



2024 HANDLER ORGANIC SYSTEM PLAN

Date: Customer ID: AG-C000 OC

Legal business ID:

DBA:

Legal Business Status: [] Trust/non-profit [] Corporation [] LLC
[] Legal Partnership [] Sole Proprietorship [] Cooperative [] Other:

Primary contact name:

Phone:

e-mail:

Organic Certification contact name:

Phone:

e-mail:

Main facility address:

Official mailing address:

Website address:

Are all facilities located at the same address? (Including storage, cleaning, handling, etc.):

[] Yes [] No. If no, please attach a list that includes all site addresses and include additional site registration forms for each.

Please provide an overview of your operation:

Products intended for certification:

Do you have a copy of the National Organic Program Standards?

No [] Yes []

Do you utilize the Organic Integrity Database? (https://organic.ams.usda.gov/integrity/)

No [] Yes []

Year first certified:

Prior certifiers:

Current certifier(s):

Have you ever been denied certification or had your certification suspended or revoked?

[] No [] Yes. If yes, please describe the circumstances:



What percentage of your production is organic?

Please check all that apply to your operation:			
<input type="checkbox"/> On-Site Storage	<input type="checkbox"/> Packing House	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Repacking of Products
<input type="checkbox"/> Off-Site Storage	<input type="checkbox"/> Processing Facility	<input type="checkbox"/> Distributor	<input type="checkbox"/> Bulk Sales
<input type="checkbox"/> Importing of Products	<input type="checkbox"/> Seed Cleaning	<input type="checkbox"/> Brokering/Trading	<input type="checkbox"/> Retail Labeling
<input type="checkbox"/> Exporting of Products	<input type="checkbox"/> Retail Store	<input type="checkbox"/> Private Labeler	<input type="checkbox"/> Non-Retail Labeling
<input type="checkbox"/> Parallel Production (Both Organic and Non-Organic Products)	<input type="checkbox"/> Purchase/Production of Products Produced with Hydro/ Aero/ Aquaponics	<input type="checkbox"/> Produce Multi-Ingredient Products	<input type="checkbox"/> Labeling of Other Than Packaged Form
<input type="checkbox"/> Individual Quality Frozen	<input type="checkbox"/> Canning	<input type="checkbox"/> Freezing	<input type="checkbox"/> Baking



2024 HANDLER ORGANIC SYSTEM PLAN – SECTION 1

Date:
Customer ID: AG-C000 OC
Legal business name:
DBA:

1. GENERAL INFORMATION: NOP 205.201; 205.401

Do you subcontract any of the following out to other operations? No Yes:
 Processing Packing Storage Transportation Distribution

Subcontractor name	Address	Phone number	Organic certification body (if applicable)

Attach additional sheets as necessary

Is exposed, unpackaged, bulk, or loose organic product handled by these subcontractors?
 No Yes:
If yes, please describe how you prevent contamination/commingling:

Products requested for certification:

Product Name	100% Organic, Organic, or Made with Organic	Product Formulation Submitted?	Label Submitted?	Projected Production Amount



Product Name	100% Organic, Organic, or Made with Organic	Product Formulation Submitted?	Label Submitted?	Projected Production Amount

Attach additional sheets as necessary

How are products marketed?

- Direct Sales Wholesales Broker Merchant
 Contract Manufacturing Other:

Do you produce both organic and conventional product? No Yes

If yes, which products?

If yes, please describe how you prevent contamination/commingling of organic product:

Do you do private labeling for other organic operations?

- No Yes. *If yes, please fill out the following table*

Company Name	Product Name (as it appears on label)	Is the company certified organic?	Certification agency listed on label
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Attach additional sheets as necessary

Name:	Title:	Date:
<i>I affirm that all statements made in this Organic System Plan are true and correct to the best of my knowledge.</i>		



2024 HANDLER ORGANIC SYSTEM PLAN – SECTION 2

Date:
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DBA:

2. SUPPLIERS: NOP 205.201(a)(6)

How do you source organic ingredients?

How do you prevent the use of ingredients produced using excluded methods (genetic engineering), sewage sludge, and ionizing radiation?

- Certified organic ingredients only
GE Testing
Letters from Manufacturers
Other:

How do you monitor the organic status of your suppliers?

Frequency:

How are organic products received?

- Bins Totes Boxes Pails Retail Packages Drums
Dry bulk Liquid bulk Foil bags Paper Bags Other:

How do you monitor the organic status of incoming organic ingredients?

Frequency:



Is an internal lot code assigned to organic ingredients?

No

Yes. *If yes please describe the lot code system:*

Please describe how incoming organic products are protected from contamination and commingling with non-organic products:

Name:	Title:	Date:
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2024 HANDLER ORGANIC SYSTEM PLAN – SECTION 3

Date:
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Legal business name:
DBA:

3.EQUIPMENT/ CLEANING: NOP 205.105; 205.103; 205.272

Equipment name	Used for both organic and non-organic production?	Is it cleaned/purged prior to organic production?	Is cleaning/purging documented?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Attach additional sheets as necessary

What cleaning methods are used?

- Purging Sweeping Compressed air Scraping
CIP Vacuuming Steam cleaning Sanitizing
Manual Cleaning None Other:

Is the use of cleansers followed by a potable rinse? No Yes

Are any products containing quaternary ammonia used? No Yes

Does your facility test for residues? No Yes

Area	Type of cleaning	Equipment cleaned prior to organic production?	Products used	Frequency	Is cleaning documented?
Receiving area		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Ingredient storage		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No



Area	Type of cleaning	Equipment cleaned prior to organic production?	Products used	Frequency	Is cleaning documented?
Product transfer		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Production area		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Packaging area		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Product storage		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Loading dock		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Building exterior		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Accidental spills		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No

Name:	Title:	Date:
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2024 HANDLER ORGANIC SYSTEM PLAN – SECTION 4

Date: Customer ID: AG-C000 OC Legal business name: DBA:

4. PRODUCTION:	NOP 205.201(a)(6)
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What type of production records are maintained?

- | | | |
|---|---|---|
| <input type="checkbox"/> Ingredient usage report | <input type="checkbox"/> Shrinkage log | <input type="checkbox"/> Waste Log |
| <input type="checkbox"/> Product spec sheets | <input type="checkbox"/> Ingredient inventory | <input type="checkbox"/> Production log |
| <input type="checkbox"/> QC Reports | <input type="checkbox"/> Finished inventory | <input type="checkbox"/> Batch recipes |
| <input type="checkbox"/> Ingredient inspection report | <input type="checkbox"/> Packaging reports | <input type="checkbox"/> Label use |
| <input type="checkbox"/> Other: | | |

How are products identified as organic on production documents?

Are packing/processing lines dedicated organic? No Yes

If no, please describe how you prevent contamination/commingling with non-organic product:

How are partial pallets/boxes/drums of organic products handled and how do you ensure they are protected from commingling with non-organic products during packing or processing?



What type of post-harvest materials are used at your facility?

- None
- Waxes
- Other:
- Anti-microbials
- Flootation agents
- Anti-foaming agents
- Anti-fungal agents
- Sanitizers
- Sprout inhibitors

What type of processing aids are used at your facility?

- None
- Enzymes
- Anti-stick agents
- Other:
- Anti-caking agents
- Filtering agents

Name:	Title:	Date:
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2024 HANDLER ORGANIC SYSTEM PLAN – SECTION 5

Date: Customer ID: AG-C000 OC Legal business name: DBA:

5.WATER:	NOP 205.103; 205.272; 205.601; 205.605
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How is water used at your facility?

- None
 Product Transportation
 Cleaning
 Cooking
 Cooling
 Ingredient
 Other:

What is the water source?

How is water quality monitored?

Frequency:

Is this documented?

Does the water quality meet the Safe Water Drinking Act standards? No Yes

How is this monitored?

Frequency:

Is water treated on-site? No Yes



Is chlorine, calcium hypochlorite, chlorine dioxide, or sodium hypochlorite used?

No Yes

If chlorine products are used, how and where is water tested to ensure chlorine levels that have final contact are at or below 4 ppm?

Frequency:

Is steam used in processing or packaging of food products? No Yes

If yes, does steam have direct contact with organic foods? No Yes

If yes, do you use:

- Testing of condensate
- Steam filters
- Condensate traps
- Testing of finished product
- Other:

Are boiler additives used? No Yes

If yes, does the steam contact the product?

Name:	Title:	Date:
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2024 HANDLER ORGANIC SYSTEM PLAN – SECTION 6

Date:
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DBA:

6. STORAGE: NOP 205.270; 205.272

Use	Location	Type/capacity	ID Name or number	Dedicated Organic?	Comments/ potential contamination issues (if any)
Ingredient Storage				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Packaging Materials				<input type="checkbox"/> Yes <input type="checkbox"/> No	
In-process storage				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Finished product storage				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Off-site storage				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Describe how you ensure organic products are not contaminated or commingled with non-organic products during storage:

Frequency of monitoring:

Is this documented? No Yes

Name:	Title:	Date:
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2024 HANDLER ORGANIC SYSTEM PLAN – SECTION 7

Date:
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DBA:

7. OUTGOING: NOP 205.270; 205.272

What type of products are products packaged, stored, and shipped in?

- Paper Glass Aseptic Cardboard Metal Wood
Plastic Wax paper Foil Natural fiber Poly Bulk
Other:

Are all packaging and shipping materials food grade? No Yes

How do you ensure any packaging, storage, or shipping containers have not been exposed to synthetic fungicides, preservatives, or fumigants?

Are packaging or shipping materials reused? No Yes

If yes, please describe how organic product is protected from contamination:

Please describe how you identify packages and containers as organic:

Please indicate what shipping or sales documents are maintained:

- Pallet/tote ticket Clean truck affidavit Contracts Contracts
Bills of lading Sales invoices Scale tickets COAs
Other:

Do all documents clearly identify products as organic? No Yes

Does your company arrange outgoing transportation? No Yes



How do you ensure outgoing transport units are clean prior to loading?

- N/A packaged product only
Clean-out records
Clean truck affidavit
Other:

Are organic products shipped in the same transport units as non-organic products?

- No
Yes. If yes, please indicate how organic products are segregated:

Table with 2 rows and 3 columns containing segregation options: Separate pallets, Separate area in unit, Organic product is shrink wrapped, Organic product in sealed, impermeable containers, Other:

Name: Title: Date:
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2024 HANDLER ORGANIC SYSTEM PLAN – SECTION 8

Date:
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DBA:

8. PEST CONTROL: NOP 205.271

Who is responsible for pest control?

In House-Name of person responsible:

Contract pest control service:

Does your operation have written pest control management procedures?

No Yes. If yes, please attach.

What pest problems do you have at your facility?

Frequency of pest monitoring:

Are records of pest monitoring kept? No Yes

Are records of all pesticide applications kept? No Yes

Table with 3 columns and 4 rows listing pest management practices such as Good sanitation, Screened windows/vent, Diatomaceous earth*, etc.



Check all pest management practices used:		
<input type="checkbox"/> Air curtains	<input type="checkbox"/> Sticky traps	<input type="checkbox"/> Crack and crevice spray*
<input type="checkbox"/> Sealed doors/windows	<input type="checkbox"/> Electrocutors	<input type="checkbox"/> Rotenone*
<input type="checkbox"/> Repair cracks/holes	<input type="checkbox"/> Pheromone traps*	<input type="checkbox"/> Fumigation*
<input type="checkbox"/> Tin cats	<input type="checkbox"/> Vitamin baits*	<input type="checkbox"/> Carbon Dioxide*
<input type="checkbox"/> Other:		

*The use, frequency, and method of application of these materials must be included on your input inventory and be given prior approval by the Oregon Dept. of Agriculture. The Input Inventory must be updated and submitted prior to use of new materials.

Application of pest control materials first requires implementing physical means of pest prevention and elimination. If pest control materials are utilized, please explain how preventative measures and physical controls are insufficient:

If materials are used, please explain preventative measures to prevent contact with organic equipment, products, ingredients, and packaging:

Name:	Title:	Date:
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2024 HANDLER ORGANIC SYSTEM PLAN – SECTION 9

Form box containing fields for Date, Customer ID: AG-C000 OC, Legal business name, and DBA.

9. BIODIVERSITY: NOP 205.201(a)(6)

If lands around the facility are certified organic:

What practices are used to support biodiversity?

- Checkboxes for Vegetated swales, Rain Gardens, Vegetated filter strips, Roads located to minimize effect on in-stream habitat and fish passage, and Other.

Form box titled 'What practices are used to prevent erosion?' with checkboxes for Native plant landscaping, Vegetative cover, Mulch, and Other.

Signature block with fields for Name, Title, Date, and a statement: 'I affirm that all statements made in this Organic System Plan are true and correct to the best of my knowledge.'



2024 HANDLER ORGANIC SYSTEM PLAN – SECTION 10

<p>Date:</p> <p>Customer ID: AG-C000 OC</p> <p>Legal business name:</p> <p>DBA:</p>
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10. IMPORT/ EXPORT: NOP 205.201(a)(6)

Do you import organic ingredients? No Yes

If yes, please list imported ingredients

If yes, are products directly imported, or through a broker/distributor?

Where are organic ingredients imported from?

How are imported products identified?

How do you verify product has not been fumigated, irradiated, or treated with other prohibited substances upon entry into the United States?

At what point do you legally own the product?

Please explain how you verify imported products comply with the USDA organic regulations:

Frequency

Revision: 1.2
Reviewed by: G. Uribe Valdez

Approved: S. Pearlstein
Effective Date: 12/15/2021



Do you export products? No Yes

If yes, please list exported products

In what packaging/form are products exported?

Where are products exported to?

Does export bulk packaged product display the statement “Organic product, do not fumigate or treat with irradiation”?

At what point do you no longer own the product?

Please explain how you verify exported products comply with the country of destination’s organic regulations:

Frequency:

Name:	Title:	Date:
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2024 HANDLER ORGANIC SYSTEM PLAN – SECTION 11

Date:
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DBA:

11. QA AND RECORDKEEPING: NOP 205.103

Do you have standard operating procedures for organic processing/ handling?

- No Yes. If yes, please attach

Do you have a Quality Assurance program in place?

- No Yes:
ISO HACCP Total Quality Management Other:

Are outside quality assessment services used?

- No Yes:
Global GAP PrimusGFS SQF BRC USDA GAP
USDA GHP HGAP HGAP+ Other:

Does your company conduct product testing?

If yes, what type of tests?

Frequency:

- Are ingredient samples retained? No Yes
Are finished product samples retained? No Yes
Do you have a recall system in place? No Yes
Does your company conduct internal audits? No Yes



Indicate all types of records kept:			
<input type="checkbox"/> Purchase orders	<input type="checkbox"/> Contracts	<input type="checkbox"/> Invoices	<input type="checkbox"/> Receipts
<input type="checkbox"/> Bills of lading	<input type="checkbox"/> Custom forms	<input type="checkbox"/> Test results	<input type="checkbox"/> Transaction certificates
<input type="checkbox"/> Supplier ingredient verification form	<input type="checkbox"/> Non-GMO	<input type="checkbox"/> No sewage sludge	<input type="checkbox"/> No ionizing radiation
<input type="checkbox"/> Commercial availability search	<input type="checkbox"/> Receiving records	<input type="checkbox"/> Receiving logs	<input type="checkbox"/> Ingredient inspection forms
<input type="checkbox"/> Blending reports	<input type="checkbox"/> Production records	<input type="checkbox"/> Equipment clean-out records	<input type="checkbox"/> Sanitation logs
<input type="checkbox"/> Packaging reports	<input type="checkbox"/> QA reports	<input type="checkbox"/> Production summary records	<input type="checkbox"/> Ingredient Inventory
<input type="checkbox"/> Supplier organic certificates	<input type="checkbox"/> Finished product inventory	<input type="checkbox"/> Shipping logs	<input type="checkbox"/> Transport unit inspection/ cleaning logs
<input type="checkbox"/> Scale tickets	<input type="checkbox"/> Sales orders	<input type="checkbox"/> Sale invoices	<input type="checkbox"/> Sales summary
<input type="checkbox"/> Phytosanitary certificates	<input type="checkbox"/> Transaction certificates	<input type="checkbox"/> Certificates of analysis	<input type="checkbox"/> Complaint log
<input type="checkbox"/> Other:			

Records must track organic integrity from sale of final product, back to incoming invoice and organic certificate of ingredient. Organic ingredients must be verified as certified organic, and non-organic ingredients require commercial availability searches and affidavits as necessary. Please describe how your recordkeeping system meets these requirements.

Amounts of organic ingredients in finished products must balance with certified organic ingredients purchased. Please describe how your recordkeeping system meets these requirements.

The NOP requires records related to an organic product be maintained for five years. Please describe your system for maintaining records related to organic products.

Name:	Title:	Date:
<i>I affirm that all statements made in this Organic System Plan are true and correct to the best of my knowledge.</i>		