**Organic System Plan (OSP) - Handling**

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| --- | --- | --- | --- | --- |
| 1. **GENERAL INFORMATION ON COMPANY (OPERATION) (filled in capital letters)** | | | | |
| 1. Are you a new applicant?   Yes  Updated OSP is submitted *(enter the date of the last OSP submitted to the certifying agent and* ***it’s necessary*** ***to describe which items were edited*** *in**next row)* \_\_\_\_\_\_\_\_\_\_\_ | | | | |
|  | **IMPORTANT!!!** If you checked “Updated OSP is submitted”, **briefly describe which items were edited**: | | | |
| b. | Name of the operation: | | | |
|  | *In original language:* | *In Russian (Cyrillic):*  (*only for Russian speaking countries)* | | *In English (Latin letters):* |
|  | Website address: | | | |
| c. | Registration address of the operation: | | | |
|  | *In original language:* | *In Russian (Cyrillic):*  (*only for Russian speaking countries)* | | *In English (Latin letters):* |
| d. | Postal code: | | | |
| e. | Mailing address: | | | |
| f. | Organic production address: | | | |
|  | *In original language:* | *In Russian (Cyrillic):*  (*only for Russian speaking countries)* | | *In English (Latin letters):* |
| g. | Manager of the operation: first name, last name, position: | | | |
| h. | Authorized person of the operation: first name, last name, position: | | | |
| i. | Telephone number of: | | | |
|  | *Manager of the operation:*  *(for signing the contract)* | | *Authorized person:* | |
| j. | E-mail of: | | | |
|  | *Manager of the operation:*  *(for signing the contract)* | | *Authorized person:* | |
| k. | Have you ever applied for NOP certification in the past:  Yes; *If answered Yes, please complete questions below very accurately and responsibly*  No | | | |
|  | If yes, please indicate the name (s) of the certifying agent (s) and the date (s) for which the NOP certification application has been submitted:   |  |  |  |  | | --- | --- | --- | --- | |  | Name of the certifying agent | Date of application | End of certification | | 1. |  |  |  | | 2. |  |  |  | | 3. |  |  |  | | 4. |  |  |  |   Not applicable | | | |
|  | What decision was made by the certifying agent  Positive, decided to certify  Negative, decided not to certify  Not applicable | | | |
|  | If your operation has been subject to noncompliance’s and/or sanctions and/or refusals to carry out certification, enclose the noncompliance’s and conclusions with the corrective action plan, including evidence of correcting noncompliance.  Documents attached  Not applicable | | | |
| l. | If you intend to export products, please indicate to which country (ies):  Japan  EU  Canada\*  Switzerland  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Not applicable  \*If Yes, please fill up form NOP-016. | | | |
| **This is an OSP plan - it can be changed and updated.**  **You can submit an updated plan to the certifying agent by post, e-mail or fax.**  **Before implementation, the plan must be approved by the certifying agent.** | | | | |

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| **We confirm (according to 7 C.F.R.§ 205.400, 205.401)** |

* We agree to comply with all standards for the production and handling of NOPs as specified in the Agricultural Marketing Service Regulations of the US Department of Agriculture (USDA) and approved in the USDA Organic Regulations 7C.F. R. Part 205.
* We commit to renew the OSP every year. We confirm that the attached OSP covers and accurately describes my ongoing management of organic products.
* We undertake to inform the certifying agent immediately of any changes that may affect organic production requirements of 1990 and / or Environmental Management Rules of the US Department of Agriculture (USDA). I will update the OSP plan / application, depending on the changes that have occurred, so that it meets my organic production requirements.
* We understand that a certifying agent’s acceptance of this form in no way implies granting of certification.
* We got acquainted with the requirements of the United States Department of Agriculture (USDA) for organic production. To ensure that all requirements are clear and understandable for us, we asked the certification authorities for their clarification.
* We will allow the inspector to carry out an inspection of the operation, including control of the production and storage of uncertified products. I understand that my activities can be checked with and without prior notification of the certifying agent. It can take samples for the identification of prohibited substances in organic production at any time.
* We agree to keep all the records that have been used for organic activities for at least five (5) years after their creation and to submit them to the certifying agent (s) for review and duplication in order to determine compliance.
* We agree to immediately notify the certifying agent of any changes that have occurred in the application and of the detection of prohibited substances at any stage of manufacture and / or in the product / raw material that is used during handling.
* We agree to pay fees charged by the certifying agent.
* We confirm that all information provided in this application / OSP is correct and accurate to the best of our knowledge.
* We agree to provide additional information as requested by the certifying agent.

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**Signature of Applicant/Authorized Representative Date**

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| 1. **INFORMATION ON THE ACTIVITY OF THE OPERATION** | |
| a. | Activity (ies):  Handling of single-component products  Handling of multicomponent products  Storage  Trade  Trading without storage  Packing / packaging  Other (please specify) ............................................... |
| b. | Is the operation engaged solely in handling of organic products?  Yes  No |
|  | If you answered “No”, please indicate which percentage of the production is organic production: \_\_\_\_\_ % organic \_\_\_\_\_\_\_\_ % conventional |
| c. | Average annual number of employees: .................. |
| d. | List non-organic products, handled by your operation:  1.  2.  3.  Only organic products are handled |
| 1. **PRODUCT INFORMATION** | |
| a. | List the products you want to certify (add a design of the label (s) as an attachment):   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | *Product name* | *Brand* | *Group* | *Labeling category in accordance with §205.301 (check one)* | | | | *100 % organic* | *Organic* | *Made from organic raw materials* | |  |  | *single-component*  *multicomponent\** |  |  |  | |  |  | *single-component*  *multicomponent\** |  |  |  | |  |  | *single-component*  *multicomponent\** |  |  |  |   *\** *If you have checked "multi-component", fill in the form (NOP-028 form) for each product and add it as an attachment.*  ***Note: The design (s) of the label must be aligned with the certifying agent (§205.303 and §205.304) before printing. A design of the original label must be submitted in 2 copies for approval by the certifying agent.*** |
| b. | Provide information on suppliers of organic raw materials / ingredients / processing aids:   |  |  |  |  |  | | --- | --- | --- | --- | --- | | *Product/Raw material/*  *Ingredient* | *Name of supplier* | *Name of the supplier's certifying agent* | *Supplier's organic*  *certification document No.* |  | |  |  |  |  | specification attached  supplier’s certificate attached | |  |  |  |  | specification attached  supplier’s certificate attached | |  |  |  |  | specification attached  supplier’s certificate attached | |  |  |  |  | specification attached  supplier’s certificate attached | |
| c. | Other ingredients/processing aids (except water and salt) used for the production of organic products: |
|  | If you use non-organic ingredients / raw materials of agricultural origin, add a list of ingredients / raw materials with the references to the organic production they are used for as an attachment:   |  |  |  | | --- | --- | --- | | *Non-organic ingredient / raw material of agricultural origin* | *What products it is used for?* |  | |  |  | attachment | |  |  | attachment | |  |  | attachment | |  |  | attachment |   Not applicable  Attachment |
|  | If you use non-agricultural ingredients / raw materials, add a list of ingredients / raw materials with the references to the organic production they are used for as an attachment:   |  |  |  | | --- | --- | --- | | Non-agricultural ingredient / raw material | *What products it is used for?* |  | |  |  | attachment | |  |  | attachment | |  |  | attachment | |  |  | attachment |   Not applicable  Attachment |
|  | If you use synthetic solvents or other synthetic materials, add a list with the references to the organic or conventional production they are used for as an attachment:   |  |  |  | | --- | --- | --- | | *Synthetic solvent or other synthetic processing material used* | *Products it is used for* |  | |  |  | attachment | |  |  | attachment | |  |  | attachment | |  |  | attachment |   Not applicable  Attachment |
|  | An operation must provide the verifier with documentation demonstrating that the raw materials/ ingredients used in the production are not GMO, have not been treated with ionizing radiation and no sewage sludge was used in their production:  Not applicable  Attachment |
| d. | Does your operation become the owner of certified products (in the case when you render service to another company and do not become the product owner check "No")?  Yes  No  Other........... |
| e. | Do you have / are planning to subcontract other operations for handling of organic products (e.g. recycling, storage, packaging, etc.)?  Yes  No |
|  | If you checked “Yes”, fill in the table below:   |  |  |  |  | | --- | --- | --- | --- | | *Name of economic entity* | *Address* | *Name of the certifying body that verified the subcontractor* | *Service provided by the subcontractor* | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |
| 1. **ORGANIC PRODUCT HANDLING** | |
| a. | Describe how the checks are carried out at the time of acceptance of organic products / raw materials / ingredients (what is checked at the time of acceptance, who performs the check, where the acceptance check results are recorded):  Attachment |
| b. | Please indicate the frequency at which you request suppliers for a certificate for organic compliance:  With each batch of organic raw materials  Monthly  Quarterly  Annually  We have a system for monitoring the validity of certificates  Other ........................................... |
| c. | How are organic raw materials / ingredients / products delivered to your operation?  Loose  In big bags  In Octabins  In sealed package  Other ............................  Not applicable |
| d. | Is the batch number given during the acceptance of organic raw materials / ingredients?  No  Yes |
|  | If checked “Yes”, please describe the batch acceptance system (you can add as an attachment):  Attachment |
| e. | Describe how traceability is carried out and provide an example (you can add as an attachment):  Attachment |
| f. | List the production documents (you can add as an attachment):  Not applicable  Attachment   |  |  |  |  | | --- | --- | --- | --- | | *Document No (if applicable)* | *Document title* | *What is recorded?* | *Who is responsible?* | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |
| g. | Describe how organic products / raw materials / ingredients are labeled / marked in the production documents (you can add as an attachment)?  ......................................................................  Not applicable  Attachment  Organic production is performed |
| h. | Are there packaging materials / storage containers / bins / boxes that contain synthetic fungicide, preservative or fumigant during organic handling?  Not applicable  Yes  No |
| i. | Do you use packaging materials / storage containers / bins / boxes / tools that were previously used in the management of non-organic products during organic management?  Yes  No  Not applicable |
|  | If checked „Yes”, how do you ensure that cross-contamination is avoided? |
| j. | If water is used for handling and / or sanitary purposes, please describe in detail how and where the water is used (you can add as an attachment):  Attachment  Not applicable |
|  | Describe if you filter or otherwise treat the water used:  Attachment  Not applicable |
|  | Please enclose the latest water test protocol:  Attachment  Did not do any research  Not applicable |
| k. | If steam is used in the handling process, describe in more detail where and how it is used and whether it has a direct link with organic raw materials / products / ingredients:  Attachment  Not applicable |
|  | If steam is used in the handling process, do you undergo laboratory testing of condensate? If so, enclose the latest research protocol as an attachment.  Attachment  Did not do any research  Not applicable |
| l. | Is ionizing radiation used during the management in your operation?  Yes  No |
|  | If checked “Yes”, indicate which products are handled:  conventional *(list the products)* ..............................  organic *(list the products)* ................................  attachment |
|  | Specify which equipment you use, which parameters you control, where you record the results of the control:  Attachment  Not applicable |
| m. | Describe what measures are taken to prevent the contamination of organic raw material / ingredient / product with non-organic substances and / or prohibited substances:  During storage of raw material (s):  During the process of production:  During the storage of the finished product (s):  Attachment  Not applicable |
| n. | If the same premises are used for the handling of organic and conventional products, please describe how the mixing of organic and conventional products / raw materials is prevented (you can add as an attachment):  Attachment  Not applicable |
| o. | Add the plans for all warehouses / production and auxiliary premises with the marked way of developing the organic product as an attachment;  Attachment  Not applicable |
| 1. **SANITATION** | |
| a. | Describe the sanitary program (or add as an attachment) (how often the equipment, rooms, tools are washed, what measures and methods are used for washing / disinfection; describe the process)  Not applicable  Attachment |
|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | | *Equipment / facility name* | *Name of the tool used* | *Methods used (e.g.)* | *Frequency of washing / disinfection?* | *Title / number of the document that records the work done* | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |
| b. | List the tools used for washing and disinfection, how the remnants on the equipment / tools are checked after washing, and which registers are filled:   |  |  |  |  | | --- | --- | --- | --- | | *Name of the tool used* | *How is the residue control of detergents performed?* | *Title / number of the document that captures the results* |  | |  |  |  | Authorization of the biocidal product / safety data sheet is attached | |  |  |  | Authorization of the biocidal product / safety data sheet is attached | |  |  |  | Authorization of the biocidal product / safety data sheet is attached |   Not applicable |
| c. | Are the materials used for washing and disinfection stored in a separate room (indicate the storage space in the plan)?  Yes  No  Other.....................  Not applicable |
| 1. **TRANSPORTATION** | |
| a. | How do organic products leave your operation?  Loose  In big bags  In octabins  In sealed package  Other ............................ |
| b. | What documents do you write at the time of exportation / discharging?  CMR  Consignment notes  VAT invoices  Other ..........................  Not applicable |
| c. | Do the exportation documents contain product status?  No  Yes |
|  | If checked “Yes”, specify which documents (you can add as an attachment):.....................  Attachment |
| d. | Is your operation responsible for transport order for outgoing products?  No  Yes  Other ................. |
|  | If checked “Yes”, please describe how you ensure that the transport of products for export is suitable for the transportation of organic products?  Transport is used only for transportation of organic products  Transport is cleaned before transportation of organic products  Other ............................... |
|  | If checked “No”, please describe how you ensure that the vehicle is suitable for transporting organic products: |
| e. | Where do you record your vehicle cleanup?  In bill of lading  Other ................................. |
| 1. **INFORMATION ON PEST CONTROL** | |
| a. | Who controls pests in your operation?  Ourselves  Company providing pest control services  Other................  Not applicable |
|  | If you answered "company providing pest control services", please provide the company name:  ........................... |
| b. | How often is pest control performed in your operation?  Weekly  Monthly  Annually  According to the need  Other\_\_\_\_\_\_\_\_\_\_\_  Not applicable |
| c. | Does your operation have an internal and external pest control plan with pest control points?  Yes, attachment enclosed  No  Not applicable |
| d. | List the tools and substances used to control pests during the last 12 months:  1.  2  3.  4.  Not applicable |
| e. | Have pest control officials become familiar with paragraph CFR 205.271?  Yes  No  Not applicable |
| 1. **QUALITY MANAGEMENT** | |
| a. | Do you have an organic product management procedure?  Yes  No |
|  | If checked “Yes”, attach a copy.  Attachment |
| b. | Is the staff familiar with the requirements for organic production?  Yes  No  Not applicable |
|  | If checked “Yes”, who and at what frequency does the training? |
| c. | Describe the flowchart of the organic product (s) or add as an attachment.  Attachment  Not applicable |
| d. | Do you make laboratory tests for organic raw materials?  Yes  No  Not applicable |
|  | If checked “Yes”, please describe the frequency and indicators you are testing (or add as an attachment):  Attachment |
| e. | Do you carry out laboratory tests for the produced organic product (s)?  Yes  No  Not applicable |
|  | If checked “Yes”, please describe the frequency and indicators you are testing (or add as an attachment):  Attachment |
| f. | Does your operation carry out internal audits?  Yes  No  Not applicable |
|  | If checked “Yes”, describe how often, who is performing, where the results are recorded (or add as an attachment):..............................................  Attachment |
| g. | Do you keep control / maintenance samples of raw materials / finished / prepacked products? |
|  | Yes  No  Not applicable |
|  | If checked “Yes”, describe how many units you hold, where you hold them, how long you keep them (or add as an attachment)?  ......................  Attachment |
| h. | Describe how is waste disposal carried out in your operation.    Attachment  Not applicable |
| i. | Describe the document storage system.  Documents are stored:  5 years  other\_\_\_\_\_\_\_\_\_\_ |
| **9.** **ORGANIC FRAUD PREVENTION PLAN** | |
|  | The National Organic Program require all operations to create a Fraud Prevention Plan. Fraud Prevention Plan should be adapted to your operation's practices. The plan should outline how you ensure only compliant suppliers and products are used, should confirm the organic status of suppliers and products and trace it back through the supply chain.  *7 C.F.R. §205.201(a)(3) Organic production or handling system plan must include a description of the monitoring practices and procedures to be performed and maintained, including the frequency with which they will be performed, to verify that the plan is effectively implemented. This must include a description of the monitoring practices and procedures to verify suppliers in the supply chain and organic status of agricultural products received, and to prevent organic fraud, as appropriate to the certified operation's activities, scope, and complexity;*  *7 C.F.R. §205.103(b)(2) and (3) A certified operation must maintain records… such records must… (2) Fully disclose all activities and transactions of the certified operation, in sufficient detail as to be readily understood and audited; records must span the time of purchase or acquisition, through production, to sale or transport and be traceable back to the last certified operation; (3) Include audit trail documentation for agricultural products handled or produced by the certified operation and identify agricultural products on these records as “100% organic,” “organic,” or “made with organic (specified ingredients or food group(s)),” or similar terms, as applicable;*  **Important:** A fraud prevention plan should describe practices that eliminate vulnerabilities and reduce risk. By completing this module and considering the risks, vulnerabilities and actions you take in your operations, you will ensure the reliability of your supply chains and the integrity of your organic products. Guide of vulnerability points to consider include:   * For Producers/Farmers:   - Cheek organic seed, feed, and bedding sources. Ensure your raw agricultural feed supplier is certified for that feed.  - Verify livestock sources, maintain ownership records, and trace animal transportation.  - Make sure sales and slaughter facilities are organic, maintaining traceability.   * For Handlers, including traders: * Verify the supply chain for each ingredient to the last certified handler. This may include transporters and exempt operations. Some previously exempt operations may now need certification. Encourage your suppliers to get certified for full-chain traceability and reduced risk. * Producers/Handlers should outline strategies for preventing fraud in both production and handling.   **1. Responsible persons of Organic Fraud Prevention.**  *Identify and list the person(s) responsible for approving, implementing, training, and monitoring the Organic Fraud Prevention Plan (name/role). Responsible person(s) will be added as approved contacts for the operation and should assess and update the Organic Fraud Prevention Plan on an annual basis for any changes in risks or activities.*  1.  2.  3.  4.  **2. Does your operation have an existing Organic Fraud Prevention Plan?**  No; Complete this module  Yes; Attached. *Skip the remainder of this module as long as your existing Organic Fraud Prevention Plan includes all aspects outlined. If any aspects are missing, complete those sections.*  **3. Supply chain map and critical control points**  a) Provide a separate graphic (flow chart or map) which illustrates all received/incoming ingredients, products and inputs in your supply chain. This may include but is not limited to: ingredient groups, certification status of each entity involved, location of suppliers, transportation events, storage, events and all other handling activities. This flow chart or map should highlight Critical Control Points.  **Flow chart map must be attached or drawn below!**   |  | | --- | |  |   b) How and where do you identify suppliers of organic products in your operations recordkeeping system? (e.g., suppliers are tracked through an input list or supplier list.)   |  | | --- | |  |   c) Identify the critical control points in your supply chain where organic fraud or loss of organic status are most likely to occur. You may attach a separate graphic or flow chart/map or include these points in the supply chain map that illustrates the supply chain and potential risk areas. For any points of risk ensure they are added to the vulnerability assessment below and mitigation strategies are defined.  Note. *A Critical Control Point (CCP) is a specific stage in a process where control measures are applied to prevent, eliminate, or reduce risk to an acceptable level, ensuring the integrity and quality of a product.*   |  | | --- | |  |   4. Vulnerability assessment  A vulnerability assessment is a systematic evaluation that identifies and analyzes weaknesses or susceptibilities in a system, process, or organization, helping to anticipate potential risks and develop effective strategies for prevention and mitigation.  a) Explain your process of performing a vulnerability assessment, including the actions you took and the factors you considered. These factors could involve the supplier's certification status, where they are located (imported or domestic), economic aspects (like ingredient scarcity or high demand), agronomic factors (such as vulnerability to pests or diseases), supply chain details (including handling of organic and conventional products), and the nature of your relationship with the supplier (existence of a supplier approval program):   |  | | --- | |  |   b) Complete the table below, or attach a separate table, describing the outcome of the vulnerability assessment. This should include the following:  1) All identified critical control points where there is a potential risk of fraud;  2) Fraud mitigation or prevention strategies that will be employed;  3) Monitoring practices that will be conducted to ensure the fraud prevention strategies are effective.   |  |  |  | | --- | --- | --- | | Critical Control Point | Mitigation or Prevention Strategies | Monitoring Practices | | 1. |  |  | | 2. |  |  | | 3. |  |  | | 4. |  |  | | 5. |  |  | | 6. |  |  |   **5.** **Training and reporting**  1) Describe how employees will be trained on the Organic Fraud Prevention Plan and any updates that are made.   |  | | --- | |  |   2) Describe process that will be taken for reporting suspected organic fraud to Ekoagros and the National Organic Program (NOP).   |  | | --- | |  |   **6. Monitoring**  1) Describe the monitoring practices and verifications tools to assess the effectiveness of the Organic Fraud Prevention Plan. This should include:  a) How often this plan is reviewed and updated   |  | | --- | |  |   b) How do you determine this plan is adequate and effective in mitigating and preventing organic fraud.   |  | | --- | |  | |
| **10. FINAL PROVISIONS** | |
| a. | Please specify the documents attached (do not forget to make copies for yourself):  1.  2.  3.  4.  5.  6.  7.  8.  9.  10. |
| **11. CONFIRMATION** | |
|  | **I confirm that all the information provided in this questionnaire is correct and consistent with our activity.**  **Applicant's first name, last name, position, signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  We have copies of the application, OSP and all the attached documents. |