COLORADO DEPARTMENT OF AGRICULTURE

Division of Plant Industry

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OFFICE USE ONLY
Date
Reviewed by

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Organic Certification Program

Organic On-Farm Handler Addendum

This plan is for use only by Crop operations that handle their products without any processing involved. Handling includes washing organic product, transporting organic product (fruit floating), etc. This addendum **must accompany a Crop Plan if handling occurs at your operation.** If your operation cooks, bakes, heats, cuts, cans or freezes organic product than please complete the Processing Plan **INSTEAD** of the On-Farm Handler Addendum.

Please provide as much detail as possible when filling out the paperwork. Your complete answers will reduce the need for further information requests allowing for a faster certification process.

☐ **I have made copies of this form and other supporting documents for my own records.**

Section A: General Information

Applicant/Company Name (This is what will be printed on your certificate)	DBA (if applicable)

Owner's Name	Manager's Name	Primary Contact's Name

Physical Address	City	State	Zip Code	County

Mailing Address	City	State	Zip Code	County

Phone	Fax	Email	Best way to contact you to complete the plan

Year first certified	List previous organic certification by other agencies	List current organic certification by other agencies	Do you understand the organic standards?

Year when last complete On-Farm Handler Addendum was submitted

For re-certification, were conditions placed on your last year's certification? Yes ☐ No ☐

If yes, what were the conditions?

Were all the conditions addressed? Yes ☐ No ☐

If yes, how?

Have you ever been denied certification? Yes ☐ No ☐

If yes, describe the circumstances

Do you have any outstanding noncompliances? Yes ☐ No ☐

If yes, what is the noncompliance(s)?

Section B: Company Overview

What percentage of your handling operation is organic? **Conventional/Non-organic?**

If conventional product exits, list all products that are handled in both organic and conventional form.

2. Please describe the HANDLING portion of your operation by outlining your processes and procedures from beginning to end.

Include: 1. Where the product is coming from?
2. What is occurring to the product? (Are you washing lettuce and bagging it to sell at a Farmer's Market? Are you using any sanitizers?)
3. Packaging of product, labeling and shipping? (Is private labeling occurring? Shipping in own boxes or is product being sold at an on-site location?)

Section C: Cleaning/Sanitation — NOP Rules 205.103, 205.270, 205.272

The NOP Rule requires that handling practices and procedures present no contamination risk to organic products from commingling with non-organic product or contact with prohibited substances. Procedures used to maintain the organic integrity of ingredients or products must be documented.

1. What methods are used prior to handling organic products.

- ☐ No Cleaning or Purging Occurs - **Move to Section D**
- ☐ Scraping
- ☐ Purging of Equipment
- ☐ Vacuuming
- ☐ Compressed Air
- ☐ Soap and Water
- ☐ Sweeping
- ☐ Manual Washing
- ☐ Steam Cleaning
- ☐ Sanitizing

2. Please list all cleaning and/or sanitation materials used on food contact equipment and food contact surfaces. Please indicate which cleaners/ sanitizers will be used during handling of organic food products.

☐ None Used (**Go to Question 7)**

Please attach a separate sheet of paper if necessary

Cleansers/Sanitizer Used	Where is the material used (on what equipment or surface)?	Used prior to Organic Handling?	Check if cleaning is documented?

<u>If chlorine, sodium hypochlorite (bleach) is used, please answer the appropriate questions in Section F: Water.</u>

3. Is the use of cleaner followed by potable water rinse? Yes ☐ No ☐

4. Does your facility test food contact surfaces or rinsate water for cleaner/sanitizer residues? Yes ☐ No ☐

5. Are Quaternary Ammonia products used prior to handling organic products? Yes ☐ No ☐

Please note that Quaternary Ammonia products are known to leave residues on food contact surfaces. You must ensure steps are taken to prevent contamination of food products if Quaternary Ammonia products are used at your facility.

5a. If "Yes", what steps are taken to prevent contamination of organic food?

6. Please describe how your operation ensures organic products are not contaminated by a cleanser or sanitizer at your facility.

7. Please describe how your operation documents and records cleaning, sanitation and/or purging practices and procedures.

Section D: Packing, Processing — NOP Rules 205.103, 205.270, 205.272

1. What production records are maintained by your company? (Production logs, Inventory logs, Equipment clean-out logs, Shrinkage logs, etc..)

2. How are products identified as "organic" on product records?

3. How are partial pallets/boxes/drums/crates of organic product handled and how does your company ensure they are protected from commingling with non-organic products during packing? ☐ N/A, 100% organic operation

Section E: Post Harvest Materials — NOP Rules 205.601, 205.272

1. Please indicate what type(s) of post harvest materials are used at your facility. Check all that apply.

☐ None used - Move onto Section F ☐ Anti-Microbial Agents ☐ Anti-foaming Agents

☐ Waxes ☐ Anti-Fungal Agents ☐ Sanitizers

☐ Floatation Agents ☐ Sprouting Inhibitors ☐ Other (please specifiy): _____

2. Please list all post harvest materials used at your facility in the table below.

Used with organic products?	Product Used	What is the function of the substance?	Source Name and Phone Number	Is the Substance on the National List

Section F: Water — NOP Rules 205.103, 205.272, 205.601, 205.605

1. How is water used at your facility?

☐ None used - Move onto Section G ☐ Product transport (Fruit floating) ☐ Cleaning equipment

☐ Cleaning organic products ☐ Cooling

2. Source of water? ☐ Municipal ☐ On-site well ☐ Other (please specifiy): _____

3. Does the water meet the Safe Drinking Act? Yes ☐ No ☐

4. Is water treated on-site? Yes ☐ No ☐

5. Describe how you monitor water quality.

6. Is chlorine, calcium hypochlorite, chlorine dioxide or sodium hypochlorite used in wash water or flume water at your facility? Yes ☐ No ☐

6a. What rate of chlorine is being used?

6b. Does a potable water rinse follow? Yes ☐ No ☐

6c. Please describe how you monitor the chlorine level of the final rinse?

Section G: Packing, Shipping/Storage Containers — NOP Rules 205.270, 205.272

1. Do you pack organic products into retail packages or place organic product in storage or shipping containers? Yes ☐ No ☐

If "No", move onto Section H:. If "Yes", what type(s) or packaging material or shipping/storage containers do you use?

☐ Cardboard ☐ Paper ☐ Wood ☐ Glass

☐ Plastic ☐ Metal ☐ Foil ☐ Other (please specify): _____

2. Are all packaging materials and/or storage and shipping containers food grade? Yes ☐ No ☐

3. Are packaging materials and/or storage and shipping containers reused? Yes ☐ No ☐

3a. If "Yes", please describe how organic products are protected from contamination when placed in the reused container.

4. Please describe how you identify packages or containers as organic.

5. Describe the information provided on labels of all organic products.

6. Do you use the USDA organic seal on your organic products? Yes ☐ No ☐

7. Do you use the CDA organic seal on your organic products? Yes ☐ No ☐

8. Is the statement "certified organic by the Colorado Department of Agriculture" on the information panel of your labels? Yes ☐ No ☐

9. Is all packaging and labeling equipment cleared of organic identification prior to all subsequent conventional runs? Yes ☐ No ☐ N/A ☐

Please attach all labels that are affixed to boxes, cartons, clamshells, bags or any other packaging material used by your facility.

Section H: Storage — NOP Rules 205.270, 205.272

The NOP rules require that no co-mingling or contamination of organic products occur during storage. All storage sites must be properly documented and organic products clearly identified in storage. Off-site storage areas must be inspected and certified.

1. Does your company store organic products at this facility? Yes ☐ No ☐

If No, go on to Section I. If Yes, please provide details on your storage areas by completing the following table.

Use	Location/Name of Storage Area	Type/Capacity	Is Storage Dedicated Organic?
Incoming Raw Product Storage			
Packaging Material Storage			
In-Process Storage			
Finished Product Storage			

2. Please describe how you ensure organic products are not contaminated with prohibited materials or commingled with non-organic products during storage. Include details on both incoming product storage and finished product storage.

3. If off-site storage is utilized, what is the address of the facility? N/A ☐

Is the off-site storage controlled exclusively by you? Yes ☐ No ☐

If no, list the name and phone number of the person responsible for the facility

Is the facility certified organic? Yes ☐ No ☐ If yes, by what certifying agent? _____

Section I: Pest Management — NOP Rules 205.271

The NOP Rule requires a certified handling company to use management practices to prevent pests that includes, but is not limited to, the removal of pest habitat, food sources and breeding areas, and prevention of access to the facility. Control of pests may be accomplished by mechanical or physical controls including, but not limited to, traps, light, sound, or lures and repellants that use nonsynthetic or synthetic substances consistent with the National List. Use of pest control products must be documented and included as part of the organic system plan.

1. What type of pest management system does your facility use?

☐ In-house: Name of responsible person: _____

☐ Contract pest control service: Name, Phone Number: _____

☐ None used

2. Check all pest problems at your facility. ☐ No pest

☐ Crawling insects ☐ Rodents ☐ Other (please specify): _____

☐ Flying insects ☐ Birds

3. Check all pest management practices used at your facility.

A. Structural:

- ☐ Good sanitation
- ☐ Removal of exterior habitat/food sources
- ☐ Clean up spilled product
- ☐ Sealed doors and/or windows
- ☐ Repair of holes/cracks
- ☐ Screened windows/vents
- ☐ Physical barriers
- ☐ Monitoring
- ☐ Other (please specify): _____

B. Mechanical/Physical Controls:

- ☐ Ultrasound/light devices
- ☐ Sticky traps
- ☐ Electrocutors
- ☐ Mechanical traps
- ☐ Freezing traps
- ☐ Other (please specify): _____

C. Lures/Repellents (substances consistent with the National List):

- ☐ Baits
- ☐ Pheromones
- ☐ Pyrethrum
- ☐ Rotenone
- ☐ Boric acid
- ☐ Diatomaceous earth

Are pesticides stored at your facility? Yes ☐ No ☐

If Yes, where? _____

Does your waste management system provide habitat and/or food sources for pests? Yes ☐ No ☐

Check all aspects of your waste management system that apply:

- ☐ On-site dumpster
- ☐ Material recycling
- ☐ Composting
- ☐ Field application of waste
- ☐ Daily pick-up of waste
- ☐ Other (please specify): _____

4. Include a facility map that includes <u>all pest control</u> locations. Provide detail regarding all equipment, operations and storage of pest control products.

Section J: Quality Assurance — NOP Rules 205.103, 205.270, 205.272

The National Organic Program requires a certified operation to maintain records regarding the handling of organic products. These records must be adapted to the particular business or operation, must fully disclose all activities and transactions of the certified operation in sufficient detail to be readily understood and audited, must be maintained for five years, and must be sufficient to demonstrate compliance with the National Organic Program Rule.
In order to gain a better understanding of your company and the quality assurance systems, or recordkeeping systems, in place at your facility, please complete the following section.

1. Do you have standard operating procedures for organic processing and/or handling? Yes ☐ No ☐

<u>If Yes, please attach a copy</u>

2. Do you have a Quality Assurance program in place? Yes ☐ No ☐

If Yes, please indicate what type of program.

- ☐ ISO HACCP
- ☐ Total Quality Management
- ☐ Other (please specify): _____

3. Does your company conduct product testing? Yes ☐ No ☐

If Yes, please list the types of quality or residue testing conducted. _____

4. Do you have a recall system in place? Yes ☐ No ☐

5. Can your record keeping system track the finished product back to all ingredients? Yes ☐ No ☐

6. Can your record keeping system balance organic ingredients in and organic products out? Yes ☐ No ☐

7. Do you maintain records for at least 5 years? Yes ☐ No ☐

8. Please describe your system for maintaining records related to organic products.

Section K: 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 as deemed appropriate to ensure compliance with the NOP Rules. I understand that acceptance of this form in no way implies granting of certification by the Colorado Department of Agriculture. 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:

- ☐ Notices of non-compliance or denial of certification from other certifying agencies
- ☐ Description of corrective actions taken regarding previous non-compliance(s) and evidence of such actions
- ☐ Facility Map
- ☐ Labels of products produced
- ☐ Water test, if applicable
- ☐ Labels of sanitizers/cleansers, pesticides
- ☐ Finished product labels for all products being sold for retail, bulk or shipped
- ☐ Current organic certification certificate for each supplier of ingredients
- ☐ Input product labels, if applicable
- ☐ Inspection Appointment Form with directions to inspection location
- ☐ Others (please list): _____

Submit completed application, fees and supporting documentation to:

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