

NOP Primary Producer Update OMP



This form must be filled out by crop & livestock producers annually. Use additional sheets if necessary. Attach a paddock history sheet for current year, updated farm maps (if any changes), and all other records required.

Upon receipt of the annual update, NASAA Certified Organic will review for completeness. If all questions have been answered and all attachments have been submitted, and there are no issues, we will make arrangements for reinspection. Please ensure that the form is signed. If you wish to provide an electronic copy, and do not have an electronic signature, please type your name and state that you do not have an electronic signature.

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SECTION 1: General Information				NOP Rule 205.406(a)(2) and 205.401(b)	
Name		Farm Name/Trading As		Type of Farm/Crops/livestock	
Postal Address			State	For office Use Only	
Post Code	Country		Date	Date received	
Phone	Fax		Date reviewed	Reviewer	
Year first certified	List previous organic certification by other agencies	List current organic certification by other agencies		E-mail	
Legal Status: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Trust or non-profit <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative <input type="checkbox"/> Legal Partnership <input type="checkbox"/> Other-specify				NOP Registration # Australian Reg#, (eg, NCO reg #)	
Have you ever been denied Certification? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, describe the reasons for denial and attach documentation of corrective actions.				
Preferred dates and time for inspection visit: <input type="checkbox"/> morning <input type="checkbox"/> afternoon <input type="checkbox"/> evening					

SECTION 2: Minor Noncompliances		NOP Rule 205.406(a)(3)
Were there any minor noncompliances from last year's certification? <input type="checkbox"/> yes <input type="checkbox"/> no		
If yes, please complete the following table, listing each minor non-compliance.		
Minor Noncompliance	Describe how you addressed the minor noncompliance.	

SECTION 3: Organic Plan Update
205.406(a)(1)

NOP Rule

A. Current crop / livestock plans

Please complete the following table for all current year's crops, livestock or products requested for certification.

Crop/livestock Requested for Certification	Paddock Name/Number	Total Hectares	Projected Yield

B. Organic Farm Plan Changes

What year did you last submit a complete Organic Farm Plan Questionnaire?

Have you reviewed your Organic Farm Plan Questionnaire? yes no Date of review:

Check the following categories where changes have been made in your Organic Farm Plan and summarise all changes made or planned to be made. Attach additional sheets if necessary. No changes

Farm Plan Topic	Summary Statement of Changes
<input type="checkbox"/> General information	
<input type="checkbox"/> Newly purchased or leased land*	
<input type="checkbox"/> Farm maps	
<input type="checkbox"/> Seeds and seed treatments	
<input type="checkbox"/> Seedlings and perennial stock	
<input type="checkbox"/> Soil fertility management	
<input type="checkbox"/> Compost or manure use	
<input type="checkbox"/> Conservation practices	
<input type="checkbox"/> Water quality and use	
<input type="checkbox"/> Crop rotation	
<input type="checkbox"/> Weed management plan	
<input type="checkbox"/> Pest management plan	
<input type="checkbox"/> Disease management plan	
<input type="checkbox"/> Wild-Crop Harvesting	
<input type="checkbox"/> Livestock	
<input type="checkbox"/> Adjoining land use and buffers	
<input type="checkbox"/> Split or parallel operation	
<input type="checkbox"/> Equipment	
<input type="checkbox"/> Harvest plan	
<input type="checkbox"/> Post-harvest handling	
<input type="checkbox"/> Crop storage	
<input type="checkbox"/> Crop transportation	
<input type="checkbox"/> Record keeping system	
<input type="checkbox"/> Type of marketing/product labels	

*** If you have newly purchased land or have leased land this year that is being requested for certification, attach a signed statement from the previous owner (if purchased) or current owner (if leasing) attesting to previous 3 year history and inputs applied along with documents that show you have full control to manage that land.**

C. Inputs							
List all seed used or planned for use in the current crop season. Check the appropriate boxes and provide other information as needed. Attach additional sheets if necessary. <i>Have all labels and receipts available for the inspector.</i>							
Seed/Variety/Brand	Organic (✓)	Untreated (✓)	Treated (✓)	GMO (✓)	Type/Brand of Treatment Fungicide Inoculant	Describe your attempts to use organic/untreated seed?	
List all fertility inputs, soil mix ingredients, pest and disease control products, water additives, or other inputs used or intended for use in the current season on proposed Organic and Conversion paddocks and/or livestock. Use additional sheets if necessary. All inputs used during the current year must be listed on your Paddock History Sheet. <i>Have all labels and receipts available for the inspector.</i> <input type="checkbox"/> No inputs used							
Product	Brand name or source	Status: Approved (A) Restricted (R) Prohibited (P)	If restricted, describe compliance with NOP Rule Annotation	Check if GMO (✓)			
D. Monitoring Practices and Procedures Ongoing monitoring is required by the NOP Rule Section 205.201(a)(3).							
Fertility Management Program Rate the effectiveness of your fertility management program: <input type="checkbox"/> excellent <input type="checkbox"/> satisfactory <input type="checkbox"/> needs improvement Describe any changes you have made or intend to make based on the results of your monitoring program.							
Natural Resource Management Rate the effectiveness of your soil conservation program: <input type="checkbox"/> excellent <input type="checkbox"/> satisfactory <input type="checkbox"/> needs improvement Describe any changes you have made or intend to make based on the results of your monitoring program. Rate the effectiveness of your water quality program: <input type="checkbox"/> excellent <input type="checkbox"/> satisfactory <input type="checkbox"/> needs improvement Describe any changes you have made or intend to make based on the results of your monitoring program.							

Weed, Pest, and Disease Management

Rate the effectiveness of your weed management program: excellent satisfactory needs improvement
Describe any changes you have made or intend to make based on the results of your monitoring program.

Rate the effectiveness of your pest management program: excellent satisfactory needs improvement
Describe any changes you have made or intend to make based on the results of your monitoring program.

Rate the effectiveness of your disease management program: excellent satisfactory needs improvement
Describe any changes you have made or intend to make based on the results of your monitoring program.

Livestock Management

Rate the effectiveness of your livestock management program: excellent satisfactory needs improvement
Describe any changes you have made or intend to make based on the results of your monitoring program.

Other Monitoring: Indicate if you conduct monitoring in the following areas:

Maintenance of Organic Integrity

- yes no Adjoining land uses, buffers, notification letters, posting signs
- yes no Input equipment cleaning (sprayers, planters, etc.)
- yes no Harvest equipment cleaning
- yes no Crop testing for contaminants (prohibited materials, GMOs)
- yes no Post harvest handling
- yes no Crop storage cleaning
- yes no Transportation of organic crops/livestock

Recordkeeping

- yes no Compost production records
- yes no Labor records
- yes no Appropriate Organic Certificates or Transaction Certificates to verify purchase of organic products
- yes no Appropriate livestock records
- yes no Complaint log

Section 4 Annual Summary of Organic Crop/Product Yield and Sales (for the US Market Only) NOP Section 205.103

The following organic crops/livestock/products have been sold from _____ (date) to _____ (date).

Crop/Livestock/Products	# of Hectares/ Head	Actual Yield	Amount Sold	Amount Left to Sell	Remaining Crop/product Storage ID #

Expand table or attach additional sheets as necessary.

Section 5 Affirmation

I affirm that all statements made in this application are true and correct. No prohibited products have been applied to any of my organically managed lands or livestock during the three-year period prior to projected harvest. 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 NCO. I agree to follow the NOP Rule.

I have attached the following documents:

- Updated maps of all parcels/paddocks (showing adjoining land use and paddock identification)
- Paddock history sheets for current crops/products
- Documentation for paddocks owned or leased for less than three years, if applicable
- Water test, if applicable
- Soil and/or plant/animal tissue tests, if applicable
- Residue analyses, if applicable
- Input product labels, if applicable
- Organic product labels, if applicable

I have made copies of this questionnaire and other supporting documents for my own records.

Signature of operator _____

Name of operator _____

Date _____

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

NASAA Certified Organic
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Fax: +61 (0)8 8370 8381

