



Pacific Agricultural Certification Society

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Third Party Service Provider Verification

This form is to be completed by authorized persons from BOTH enterprises having full knowledge of the product and processes. It is to be used by processors or handlers who do not hold organic certification, but who will undertake one or more steps in the processing of a certified organic product, on behalf of a PACS member. This completed form is part of your Organic Plan. A copy of this document must be maintained by both the certified enterprise and the service provider.

Form instructions: This form can be completed on a computer, (save the form onto your hard drive before filling it in; to fill in, place cursor in grey boxes) or printed and completed with a black ink pen. **DO NOT USE PENCIL.** If you run out of room, attach another file or sheet of paper. Keep a copy of this form for your records. Sections marked "VO" are for the Verification Officer only.

Name of Certified Enterprise:	Certification Number:	Date (dd/mm/yyyy)
Head office mailing address	Contact Person(s) - title(s) and name(s): Phone: Fax: Email address:	
Affirmation by the Certified Enterprise: By affixing my name hereto, I affirm that: <ul style="list-style-type: none"> a legally binding contract has been executed between the two enterprises named within this document the two enterprises have reviewed the pertinent sections of the Canadian Organic Standards, Permitted Substances Lists and Safe Food for Canadians Regulations, and the organic product will be produced in compliance thereof ownership of the organic raw materials and the final organic product remains in the name of the certified enterprise marketing of the final product remains the responsibility of the certified enterprise the certified enterprise retains full responsibility for the organic integrity of the component ingredients and the final product 		
Print Name / Title:	Signature:	
Product(s) to be produced under this agreement:	For Office Use Only: Reviewed by: Date reviewed:	

A. SERVICE PROVIDER IDENTIFICATION			
1.	Business name of proposed service provider.		Type of business:
	Address of Service Provider:		
Provide directions to company location:			
Contact Person(s) (title and name):			
Phone: Fax: Email address:			
Will this be a one-time service? <input type="checkbox"/> yes <input type="checkbox"/> no – it will be ongoing			
2.	Name the person in charge of:		Name the person in charge of:
	Production		QC/QA
	Plant		Sanitation
VO only	<input type="checkbox"/> The section above is accurate		<input type="checkbox"/> See VO NOTES for details

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B. OVERVIEW OF OPERATIONS and PRODUCT FLOW	
3.	<p>Describe the service(s) you will be providing to the organic enterprise identified at the top of this document.</p> <p>What parts of your plant or facility will be involved? (Name <u>all</u> areas through which organic products will/may travel.)</p> <p>On what date will the service begin?</p> <p>If you provide seed cleaning services, do you handle genetically engineered seed of any kind? <input type="checkbox"/>yes <input type="checkbox"/>no <input type="checkbox"/>N/A</p>
4.	<p>Flow Chart and Facility Map: **Note: This is a mandatory submission**.</p> <p>Submit a flow chart indicating the movement of the organic product(s) beginning with arrival at your location or facility (or in your transport vehicle, if you are providing transport) to the point of return to the certified organic enterprise. <input type="checkbox"/> Flow Chart is attached.</p> <p>Submit a facility map indicating areas where organic product(s) will be processed and parts of the facility through which the organic product will pass. <input type="checkbox"/> Facility Map is attached.</p> <p>If pest control devices of any type are used in any of the areas mapped above, indicate their locations on the map. <input type="checkbox"/> None used.</p> <p>Provide the name(s) of any lures, baits or poisons used in the pest control devices: <input type="checkbox"/> None used.</p> <p>How is contamination of the organic products prevented when they are nearby the pest control devices?</p>
5.	<p>Are any goods or containers in your facility treated with a volatile substance (i.e. DPA (diphenylamine), quaternary ammonium, or fumigants)? <input type="checkbox"/>yes <input type="checkbox"/>no</p> <p>If yes, name the substance(s):</p> <p>Will the organic products travel through, be stored in or be produced in areas affected by the above-named substance(s)?</p> <p><input type="checkbox"/>no <input type="checkbox"/>yes – explain:</p>
6.	<p>Explain how the organic integrity of the product will be protected while it is on your premises: (Check all that apply)</p> <p><input type="checkbox"/> Organic processing areas, facilities, equipment and structures have been evaluated against the requirements of the Canadian Organic Standards (COS).</p> <p><input type="checkbox"/> Facilities, structure and equipment to be used in organic processing have been cleaned with products compliant with the COS and no conventional crops, crop residues, products or other contaminants are present.</p> <p><input type="checkbox"/> Organic processing methods prescribed by the COS will be adhered to.</p> <p><input type="checkbox"/> Only inputs listed on the Permitted substances Lists will be used. This includes organic ingredients as well as non-organic ingredients and additives, processing aids and cleaners or sanitizers.</p> <p><input type="checkbox"/> Organic products will not be in close proximity of any products which are treated with volatile substances.</p> <p><input type="checkbox"/> The organic run will be announced in advance, and appears in my enterprise's production schedule.</p> <p><input type="checkbox"/> The organic run is scheduled to be the first run, after an appropriate cleaning cycle using compliant products.</p> <p><input type="checkbox"/> The organic run will be separated by place or time from similar operations performed on non-organic products.</p> <p><input type="checkbox"/> The organic run will be tracked by lot codes or numbers.</p> <p><input type="checkbox"/> The organic run will be tracked in all recordkeeping systems.</p>
7.	<p>Do you supply storage containers for the organic product while it is under your control? <input type="checkbox"/>yes <input type="checkbox"/>no</p> <p>What materials are used to clean these containers?</p> <p>Are the containers free from synthetic fungicides and fumigants (including ingredients within paints)?</p> <p><input type="checkbox"/>yes <input type="checkbox"/>no <input type="checkbox"/>not sure</p> <p>If no, or not sure, explain:</p>
8.	<p>Who is responsible for transporting the product(s):</p> <p style="padding-left: 20px;">a) Incoming transportation:</p> <p style="padding-left: 20px;">b) Outgoing transportation:</p>
9.	<p>Describe how you maintain organic integrity during transport:</p>
10.	<p>Will you be packaging the organic product(s)?</p> <p><input type="checkbox"/>no – skip to next section.</p> <p><input type="checkbox"/>yes – continue below.</p> <p>List all packaging materials for organic products:</p>

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	<input type="checkbox"/> Bulk <input type="checkbox"/> Metal <input type="checkbox"/> Paper <input type="checkbox"/> Other - specify:	<input type="checkbox"/> Plastic <input type="checkbox"/> Foil <input type="checkbox"/> Glass	<input type="checkbox"/> Cardboard <input type="checkbox"/> Waxed paper <input type="checkbox"/> Cellulose	<input type="checkbox"/> Natural fibre <input type="checkbox"/> Synthetic fibre <input type="checkbox"/> Wood
11.	Who purchases/supplies the packaging materials (you or the organic enterprise)?			
VO only	<input type="checkbox"/> The section above is accurate		<input type="checkbox"/> See VO NOTES for details	

C. STORAGE	
12.	Will you store the organic raw materials and/or goods? (Check all that apply.) <input type="checkbox"/> no - Skip to Section D. <input type="checkbox"/> yes – upon arrival until processing run. <input type="checkbox"/> yes – after processing.
13.	What type(s) of <u>your own</u> products do you store? (Check all that apply.) <input type="checkbox"/> Bulk, unbound or unpackaged ingredients or products. <input type="checkbox"/> Ingredients transferred from original packaging to temporary storage within the facility. <input type="checkbox"/> Products in an intermediate stage of processing. <input type="checkbox"/> Finished goods. <input type="checkbox"/> Non-organic foods that have been treated with a volatile substance.
14.	How will you prevent co-mingling or confusion of organic and non-organic products in your storage? (Check all that apply.) <input type="checkbox"/> Separate storage areas for organic and non-organic ingredients/products. <input type="checkbox"/> Organic food or ingredients are stored in sealed food grade containers in storage area. <input type="checkbox"/> All organic products are clearly marked. <input type="checkbox"/> Unique storage containers are dedicated to organic. <input type="checkbox"/> Other (explain):
15.	How do you prevent contamination of organic food in storage? (Check all that apply.) <input type="checkbox"/> Non-food items are not stored in food storage areas. <input type="checkbox"/> Storage containers are washed with permitted materials before being used for organic products. <input type="checkbox"/> Storage facilities, compartments, containers and/or bins do not contain and were not treated with any synthetic fungicides, preservatives or fumigants. <input type="checkbox"/> Non-organic food that has been treated with volatile substances is stored separately in rooms having no air exchange with organic storage areas. <input type="checkbox"/> Other (explain):
16.	Are there any cleaning and pest management materials used in the storage areas which are <u>not</u> listed in the sanitation section of this form? <input type="checkbox"/> yes <input type="checkbox"/> no If yes list them here:
VO only	<input type="checkbox"/> The section above is accurate
<input type="checkbox"/> See VO NOTES for details	

D. SANITATION	
17.	List in the chart below cleaning and sanitation products used on food or food contact surfaces within the area of your facility through which the organic product(s) will pass. Product labels, product information sheets and MSDS sheets must be available to the inspector. Do bare hands touch product? <input type="checkbox"/> yes <input type="checkbox"/> no, gloves are used. If gloves are used , will new gloves be used before organic runs? <input type="checkbox"/> yes <input type="checkbox"/> no explain:

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	Surface being cleaned (food-contact surfaces only, including hands and gloves). If used on equipment, identify equipment.	Exact Brand Name and Product Number of Cleaning Agent	Documentation attached	Method used to ensure that cleaning agent is removed from food contact surfaces? Mention residue tests, if done.	Is cleaning and removal of cleaning material documented?
			<input type="checkbox"/> Prod Label/spec sheet <input type="checkbox"/> MSDS <input type="checkbox"/> Ingredients list		<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> Prod Label/spec sheet <input type="checkbox"/> MSDS <input type="checkbox"/> Ingredients list		<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> Prod Label/spec sheet <input type="checkbox"/> MSDS <input type="checkbox"/> Ingredients list		<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> Prod Label/spec sheet <input type="checkbox"/> MSDS <input type="checkbox"/> Ingredients list		<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> Prod Label/spec sheet <input type="checkbox"/> MSDS <input type="checkbox"/> Ingredients list		<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> Prod Label/spec sheet <input type="checkbox"/> MSDS <input type="checkbox"/> Ingredients list		<input type="checkbox"/> yes <input type="checkbox"/> no
If additional space is required, attach an extra sheet.					
18.	Do you have a Food Safety Program in place? <input type="checkbox"/> no <input type="checkbox"/> yes If yes, what is the name of the program?				
VO only	<input type="checkbox"/> The section above is accurate			<input type="checkbox"/> See VO NOTES for details	

E. WATER	
19.	Indicate all the ways water will be used in relationship to the organic product: <input type="checkbox"/> No water or steam is used - skip to next section. <input type="checkbox"/> As an ingredient <input type="checkbox"/> Cleaning and rinsing equipment <input type="checkbox"/> Cooking product <input type="checkbox"/> Wash organic products <input type="checkbox"/> Steam <input type="checkbox"/> Flume <input type="checkbox"/> Dump tank
20.	Check all water sources used: <input type="checkbox"/> Municipal <input type="checkbox"/> On-site well <input type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Spring Other (identify):
21.	Does water conform to Canadian potability standards? (Note: If water is from a private source and contacts organic products, be prepared to show Verification Officer test results proving potability.) <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know If no, explain:
22.	Is water treated (for potability) on site? <input type="checkbox"/> yes <input type="checkbox"/> no If water is chemically treated, list materials used:

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23. Is culinary steam used in the processing of the organic product(s)? yes no steam is used - **skip to next section.**
 Does culinary steam have direct contact with organic products? yes no - **skip to next section.**
 List products used as boiler additives if steam contacts food or food contact surfaces: no boiler additives used

Boiler Chemical Brand name	Active Ingredient	MSDS included
		<input type="checkbox"/> yes <input type="checkbox"/> no
		<input type="checkbox"/> yes <input type="checkbox"/> no
		<input type="checkbox"/> yes <input type="checkbox"/> no

Note: Do not forget to include MSDS, label information, and product information sheet for any boiler additives listed above.

VO only	<input type="checkbox"/> The section above is accurate		<input type="checkbox"/> See VO NOTES for details
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F. RECORDKEEPING

24. Are all records maintained on site? yes no – explain:
 Will your records sufficiently track the organic status of the organic product(s) or ingredients to their release?
yes not currently, but they are being revised to do so.
 By what date will you have this necessary level of documentation in place?

25. Does your record keeping system link records so that organic product(s) or ingredient(s) received can be followed and balanced to the amount of organic product that leaves? yes not currently
 By what date can you have this necessary level of documentation in place?

26. Will all production or plant documents identify the correct organic status of the organic product? yes no
 If no, explain why not:

27. Do you have a product recall system in place? yes no

VO only	<input type="checkbox"/> The section above is accurate		<input type="checkbox"/> See VO NOTES for details
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G. ATTACHMENTS that I am including with this document:

Mandatory	Required if applicable
<input type="checkbox"/> Flow Chart and facility map/diagram	<input type="checkbox"/> Pest Control map
<input type="checkbox"/> Facility map/diagram	<input type="checkbox"/> Non-Organic Ingredient Declarations
	<input type="checkbox"/> MSDS sheets (cleaning or pest control materials, boiler additives)
	<input type="checkbox"/> Product Specification Sheets

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H. THIRD PARTY OPERATOR ATTESTATION

I affirm that all statements made in this application are true and correct. I agree to allow the Verification Officer and/or members of the Certification Committee and the COABC Accreditation Board auditors access to all areas of my enterprise through which the organic product(s) pass and to my records regarding the organic production, including but not limited to: inputs, production, processing, handling and transportation.

By initialing the following items, I affirm that I understand each point and that I accept each of the following conditions:

- I will provide any further information required by the Certification Body (CB) pertaining to the organic product(s) specified herein.
- I understand that acceptance of this document by the CB does not imply granting of organic certification to my enterprise.
- I affirm that my enterprise does not take ownership of the raw materials supply or the finished product, which remain under control of the PACS member.
- I affirm that a contract of service exists between the PACS member and my enterprise which sets out the terms of ownership, responsibility, obligations and requirements held by each party.
- I affirm that PACS has provided access to their website: www.pacscertifiedorganic.ca to download the current versions of the Canadian Organic Standards and Permitted Substances Lists and to the COABC website: www.certifiedorganic.bc.ca where the COABC standards are available.

I understand that this completed document is confidential information according to the policies of the BC Certified Organic Program Membership.

Signed: _____ Print Name: _____ Date: _____

I. VERIFICATION OFFICER AFFIRMATION

All information on this and the accompanying report is accurate, to the best of my knowledge, and is based on my observations, review of documents and operator interview. All compliance assessments are made in reference to the Canadian **Organic Production Systems General Principles and Management Standards** and **Permitted Substances** Lists, the **Safe Food for Canadians Regulations** and the standards and policies of PACS, all as revised from time to time.

Information contained in this report is confidential between the Verification Officer, the inspected party, and the PACS. This report does not constitute certification or consultation, nor shall it be used for promotional purposes.

Signed: _____ Print Name: _____ Date: _____