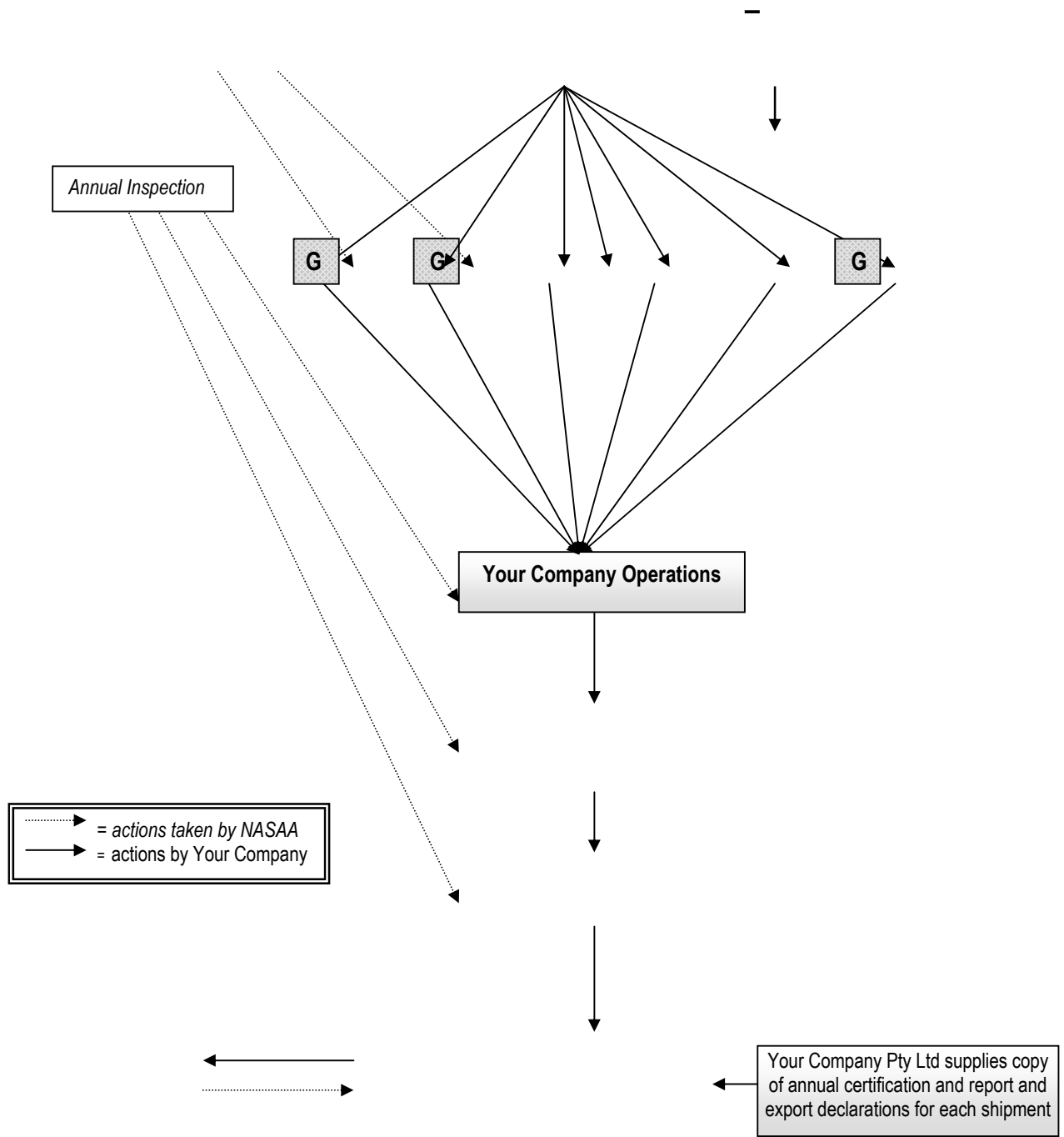
What percentage of the total inhabitants of the area are involved in the Grower Group?

Please supply a flowchart showing your INTERNAL CONTROL SYSTEM with your application.

The next page includes an example of the different interactions that are involved in an Internal Control System.

Your flow-chart only needs to include the appropriate steps within your own system. The 'Information Sheet 2/03 – Setting up an Internal Control System', also provides guidance.





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/*employed by the applicant company named in the attached questionnaire as and am authorised to make this statutory declaration on behalf of the applicant.
2. I have read the NASAA Organic Standard (“the Standards”) 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 NASAA 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 NASAA requires further information in relation to my application, I agree to supply it to NASAA.
4. I understand that NASAA 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 NASAA that the answers and information provided in the attached questionnaire are true and accurate.
5. I understand and agree:
 - i) That NASAA may deploy an inspector to visit my premises;
 - ii) That this inspector may be directly employed by NASAA or by another certification agency subcontracted to NASAA;
 - iii) That NASAA 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 NASAA and to inspectors of NASAA’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]

* Delete whichever is inapplicable