

STATE OF COLORADO
DEPARTMENT OF AGRICULTURE
 700 Kipling Street, Suite 4000
 Lakewood, Colorado 80215-8000
 303-239-4139

Division of Plant Industry
Organic Certification Program

Organic Farm Plan Certification Questionnaire

Please fill out this questionnaire if you are requesting organic farm/crop certification or renewal. Use additional sheets if necessary. Attach current farm map(s) detailing all fields with field numbers. On the map(s), identify land use of adjoining fields (i.e., conventional crops, residential area, etc.). Other attachments include Inspection Appointment Form, Field History Sheets, applicable tests for water, soil, plant tissue and/or residue analyses, if required.

QUESTIONNAIRE MUST BE FULLY COMPLETED AND TYPED OR IN INK

SECTION 1: General Information				
Name		Farm Name		
Address		City	State	Zip code
Mailing Address		City	State	Zip code
Phone	Fax		E-mail	
Preferred dates and time for inspection visit: <input type="checkbox"/> morning <input type="checkbox"/> afternoon				
Year first certified	List previous organic certification by other agencies	List current organic certification by other agencies	Do you understand current organic standards? <input type="checkbox"/> yes <input type="checkbox"/> no	
Year when complete Organic Farm Plan Questionnaire was last submitted:				
List all crops or products requested for certification:				
For re-certification, how have you addressed conditions from last year's certification? <input type="checkbox"/> No Conditions				
Have you ever been denied certification? <input type="checkbox"/> yes <input type="checkbox"/> no Do you have any outstanding noncompliances? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, describe the circumstances:			

SECTION 4: Source of Seedlings and Perennial Stock

Annual seedlings must be produced according to organic standards while perennial plants must be managed organically for at least one year prior to harvest of crop or sale of the plant as a certified organic transplant.

A. IF YOU PURCHASE ORGANIC SEEDLINGS: None purchased
 Who is the supplier? _____ Certified by which agent? _____

B. IF YOU GROW ORGANIC SEEDLINGS ON-FARM: None grown
 What type and size is your greenhouse? _____

 If treated wood is used in any part of your greenhouse, where is it used? _____

 What ingredients are in your soil mix? _____

 What fertility products or foliar sprays do you use? _____

 What inputs/equipment are used in your watering system? _____

 How do you prevent seedling diseases? _____

C. IF YOU GROW BOTH ORGANIC AND NON-ORGANIC PLANTS IN YOUR GREENHOUSE: Not applicable
 How do you separate and identify organic and non-organic growing areas? _____

 How do you prevent co-mingling of organic and non-organic soil mixes during mixing and storage? _____

 How do you label organic and non-organic seedlings/plants? _____

 What inputs are used in your watering system? _____

 How do you prevent drift of prohibited materials through ventilation and/or watering systems? _____

 How do you clean seedling containers and equipment? _____

 Where do you store inputs used for non-organic production? _____

D. PERENNIAL STOCK: (Use additional sheets if necessary) Not applicable

DATE PLANTED	TYPE	TRANSPLANT SOURCE	EXPECTED HARVEST DATE

SECTION 5: Soil Fertility Management

Organic standards require an active management plan to build soil fertility and prevent soil erosion.

A. GENERAL INFORMATION

What are your soil types?

What are your soil/nutrient deficiencies? *Attach copies of test results if available.*

No deficiencies

What are the major components of your soil and crop fertility plan?

- crop rotation soil amendments side dressing foliar fertilizers compost soil inoculants
- on-farm manure off-farm manure green manure plowdown/cover crops interplanting
- biodynamic preparations summer fallow subsoiling soil testing microbiological testing
- tissue testing conservation tillage strip cropping incorporation of crop residues
- other _____

List all fertility products intended for use (may use attachments) and submit copies of labels:

Not applicable

PRODUCT	BRAND NAME OR SOURCE	STATUS: APPROVED (A) RESTRICTED (R)	REASON FOR USE

If you are using any restricted (R) fertility inputs, describe your plan to reduce or eliminate their use:

Not applicable

If you use fertilizers with high salt content (sodium nitrate, potassium sulfate, etc.), how do you prevent salt buildup?

Not applicable

B. COMPOST/MANURE USE: (Attachments may be used)

What forms of compost/manure do you use? liquid semi-solid piled fully composted pelleted none

other _____

Date you incorporate compost/manure to each field? _____

Expected harvest date of each field _____

List all sources of off-farm manure/compost _____

If you use on-farm manure/compost:

List ingredients/additives _____

Describe your composting method(s) _____

C. SOIL EROSION:

What soil erosion problems do you experience and where are they? _____

How do you prevent soil erosion? terraces contour farming permanent waterways conservation tillage
 windbreaks firebreaks tree lines retention ponds riparian management
 other _____

D. Rate the effectiveness of your soil fertility management program: excellent satisfactory needs improvement

What changes do you anticipate? _____

SECTION 6: Crop Management

Organic standards require an active management plan to maximize soil and crop health, and to prevent weed, pest and disease problems.

A. CROP ROTATION PLANS:

CROP ROTATION PLAN	FIELD NOS. WHERE PLAN IS FOLLOWED	ANTICIPATED CHANGES

B. WEED MANAGEMENT PLAN:

No weed problems

What are your problem weeds? _____

What weed control methods do you use?

- crop rotation field preparation prevention of weed seed set mechanical cultivation use of hand tools
- hand weeding mowing restricted plastic mulch natural mulch flame weeding steam weeding
- smother crops stale seedbed corn gluten livestock grazing
- other _____

If you use restricted weed control inputs, describe your plan to reduce or eliminate their use: _____

Rate the effectiveness of your weed management program: excellent satisfactory needs improvement

What changes do you anticipate? _____

C. PEST MANAGEMENT PLAN:

No pest problems

What are your problem pests?

- insects (list) _____
 rodents gophers birds other animals: _____

Do you work with a pest control advisor? yes no If yes, give name _____

What strategies do you use to control pest damage to crops?

None

- crop rotation use of approved products use of restricted products companion planting resistant varieties
 frog ponds bat houses bird houses hand picking monitoring IPM trap crops traps
 physical barriers physical removal other _____

List all your pest management inputs: (attach copy of label for each product)

Not applicable

PEST PROBLEM	CONTROL PRODUCT	STATUS: APPROVED (A) RESTRICTED (R)	IF RESTRICTED, HOW DO YOU PLAN TO REDUCE/ELIMINATE USE?

If you use restricted pest management control inputs, describe your plan to reduce or eliminate their use: _____

Rate the effectiveness of your pest management program: excellent satisfactory needs improvement

What changes do you anticipate? _____

D. DISEASE MANAGEMENT PLAN:

No disease problems

What are your problem crop diseases? _____

What disease prevention strategies do you use?

None

- crop rotation field sanitation resistant varieties timing of planting/cultivating plant spacing
 vector management use of approved materials use of restricted materials soil balancing
 solarization companion planting compost/tea use other _____

List all your disease management inputs: (Attach copy of label for each product)

Not applicable

DISEASE PROBLEM	CONTROL PRODUCT	STATUS: APPROVED (A) RESTRICTED (R)	IF RESTRICTED, HOW DO YOU PLAN TO REDUCE/ELIMINATE USE?

If you use restricted disease prevention inputs, describe your plan to reduce or eliminate their use: _____

Rate the effectiveness of your disease management program: excellent satisfactory needs improvement

What changes do you anticipate? _____

SECTION 7: Water Source and Irrigation

Water tests may be required for nitrate and coliform bacteria if water is used for greenhouse use, washing organic products, and on-farm processing. Tests may be required for irrigation water and organic livestock drinking water. Irrigation water should not contaminate organic crops with prohibited materials.

A. TYPE OF WATER USE: irrigation greenhouse foliar sprays washing crops none other _____

B. SOURCE OF WATER: on-site well river/creek/pond spring municipal/county irrigation district
 other _____ Name of municipal/irrigation district _____

Attach current water tests for coliform bacteria and/or nitrates if applicable.

C. TYPE OF IRRIGATION SYSTEM: none drip flood center pivot other _____

What input products are applied through the irrigation system? _____ none

What products do you use to clean irrigation lines/nozzles? _____ none

Is there a clean water rinse? _____

Known contaminants in your irrigation water: *(Attach residue analysis and/or salinity test results if available.)*

SECTION 8: Maintenance of Organic Integrity

A. ADJOINING LAND USE:

Organic standards require that organic production areas be protected from contamination by prohibited substances (i.e., pesticides). Buffer areas may change annually, depending on contamination potential from adjoining land uses.

List specific buffer areas you maintain: *(Show all adjoining land uses on your field maps.)* Not applicable

LOCATION/FIELD NOS.	TYPE OF BUFFER (I.E. TREELINE, HEDGEROW, WILDLIFE PLANTING, GRASS STRIP, CROPLAND*)

* If crops are harvested from the buffer zones, describe their harvest, storage and sales: _____

What additional safeguards do you use to prevent accidental contamination? None

Written notification to: highway departments electric companies aerial spray companies/airports
 neighbors drainage commissions farm service office other _____

Have you posted signs along roadsides that adjoin organic fields? yes no

B. SPLIT AND PARALLEL PRODUCTION:

To prevent contamination by non-organic products, organic standards have additional rules for farmers who are farming conventionally as well as organically. The farm operator must demonstrate the ability to keep crops separate in storage. Specific records must be kept to document all crops, inputs, harvest, storage and sales.

Which category best describes your current operation?

100% organic predominantly organic in transition predominantly conventional crop production

If you farm conventionally, do you plan to fully convert to 100% organic production? yes no

What is your plan and time frame for conversion to organic production? _____

Do you grow the same crops organically, in transition and/or conventionally: yes no

If you grow any conventional or transitional crops, please fill out the following table: Not applicable

SPECIFIC CROPS/ VARIETIES	FIELD NOS.	TRANSITIONAL (T) OR CONVENTIONAL (C)	TOTAL ACREAGE	PLANNED USE AND/OR STORAGE AREAS

Soil amendment use for conventional production:

PRODUCT NAME	WHO APPLIES? SELF (S) CUSTOM (C)	WHERE STORED? (ON-FARM OR OFF-FARM; WHERE ON FARM?)

D. HARVEST:

How are your organic crops harvested? mechanical by hand

What containers are used for harvesting? gravity wagons/boxes truck boxes cardboard/waxed boxes

wooden totes plastic containers other _____

Are containers clean prior to organic crop harvesting? yes no

If sanitized is a clear water rinse used? yes no

Are the containers used for organic crops only? yes no

What potential contamination or co-mingling problems do you have with harvest or transport of organic crops? None

E. POST-HARVEST HANDLING:

Not applicable

Organic standards require that post-harvest handling procedures do not contaminate organic products with non-organic crops or prohibited materials. (Note: For on-farm processing, you may need to complete an Organic Process/Handling Plan Questionnaire.)

Describe your post-harvest handling procedures and equipment: _____

Is the processing area and equipment used for organic products only? yes no

Does packaging present any contamination problems for your organic products? yes no

If yes, what are they? _____

Check types of packaging material used: bulk paper cardboard wood glass metal foil plastic

waxed paper aseptic natural fiber synthetic fiber other _____

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 _____

F. CROP STORAGE:

No organic crop storage

Describe your storage locations:

STORAGE ID#	TYPE OF CROPS STORED	TYPE OF STORAGE	CAPACITY	ORGANIC (O), TRANSITIONAL (T), CONVENTIONAL (C)

Do you use the same storage areas for organic, transitional and conventional crops? yes no

If yes, how do you segregate organic crops from non-organic crops? _____

If yes, how do you clean storage units prior to storage of organic crops? _____

How do you prevent/control insect pests in stored crops? _____ No insect problems

How do you control rodents in organic crop storage areas? _____ No rodent problems

What stored crop inputs have you used in the last three years? None

synthetic fumigants sprouting inhibitors ripeners growth regulators preservatives oils

coloring agents waxes other _____

Are any stored crop inputs used for organic crops? yes no If yes describe _____

G. TRANSPORTATION:

Not applicable

Who is responsible for arranging transportation of organic products:

self buyer other _____

Describe how organic products are transported: _____

What steps are taken to protect the integrity of organic products during transport?

dedicated organic only inspecting transport units prior to loading cleaning transport units prior to loading

use of Clean Truck Affidavits letter/contract with transport company stating organic requirements

other _____

SECTION 9: Record Keeping System

Organic standards require that your organic products can be tracked back to the field/location where they were produced/harvested, including written records of all inputs and production activities.

Which of the following records do you keep for organic production?

field maps

field history sheets (previous three years)

input records that show soil amendments, manure, compost, foliar sprays and pest control product applications

harvest records that show field numbers and harvest amounts

labor records

storage records that show storage location, ID numbers, and amounts stored

sales records

shipping records (such as bills of lading)

other _____

Which of the following records do you keep for conventional production?

Not applicable

- | | |
|---|---|
| <input type="checkbox"/> field maps | <input type="checkbox"/> labor records |
| <input type="checkbox"/> field history sheets | <input type="checkbox"/> storage records |
| <input type="checkbox"/> input records | <input type="checkbox"/> sales records |
| <input type="checkbox"/> harvest records | <input type="checkbox"/> shipping records |
| <input type="checkbox"/> other _____ | |

TYPE OF MARKETING:

- farmers market direct to retail CSA/subscription service wholesale on-farm retail
 bulk commodities to processor contract to buyer other _____

Do you use the seal of the certification agency on organic product labels? yes no

(Attach copies of all organic product labels.)

SECTION 11: 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 fields 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. I agree to follow all the applicable organic standards set forth in the National Organic Program regulations, 7 CFR Part 205.

Signature of Operator _____ Date _____

The business is operating as a:

- Sole Proprietorship
 Partnership
 Corporation Date Incorporated: _____
 Other Describe: _____

List the person(s) authorized to receive and accept service of summons and legal notices of all kinds for the applicant in the state of Colorado.

Name: _____ Title: _____

Complete Address: _____

I have attached the following additional documents:

- Maps of all parcels/fields** (showing adjoining land use and field identification)
- Field history sheets** (with letter of three-year history for fields owned or rented for less than three years)
- Water test, if applicable**
- Soil, plant tissue and/or residue analyses, if applicable**
- Inspection Appointment Form with directions to inspection location**