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| **ORGANIC HANDLING PLAN** |

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| **CERTIFICATION NUMBER** | **REGISTRATION NAME** | **TRADING NAME** |
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| **STATEMENT OF COMMITTMENT** |
| I have read the following Standards (indicate those relevant to your operation) and I understand the purpose of the Standard/s and what is required in order to comply with them.   |  |  | | --- | --- | | **CERTIFICATION PROGRAM/S** | | | NASAA ORGANIC STANDARD (NOS) |  | | | NATIONAL STANDARD FOR ORGANIC & BIODYNAMIC PRODUCE (NS) |  | | | JAPANESE AGRICULTURAL STANDARD (JAS) |  | | | USDA NATIONAL ORGANIC PROGRAM (NOP) |  | | | NASAA/IFOAM (IS) |  | | | EU Wine Regulation |  | | | Other (Specify) |  | |   Furthermore, I will conduct my activities and operations in accordance with the requirements of these Standard/s and will notify NCO immediately of any activity that could impact on the integrity of product certified to these Standards.  The following Organic Handling Plan information is current and accurately reflects my organic management. |
| **Name of Operator:**  **Signature:**  **Date:** |

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| **OMP UPDATE AND CONTACT INFORMATION** | |
| Contact Person’s Phone Number |  |
| Contact Person’s Mobile Number |  |
| Contact Person’s Email |  |
| Accounts Email (if different from above) |  |
| Information to be displayed on website (if different from contact person’s details) | |
| Email: |  |
| Phone: |  |
| Mobile: |  |
| Please state any Addendum OMP/OHP’s |  |
| Are there any changes to the OMP or OHP?  If so state:   1. Date of Change 2. which section the change has been made in: | Yes No |
| Are there any changes to your certification?   1. Date of Change 2. What has been changed? | Yes No |

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| **PRODUCT AND PROCESSES** |
| Indicate if any product preparation and/or repackaging occurs: |

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| Please state below ALL suppliers associated in any way with this certification. Certificates must be maintained for all certified product handled by you. | | |
| Name of Producer / Processor / supplier of the goods | Certified by | Certificate kept on file |
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*Add extra sections if required*.

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| **PROHIBITED PRACTICES** |
| **Are genetically modified organisms (GMO) or products derived from GMO’s handled by your operation?**:  Yes  No  If yes, detail what measures are in place to prevent contamination of organic product:  **Is irradiation or microwave used during the handling of product?:**  Yes  No  If yes, please detail:  List any non-permitted substances used in your operation, and indicate what you do to prevent any contamination of the certified products: |

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| **Hygiene and Cleaning** |
| **Do you have a Quality Assurance program in place (eg: ISO, HACCP, SQF)?** (Please specify) |
| **What cleaning methods are employed (eg: sweeping, scraping, vacuuming, compressed air)?** |
| **Provide information of your cleaning program and products used:**  Please attach an MSDS for all cleaning products listed below   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Area | Type of Cleaning | Cleaning Equipment Used | Products Used | Frequency | Cleaning Documented | | Receival |  |  |  |  |  | | Ingredient Storage |  |  |  |  |  | | Product Transfer |  |  |  |  |  | | Production Area |  |  |  |  |  | | Packing Area |  |  |  |  |  | | Final Product Storage |  |  |  |  |  | | Loading Dock |  |  |  |  |  | | Building Exterior |  |  |  |  |  | | Accidental Spill |  |  |  |  |  | | Other (please Specify) |  |  |  |  |  |   **Are all product contact surfaces food grade?:**  Yes  No  **Are all product contact surfaces rinsed with potable water after cleaning?:**  Yes  No  **Is the above documented in a cleaning log?:**  Yes  No  **Where are cleaning and sanitation materials stored?**:  **If physical cleaning is not possible will a product flush be used?:**  Yes  No |
| **List any risks that may compromise organic integrity and indicate how these risks are managed:** |

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| **PEST CONTROL** |
| **What type of pest management system do you use?:**        In house – Name of Responsible person:        Contract Pest Control – Name of Company:  *Attach an MSDS for all pest management products used at the facility requesting certification* |
| **Indicate problem pests:**  Flying insects  Crawling insects  Rodents  Spiders  Birds  Other (specify):  **What pest management practices do you use?:**  Exclusion  Physical barriers  Monitoring  Pheromone Traps  Bait stations  Mechanical Traps  Fogging  Fumigation  Other (specify):  **Are bait stations placed on the exterior of buildings only?:**  Yes  No  N/A  **Are bait stations marked on the floor chart supplied to NCO?:**  Yes  No  N/A  **If fogging or fumigation is carried out on site are organic products removed during the process and**  **for 48 hours thereafter?:**  Yes  No  N/A  **Is documentation maintained to verify all pest management procedures?:**  Yes  No |
| **List any risks that may compromise organic integrity and indicate how these risks are managed:** |

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| **Handling & Packaging** |
| **Does staff training include an overview of organic certification?:**  Yes  No  If not, why:  **Do you conduct organic training for all staff involved with organic products?** Yes  No  **Is handling of organic product separated in time or place from handling and packing of non-organic products?:**  Yes  No  N/A  Please provide details:  **Do you repackage organic product?:**  Yes  No  N/A  If yes, then indicate the following:   * is packaging carried out on site?**:**  Yes  No   If no, indicate where packaging is carried out:  - packaging materials used:  Paper  Cardboard  Wood  Glass  Metal  Waxed paper  Plastic  Foil  Natural Fibre  Other (specify):  - if CFC’s; PVC & Lead are not used in the packaging of organic product:  Yes  No  N/A  - if any packaging materials been exposed to synthetic fungicides, preservatives or fumigants:  Yes  No *If yes, attach an MSDS for the product used*   * if recycled packaging material is used indicate how contamination is prevented: |
| **List any risks that may compromise organic integrity and indicate how these risks are managed:** |

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| **Record Keeping** |
| It is a requirement of Organic Certification that comprehensive records are maintained to clearly demonstrate compliance with all aspects of organic handling. These records must be made available at the time of inspection.  **Have you attached a Product Flow Chart and Floor Plan?:**  Yes  No  **Indicate what records are maintained:**  ***Incoming:***  Purchase orders  Contracts  Invoices  Bills of lading  Sales tickets  Receiving records  Scale tickets  Certificate of analysis  Copies of certificates to verify organic status  Verification of non GM ingredients  Other (specify):  ***In Process:***  Blending reports  Products reports  Equipment clean out logs  Sanitation logs  Packaging reports  QA reports  Products summary records  Other (specify):  ***Storage:***  Ingredient inventory reports  Finished product inventory reports  Other (specify):  **Outgoing:**  Shipping log  Bills of lading  Scale tickets  Purchase orders  Sales invoices  Phytosanitary certificates  Export declaration forms  Transaction certificates  Sales summary log  Audit control register  Other (specify):  **Do you have a batch numbering system:** Yes No  If yes, provide details on how this is implemented:  **Can your record keeping system balance organic product in and out with stock on hand?:** Yes No  **Are records maintained for at least 5 years?:** Yes No |
| **List any risks that may compromise organic integrity and indicate how these risks are managed:** |

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| **Transport and Distribution** |
| ***Incoming Products:***  **In what form are incoming products received?:**  Dry bulk  Liquid bulk  Tote bags  Metal drums  Cardboard drums  Paper bags  Foil bags  Other (specify):  **Do you use a contract transport company for incoming product transport?:**  Yes  No  **Do transportation vehicles transport both organic and non-organic product?:**  Yes  No  If Yes, how is contamination prevented during transportation with non-organic product?:  **Indicate how transportation units are cleaned prior to handling organic product**:  **Are records maintained to verify clean down of transportation vehicles prior to handling organic product?** (unless transportation is dedicated organic):  Yes  No  **Are incoming products from imported sources?:**  Yes  No  If yes, are phytosanitary certificates & Quarantine Orders maintained for all imported organic products/ingredients to verify fumigation procedures (if applicable):  Yes  No  ***Outgoing Products:***  I**n what form are finished products transported:**  Dry bulk  Liquid bulk  Tote bags  Metal drums  Cardboard drums  Paper bags  Foil bags  Other (specify):  **Do you use a contract transport company for outgoing product transport?:**  Yes  No  **Do transportation vehicles transport both organic and non-organic product?:**  Yes  No  If yes, how is contamination prevented during transportation with non-organic product (only indicate if different to incoming goods above):  **Indicate how transportation units are cleaned prior to handling organic product** (only indicate if different to incoming goods above): |
| **List any risks that may compromise organic integrity and indicate how these risks are managed:** |

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| **STORAGE AND WAREHOUSE** |
| **Provide information on your storage areas by completing the following details:**   |  |  |  | | --- | --- | --- | | Storage Area | Dedicated Organic  Yes/No | Comments on potential contamination or commingling | | Product Storage | Yes  No |  | | Packaging Material Storage | Yes  No |  |  |  |  |  | | --- | --- | --- | | Off Site Storage | Yes  No |  | | Other (specify) | Yes  No |  |   **Please indicate the name and physical location of any off-site storage areas:**  **Are organic storage areas clearly identified as “organic”?:** Yes No |
| **List any risks that may compromise organic integrity and indicate how these risks are managed:** |

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| **IMPORT AND EXPORT** |
| **Indicate what products/ingredients will be imported:**   |  |  | | --- | --- | | Product | Imported (from) | |  |  | |  |  | |  |  | |
| **Indicate what products will be exported:**   |  |  | | --- | --- | | Product | Export Destination(s) | |  |  | |  |  | |  |  | |
| **Estimate the volume of organic products exported per annum:**   |  |  | | --- | --- | | Product | Volume Exported Per Annum | |  |  | |  |  | |  |  | |  |  | |
| For Australia - Have you read the Australian Product Export Control Act 1982 (Export Control Orders No 6 of 1997) and understand your obligations with regards to exporting produce from Australia:  Yes  No |
| **List any risks that may compromise organic integrity and indicate how these risks are managed:** |

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| **LABELLING AND CONSUMER INFORMATION** |
| **Do you intend to use the NASAA label on the certified products?:**  Yes  No  If yes, have labels been forwarded to NCO for approval prior to use:  Yes  No  ***Products labelled as 100% certified organic:***  **Will products derived from 100% certified organic ingredients indicate such on the product Labelling?:**  Yes  No  ***Products containing 95% certified organic ingredients:***  **Will products for which certification is sought contain at least 95% certified organic ingredients?:**  Yes  No  ***Products containing 70% - 95% certified organic ingredients:***  **Will products for which certification is sought contain 70% to 95% certified organic ingredients?:**  Yes  No  **Do you understand that the NASAA label cannot be used on such products?:**  Yes  No |
| **List any risks that may compromise organic integrity and indicate how these risks are managed:** |

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| **SAMPLES** |
| **Are product samples retained?:**  Yes  No  If yes, how long are they maintained: |

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| **Best Environmental Practice** |
| **Indicate how chemical and waste substances are managed during collection, storage and disposal:**   |  |  | | --- | --- | | Waste/Contaminant | Management | | Cleaning materials |  | | Waste water |  | | Dust |  | | Commercial waste |  | | Fumes |  | | Noise |  | | Packaging materials |  | | Other (specify) |  |   **What measures are implemented to minimize water and electricity usage:** |
| **List any risks that may compromise organic integrity and indicate how these risks are managed:** |

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| **PRODUCT RECALL** |
| **Do you have a product recall system in place?:**  Yes  No  If not, why not: |
| **Please detail your product recall system:** |
| **List any risks that may compromise organic integrity and indicate how these risks are managed:** |

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| **SOCIAL JUSTICE** s |
| *This section is applicable to specific programs such as International Grower Group Certifications and IFOAM.*  ***DESCRIBE HOW YOU MONITOR AND MANAGE the Social Justice requirements of the NASAA and/or IFOAM Standard***. |
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| **ATTACHMENTS** | | |
|  | **TITLE** | **PURPOSE** |
| Att.1 |  |  |
| Att.2 |  |  |
| Att.3 |  |  |
| Att.4 |  |  |