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

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| --- | --- | --- | --- | --- |
| 1. **GENERAL INFORMATION ON COMPANY (OPERATOR) (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)* \_\_\_\_\_\_\_\_\_\_\_ | | | | |
|  | If you checked " Updated OSP is submitted ", briefly describe which items were edited: | | | |
| b. | Name of the operator: | | | |
|  | *In original language:* | *In Russian (Cyrillic):* | | *In English (Latin letters):* |
| c. | Registration address of the operator: | | | |
|  | *In original language:* | *In Russian (Cyrillic):* | | *In English (Latin letters):* |
| d. | Postal code: | | | |
| e. | Mailing address: | | | |
| f. | Organic production address: | | | |
|  | *In original language:* | *In Russian (Cyrillic):* | | *In English (Latin letters):* |
| g. | Manager of the operator: first name, last name, position: | | | |
| h. | Authorized person of the operator: first name, last name, position: | | | |
| i. | Telephone number of: | | | |
|  | *Manager of the operator:*  *(for signing the contract)* | | *Authorized person:* | |
| j. | E-mail of: | | | |
|  | *Manager of the operator:*  *(for signing the contract)* | | *Authorized person:* | |
| k. | Have you ever applied for NOP certification in the past:  Yes  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:  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 sanctions and / or refusals to carry out certification, enclose the conclusions and a 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 | | | |
| **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 certification body.** | | | | |

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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 certifier’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 operator, 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 certification body. 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 OPERATOR** | |
| 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 operator 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 operator:  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 (F-008/1 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 operator 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 operator 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 operators 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 operator?  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 operator?  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 operator?  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 operator 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 operator?  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 operator?  Weekly  Monthly  Annually  According to the need  Other\_\_\_\_\_\_\_\_\_\_\_  Not applicable |
| c. | Does your operator 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 operator 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 operator.    Attachment  Not applicable |
| i. | Describe the document storage system.  Documents are stored:  5 years  other\_\_\_\_\_\_\_\_\_\_ |
| 1. **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. |