



Pacific Agricultural Certification Society

3402 32nd Ave. Vernon, BC V1T 2N1 phone 250-558-7927 fax 250-558-7947
admin@pacscertifiedorganic.ca Website: www.pacscertifiedorganic.ca

Organic Plan: Cannabis Cultivation - Indoor

This form is to be used for **INITIAL applications** for certification of cannabis cultivated indoors using a container system. If cannabis cultivation comprises only part of your organic production operation, other Organic Plans must be requested from the PACS office. **Note:** PACS will only issue an organic certificate for the production of cannabis to operations that are federally licensed for cannabis cultivation. If you are currently in the process of applying for a cultivation licence with Health Canada, you may still apply for organic certification but a certificate will not be issued until you provide proof of your cannabis cultivation licence.

Irradiation, for the treatment of organic products, and inputs used in the production of organic products, except as specified in CAN/CGSB 32.311, is prohibited in organic production as per CAN/CGSB 32.310 1.4; therefore, **the use of irradiation to treat cannabis for biological impurities is not allowed in organic production.** Please consult PACS prior to filling out this form if irradiation is currently used by your operation.

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.

Enterprise Name:	PACS Client Number:	Date (dd/mm/yyyy)
Head office mailing address, including municipality:	Location address(es), including municipality:	
Provide directions to company location (<i>attach separate sheet if information cannot fit in this space</i>):		
Contact Person(s) - title(s) and name(s):	For Office Use Only:	
Phone: Fax: Email address:	Reviewed by:	
	Date reviewed:	

A. CERTIFICATION INFORMATION	
1.	List current organic certification by <u>other</u> agencies. <input type="checkbox"/> not applicable Are you planning to keep concurrent certifications? <input type="checkbox"/> yes <input type="checkbox"/> no
2.	Have you previously applied for, or been granted, organic certification? <input type="checkbox"/> yes <input type="checkbox"/> no If yes , please list certification agency, year of application and outcome of the application.
3.	Have you ever been denied certification or had your certification suspended or revoked? <input type="checkbox"/> no <input type="checkbox"/> yes – indicate certification agency and year: Describe corrective measures taken:
4.	Have you reviewed the 2018 revisions of the Canadian Organic Standards and Permitted Substances Lists (CAN/CGSB-32.310 and 311) while filling in this Plan? <input type="checkbox"/> yes <input type="checkbox"/> no These documents can be found on the PACS website: www.pacscertifiedorganic.ca .
5.	Do you train your staff about the requirements of the Canadian Organic Standards? <input type="checkbox"/> not applicable – have no staff. <input type="checkbox"/> yes <input type="checkbox"/> no - explain how and when you plan to rectify this situation.

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6.	I confirm that I do not utilize any hydroponic or aeroponic practices? <input type="checkbox"/> Hydroponic and aeroponic productions are prohibited as per CAN/CGSB-32.310 clause 7.5.3														
7.	Do you raise or harvest any conventional (non-organic) crops or livestock (including Non-Organic Cannabis)? <input type="checkbox"/> no <input type="checkbox"/> yes – Request, complete and submit a Split Operation Form. <input type="checkbox"/> Split Operation Form attached NOTE: If producing Non-Organic Cannabis, it must be for one of the following purposes: <input type="checkbox"/> research facility <input type="checkbox"/> production of seed <input type="checkbox"/> vegetative propagating materials and transplants														
8.	Do you wish to use the PACS organic legend (logo) on qualifying product labels? <input type="checkbox"/> yes <input type="checkbox"/> no														
9.	Please list the cannabis licences that you hold and submit copies to PACS. <input type="checkbox"/> Submitted to admin@pacscertifiedorganic.ca NOTE: If you are in the process of preparing an application for cannabis cultivation, please indicate when you have, or will be, submitting it to Health Canada. NOTE: If you are licenced for the processing of cannabis products, please fill out the addendum attached to this form.														
10.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="background-color: #e0e0e0;">Operation contacts:</th> </tr> <tr> <td style="width: 50%;">Licence Holder</td> <td></td> </tr> <tr> <td>Person in charge of organic operations (main contact for PACS)</td> <td></td> </tr> <tr> <td>Responsible Person in Charge (as per Health Canada application)</td> <td></td> </tr> <tr> <td>Master Grower (as per Health Canada application)</td> <td></td> </tr> <tr> <td>Head of Security (as per Health Canada application)</td> <td></td> </tr> <tr> <td>Other (specify role(s) within the operation)</td> <td></td> </tr> </table>	Operation contacts:		Licence Holder		Person in charge of organic operations (main contact for PACS)		Responsible Person in Charge (as per Health Canada application)		Master Grower (as per Health Canada application)		Head of Security (as per Health Canada application)		Other (specify role(s) within the operation)	
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B. ORGANIC MANAGEMENT PLAN						
11.	Seeds and Planting Stock (CAN/CGSB-32.310 clause 5.3) Identify the types/strains of cannabis that you wish to have certified. NOTES: 1. Applications for <i>in-ground</i> (not in container) crops must be received 15 months before the day on which the product is expected to be marketed (OPR Schedule 1) (SFCR Part 13, Division 4, Subdivision A, 344(3))					
		Seeds, Seedlings or Clones			Treated? Yes or No	
	Organic Cannabis Variety or Strain	Supplier	Licensed Producer?	Imported?	Organic Certified?	
			<input type="checkbox"/> n/a Licence #	<input type="checkbox"/> n/a Permit #	<input type="checkbox"/> n/a Certifier	<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> n/a Licence #	<input type="checkbox"/> n/a Permit #	<input type="checkbox"/> n/a Certifier	<input type="checkbox"/> yes <input type="checkbox"/> no
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	If additional space is required, add a separate page. <input type="checkbox"/> An extra sheet is attached.					
12.	Do you have current organic certificates for each of the organic seeds/clones you use? <input type="checkbox"/> yes <input type="checkbox"/> no – why not?					

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13.	<p>For each non-organic seed or clone listed above, provide details of your search for an organic supply</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Seed/Transplant variety</th> <th>Search efforts:</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> <p>If more space is required, attach a separate page. <input type="checkbox"/> An extra sheet is attached. NOTE: PACS is aware that organic cannabis seed, seedlings or cuttings may not be available until 2019 and beyond.</p>	Seed/Transplant variety	Search efforts:																										
Seed/Transplant variety	Search efforts:																												
14.	<p>For each non-organic seed or planting stock (clone) purchased, you must have evidence that they have not been treated with anything other than substances listed in Table 4.3 of CAN/CGSB-32.311. You must show the evidence to the VO.</p>																												
15.	<p>How do you ensure you are not using genetically modified seeds or planting stock?</p> <p>NOTE: Please provide a declaration from your supplier. This can be a combined declaration, identifying that seed or planting stock is both untreated and non-GMO.</p>																												
16.	<p>Have you checked that all inputs in the growing medium (including wetting agents) are <u>not</u> prohibited by CAN/CGSB-32.310 clause 1.4 and <u>are</u> included in Tables 4.2 and 4.3 of CAN/CGSB-32.311 Permitted Substance List? <input type="checkbox"/> yes <input type="checkbox"/> no – explain:</p> <p>What are your containers made of? Are the containers reusable/recyclable? <input type="checkbox"/> yes <input type="checkbox"/> no – explain:</p> <p>CAN/CGSB-32.310 clause 7.5.4 requires that the growing media used in a container system (except for transplants) must contain a mineral fraction (sand, silt or clay) and an organic fraction. In your soil mix, what comprises:</p> <ul style="list-style-type: none"> • the mineral fraction: (brand and product name, if applicable) • the organic fraction: (brand and product name, if applicable) <p>Please confirm that all components of your growing medium are listed on the table in item 22 below: <input type="checkbox"/> All components listed.</p>																												
17.	<p>What water contamination problems have you experienced in the last 12 months (what, where, when and why)? <input type="checkbox"/> none</p> <p>Describe your efforts to correct the water contamination problems identified above: <input type="checkbox"/> not applicable</p>																												
18.	<p>Do you use any substances for cleaning or sanitation of seeds or harvested products? <input type="checkbox"/> no – skip to next question. <input type="checkbox"/> yes – Complete the list below:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Cleaning Product Name</th> <th style="width: 25%;">Ingredients</th> <th style="width: 25%;">Ingredients / Substance(s) listed in PSL Table 4.3?</th> <th style="width: 25%;">Used on</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td style="text-align: center;"><input type="checkbox"/> yes <input type="checkbox"/> no</td> <td style="text-align: center;"><input type="checkbox"/> seeds <input type="checkbox"/> harvested crop</td> </tr> <tr> <td> </td> <td> </td> <td style="text-align: center;"><input type="checkbox"/> yes <input type="checkbox"/> no</td> <td style="text-align: center;"><input type="checkbox"/> seeds <input type="checkbox"/> harvested crop</td> </tr> <tr> <td> </td> <td> </td> <td style="text-align: center;"><input type="checkbox"/> yes <input type="checkbox"/> no</td> <td style="text-align: center;"><input type="checkbox"/> seeds <input type="checkbox"/> harvested crop</td> </tr> <tr> <td> </td> <td> </td> <td style="text-align: center;"><input type="checkbox"/> yes <input type="checkbox"/> no</td> <td style="text-align: center;"><input type="checkbox"/> seeds <input type="checkbox"/> harvested crop</td> </tr> <tr> <td> </td> <td> </td> <td style="text-align: center;"><input type="checkbox"/> yes <input type="checkbox"/> no</td> <td style="text-align: center;"><input type="checkbox"/> seeds <input type="checkbox"/> harvested crop</td> </tr> <tr> <td> </td> <td> </td> <td style="text-align: center;"><input type="checkbox"/> yes <input type="checkbox"/> no</td> <td style="text-align: center;"><input type="checkbox"/> seeds <input type="checkbox"/> harvested crop</td> </tr> </tbody> </table> <p>If additional space is required, add a separate page. <input type="checkbox"/> An extra sheet is attached.</p>	Cleaning Product Name	Ingredients	Ingredients / Substance(s) listed in PSL Table 4.3?	Used on			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> seeds <input type="checkbox"/> harvested crop			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> seeds <input type="checkbox"/> harvested crop			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> seeds <input type="checkbox"/> harvested crop			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> seeds <input type="checkbox"/> harvested crop			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> seeds <input type="checkbox"/> harvested crop			<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> seeds <input type="checkbox"/> harvested crop
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19.	<p>Confirm that you meet the following criteria:</p> <ul style="list-style-type: none"> • At the start of production, the total volume of soil comprised at least 10% compost. <input type="checkbox"/> yes <input type="checkbox"/> no – explain: • Compost is included in the fertility program throughout the production cycle. <input type="checkbox"/> yes <input type="checkbox"/> no – explain: • Containers are at least 30 cm (12 in.) high. <input type="checkbox"/> yes <input type="checkbox"/> no – explain: • The soil volume is at least 70 litres/m² (15.4 gal/10.8ft²) per total growing area. <input type="checkbox"/> yes <input type="checkbox"/> no – explain: 																												
20.	<p>Are the plants or soil in contact with any substances prohibited by CAN/CGSB-32.310 clause 1.4 (including wood treated with such substances)? <input type="checkbox"/> no <input type="checkbox"/> yes – explain:</p>																												

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21.	Do you have supplemental lighting or heating systems? <input type="checkbox"/> no – skip to next question <input type="checkbox"/> yes – <input type="checkbox"/> lighting <input type="checkbox"/> heating If yes, what is your heat source? Are the burnt gasses properly exhausted from the greenhouse? <input type="checkbox"/> yes <input type="checkbox"/> no – explain: What type of supplemental lighting is used?		
22.	List all planting medium ingredients and nutrients (in order of largest quantity to least quantity used):		
	Medium or nutrient	Source or brand name	Proportion of Growing Medium
	If more space is required, attach a separate page. <input type="checkbox"/> An extra sheet is attached.		
23.	Do you add anything (including fertilizers) to the water supplied to plants? <input type="checkbox"/> no – skip to next question <input type="checkbox"/> yes – Complete the list below:		
	Brand name/source	Active ingredients	Stage of processing
			Reason for Use
	If additional space is required, add a separate page. <input type="checkbox"/> An extra sheet is attached.		
24.	What processes or procedures do you use to enrich the carbon dioxide levels in the greenhouse(s)? (Check all that apply.) <input type="checkbox"/> none – skip to next question <input type="checkbox"/> flaming <input type="checkbox"/> fermentation <input type="checkbox"/> composting <input type="checkbox"/> compressed CO ₂ . <input type="checkbox"/> other (specify):		
25.	What processes or procedures do you use to enrich the carbon dioxide levels in the production facility(s)? (Check all that apply.) <input type="checkbox"/> none – skip to next question <input type="checkbox"/> flaming <input type="checkbox"/> fermentation <input type="checkbox"/> composting <input type="checkbox"/> compressed CO ₂ . <input type="checkbox"/> other (specify):		
26.	What products or processes do you use to stimulate growth or development? <input type="checkbox"/> none <input type="checkbox"/> plant-based growth regulators <input type="checkbox"/> animal based growth regulators <input type="checkbox"/> control of temperature & light levels		
27.	What processes do you use to prevent damping-off? <input type="checkbox"/> none <input type="checkbox"/> low temperature baking <input type="checkbox"/> hot water treatment <input type="checkbox"/> steam treatment		
28.	What procedures do you use for the prevention and control of disease, insects or other pests? (Check all that apply.) <input type="checkbox"/> methods and substances listed in Table 4.3 of CAN/CGSB-32.311 (list these in the following question) <input type="checkbox"/> pruning <input type="checkbox"/> roguing <input type="checkbox"/> vacuuming <input type="checkbox"/> air filters, screens and other physical devices <input type="checkbox"/> biological control methods (list these in the following question) <input type="checkbox"/> other (specify): <input type="checkbox"/> none		
29.	List all fertilizers, production aids including growth regulators, pest or disease treatments and reason for use:		
	Product	Brand name or source	Condition being treated or reason for use
		If this is a pest control product, it has been registered by the PMRA for use on Cannabis? <input type="checkbox"/> n/a <input type="checkbox"/> yes <input type="checkbox"/> no	
		<input type="checkbox"/> n/a <input type="checkbox"/> yes <input type="checkbox"/> no	

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		<input type="checkbox"/> <i>n/a</i>	<input type="checkbox"/> yes	<input type="checkbox"/> no	
		<input type="checkbox"/> <i>n/a</i>	<input type="checkbox"/> yes	<input type="checkbox"/> no	
		<input type="checkbox"/> <i>n/a</i>	<input type="checkbox"/> yes	<input type="checkbox"/> no	

If more space is required, attach a separate page. **An extra sheet is attached.**

30. What cleaners or sanitizers do you use to clean and disinfect plant containers pots and flats? *none*
 steam heat sterilization
 cleaning/sanitizing products – **fill out the table below:**

Have you checked to ensure that the ingredients in the products are listed in **Tables 7.3 and 7.4 of CAN/CGSB-32.311?**
 yes no – explain:

List the cleaning and sanitizing products used on the pots and flats:

Product	Brand name or source	Applied to	Rinsed afterwards?
		<input type="checkbox"/> pots <input type="checkbox"/> flats	<input type="checkbox"/> yes <input type="checkbox"/> no
		<input type="checkbox"/> pots <input type="checkbox"/> flats	<input type="checkbox"/> yes <input type="checkbox"/> no
		<input type="checkbox"/> pots <input type="checkbox"/> flats	<input type="checkbox"/> yes <input type="checkbox"/> no
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		<input type="checkbox"/> pots <input type="checkbox"/> flats	<input type="checkbox"/> yes <input type="checkbox"/> no

If more space is required, attach a separate page. **An extra sheet is attached.**

31. Which of the following soil regeneration and recycling methods do you practice?
 grafting plants onto disease-resistant rootstock
 regenerating the soil medium by incorporating biodegradable plant mulch – **name the material:**
 partial or complete replacement of greenhouse or container soil – **NOTE:** the soil must be reused outside the greenhouse for another crop.
 other – **specify:**

32. Water used for crop irrigation must meet provincial agricultural quality standards for levels of microbial contaminants.
 What is the source of the water used in your production? municipal irrigation district private source
 When was the water tested last?
 Has a copy of the test been provided to PACS? yes no

C. FACILITY MANAGEMENT, DRYING, CURING, PACKAGING	
33.	Describe the storage area where inputs and seeds/seedlings/clones are stored and how the area(s) are identified.
34.	Describe your harvesting methods
35.	Where is your harvested product dried/cured? If not on-site, provide address of harvest/storage facility.
36.	A facility diagram is attached (mandatory): <input type="checkbox"/> yes <input type="checkbox"/> no – explain: A flow diagram for the preparation activities is attached (mandatory): <input type="checkbox"/> yes <input type="checkbox"/> no – explain: <input type="checkbox"/> Submitted to admin@pacscertifiedorganic.ca
37.	Describe your drying and/or curing process of flowers and buds
38.	What materials are used for drying racks/containers?
39.	What do you do with excess plant product? i.e. stalks, big leaves

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40.	How is dried/cured product stored prior to packaging? Describe containers/packaging.
41.	Do you use controlled atmosphere storage?
42.	<p>Will you acquire any product from other Licensed Producers? <input type="checkbox"/>yes <input type="checkbox"/>no</p> <p>If yes, what will you acquire?</p> <p><input type="checkbox"/>Dried or Fresh Cannabis <input type="checkbox"/>Cannabis Plants or Seeds <input type="checkbox"/>Other – <i>specify</i>:</p> <p>For what purpose?</p> <p><input type="checkbox"/>For re-sale <input type="checkbox"/>As an ingredient in your own Cannabis Oil <input type="checkbox"/>For conducting In-Vitro testing <input type="checkbox"/>Other – <i>specify</i>:</p>
43.	<p>If you acquire product from other Licensed Producers, do you dry/cure/package both organic and non-organic products? <input type="checkbox"/>yes <input type="checkbox"/>no</p> <p><i>If yes, how is organic integrity maintained throughout preparation and storage?</i></p>
44.	<p>Do you use temporary containers (bins, boxes, baskets)? <input type="checkbox"/>yes <input type="checkbox"/>no</p> <p><i>If yes, how are they cleaned in between uses?</i></p>
45.	<p>Is your packaging and labelling approved by Health Canada? <input type="checkbox"/>yes <input type="checkbox"/>no</p> <p>NOTE: All labels for transitional and certified organic products must be submitted to PACS for approval of <u>organic elements</u> <i>before</i> use.</p> <p><i>If products are labelled:</i></p> <p>Who applies labels to your products? <input type="checkbox"/>My enterprise <input type="checkbox"/>Distributor <input type="checkbox"/>Retailer <input type="checkbox"/>Other: Where (in what location or in whose facility) is the labelling applied?</p> <p>What type of labelling is applied? <input type="checkbox"/>Bulk <input type="checkbox"/>Retail</p> <p><i>If retail, indicate all types of labelling used:</i></p> <p><input type="checkbox"/>Printed boxes <input type="checkbox"/>Printed bags <input type="checkbox"/>Bin or bag tags <input type="checkbox"/>Box labels <input type="checkbox"/>Stickers on product <input type="checkbox"/>Stickers on containers</p> <p>Other:</p>
46.	<p>Considering the post-harvest product preparation areas, indicate all cleaning methods used in the facility, on equipment, utensils, storage areas and any other preparation or packaging areas:</p> <p>Is cleaning documented/logged (particularly between organic and conventional runs)? <input type="checkbox"/>yes <input type="checkbox"/>no</p> <p>Where are cleaning materials stored?</p>

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47. Complete the following table for all cleaning products used in the processing area(s):

Product & Brand	Active Ingredients	Documentation Attached	Where Used	Frequency
		<input type="checkbox"/> Prod Label / spec sheet <input type="checkbox"/> MSDS <input type="checkbox"/> Ingredients list		
		<input type="checkbox"/> Prod Label / spec sheet <input type="checkbox"/> MSDS <input type="checkbox"/> Ingredients list		
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		<input type="checkbox"/> Prod Label / spec sheet <input type="checkbox"/> MSDS <input type="checkbox"/> Ingredients list		

If additional space is required, attach a separate page. **An extra sheet is attached.**

48. Check all facility pest problems you have experienced, including storage areas (this refers to pests of the facilities and storage such as insects and rodents, not crop pests):

Describe the structural pest management plan for these facilities:

49. Do you keep records of your facility pest monitoring/management activities? yes no – explain:

50. List all facility pest management materials used. Include bait stations outside of facility.

Brand or Trade Name	Active Ingredients	Locations Where Used and Pest Targeted	Frequency

If additional space is required, attach an extra sheet. **An extra sheet is attached.**

51. Do you use any off-site storage facilities? yes no
If yes, please provide the name and telephone number:
 Is this facility certified organic? yes no – request an **Independent Storage Statement** form from PACS.
 I have asked each storage facility to complete and submit an Independent Storage Statement to PACS.
 Independent Storage Statement(s) attached.

52. To whom or through which of the following do you sell dried cannabis, fresh cannabis, cannabis plants or seeds
If you are a Standard or Micro-Cultivation Operation:
 Other Cannabis Licence Holders such as cultivators, processors, researchers, licence holders authorized to sell cannabis for medical purposes (specify):
 Provincial Liquor/Cannabis Distribution Branches
 NOTE: Dried and Fresh Cannabis cannot be sold to the holder of a Nursery Licence
If you are a Nursery Operation:
 Other Cannabis Licence Holders such as cultivators, processors, researchers, licence holders authorized to sell cannabis for medical purposes (specify):
If Licenced for Cannabis Sale for Medical Purposes:
 Sell or distribute dried, fresh, plants or cannabis seeds to micro-cultivator or standard cultivator.
 Sell or distribute plants or seeds to a licenced nursery,
 Sell or distribute cannabis products other than plants or seeds to a hospital employee.
 Other (specify):

Where?
 home province/territory only other regions of Canada

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	Do you have a permit to Import or Export cannabis products such as starting materials or unique strains? <input type="checkbox"/> yes <input type="checkbox"/> no – explain: Permit #: Permit expiry date:
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D. TRANSPORTATION and RECORDKEEPING			
53.	Who is responsible for the transportation of your produce? <input type="checkbox"/> Me <input type="checkbox"/> Buyer <input type="checkbox"/> Other (specify): Describe the transport method:		
54.	How is organic integrity (prevention of commingling, contamination) kept during transport?		
55.	Which of the following records do you keep for organic production? Check all that apply. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; border: none;"> <input type="checkbox"/> Input records for materials used (including seed lots) <input type="checkbox"/> Equipment cleaning records <input type="checkbox"/> Storage records showing location ID, lot #, amounts <input type="checkbox"/> Cleaning, sanitation, clean-down logs <input type="checkbox"/> Shipping records <input type="checkbox"/> Audit control summary </td> <td style="width: 50%; vertical-align: top; border: none;"> <input type="checkbox"/> Monitoring records/analyses (water tests, quality tests) <input type="checkbox"/> Harvest records showing harvest date and amounts <input type="checkbox"/> Product sales <input type="checkbox"/> Clean transport records <input type="checkbox"/> Transaction certificates <input type="checkbox"/> Other (specify): </td> </tr> </table> Do you maintain your records for the minimum 5 years prescribed by the National Standards? <input type="checkbox"/> yes <input type="checkbox"/> new applicant – will do from now on <input type="checkbox"/> no – why? :	<input type="checkbox"/> Input records for materials used (including seed lots) <input type="checkbox"/> Equipment cleaning records <input type="checkbox"/> Storage records showing location ID, lot #, amounts <input type="checkbox"/> Cleaning, sanitation, clean-down logs <input type="checkbox"/> Shipping records <input type="checkbox"/> Audit control summary	<input type="checkbox"/> Monitoring records/analyses (water tests, quality tests) <input type="checkbox"/> Harvest records showing harvest date and amounts <input type="checkbox"/> Product sales <input type="checkbox"/> Clean transport records <input type="checkbox"/> Transaction certificates <input type="checkbox"/> Other (specify):
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E. NOTES	
57.	You will be required to submit an application that updates this plan each year. Keep a copy of this Organic Plan as a reference for future updates. This application is part of your records and must be kept with those records. <input type="checkbox"/> A copy of this completed plan is kept in company records.
58.	Use this area to add information that may aid the Certification Committee member who will review this Organic Plan.

F. ATTACHMENTS that I am including with this document:	
<input type="checkbox"/> Facility maps/diagrams	<input type="checkbox"/> Harvest records
<input type="checkbox"/> Water tests	<input type="checkbox"/> Monitoring records
<input type="checkbox"/> Input records	<input type="checkbox"/> MSDS sheets (cleaning/pest control materials)
<input type="checkbox"/> Residue analyses	<input type="checkbox"/> Product Specification Sheets
<input type="checkbox"/> Storage Records	<input type="checkbox"/> Verification of Federal Cannabis Licence(s)
<input type="checkbox"/> Product Labels	<input type="checkbox"/> Other (specify):

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G. ORGANIC OPERATOR AFFIRMATION

I affirm that all statements made in this application are true and correct.

I understand that:

- The applicable transition period of my enterprise does not commence until all documents constituting a complete application have been duly submitted to the PACS office for review, upon which time my enterprise and all its functions are operating under certification body supervision.
- Acceptance of this document in no way implies granting of certification by the Certification Body (CB).
- My operation may be subject to unannounced inspection and/or sampling for residues at any time as deemed appropriate to ensure compliance with the Canadian Organic Standards and Permitted Substances Lists.
- Any wilful misrepresentation will result in de-certification.
- Production methods may not alternate between organic and non-organic methods.
- This completed document is confidential information per the policies of the BC Certified Organic Program. Membership and certification status, however, is public information.
- Only operators with a valid and current Licence for Cannabis Cultivation in Canada may carry organic certification.

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 and to my records, including but not limited to: inputs, production, processing, handling, sales and products purchased for resale, from both organic and non-organic production.

I am applying as a:

PACS applicant - certification of my products to the PACS Cannabis Cultivation Program. I understand that my products may be sold with an organic claim but may bear only the PACS logo.

Signed: _____ Print Name: _____ Date: _____

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ADDENDUM FOR OPERATORS LICENSED FOR CANNABIS PROCESSING

Enterprise Name	PACS Client #: 16-	Date (dd/mm/yyyy):	Office only: Date: Reviewed by:
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Please submit a copy of your licence for cannabis processing.

Submitted to admin@pacscertifiedorganic.ca

Does cannabis oil extraction and processing of cannabis products take place in the same facility where drying/curing takes place?

yes no

If no, provide the address of the processing facility:

Do you have a designated person in charge of quality assurance for processed cannabis products? yes no

If yes, name of quality assurance individual:

Do you use CO₂ extraction? yes no

If no, specify the method(s) used for cannabis oil extraction:

Describe other processing methods not listed above:

Describe the stages of oil extraction and processing, and processing aids (i.e. ethanol, etc.) used at each stage:

Stage of processing	Processing aid	Reason for Use

Attach an extra sheet if more space required. extra sheet attached.

List the name of processed cannabis products that you wish to be added to your organic certificate:

Will the Cannabis products use additives other than the organic cannabis you grow? yes no

Please list the additives in the table below, *including the type of capsule used*:

Cannabis Product	Additive included	Active Ingredients in Additive	Are all additive ingredients on the PSL?	Reason for Use
			<input type="checkbox"/> yes <input type="checkbox"/> no – <i>explain:</i>	
			<input type="checkbox"/> yes <input type="checkbox"/> no – <i>explain:</i>	
			<input type="checkbox"/> yes <input type="checkbox"/> no – <i>explain:</i>	
			<input type="checkbox"/> yes <input type="checkbox"/> no – <i>explain:</i>	
			<input type="checkbox"/> yes <input type="checkbox"/> no – <i>explain:</i>	
			<input type="checkbox"/> yes <input type="checkbox"/> no – <i>explain:</i>	

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Will you acquire any product from other cannabis licence holders? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, will you acquire only organic cannabis products? <input type="checkbox"/> yes <input type="checkbox"/> no NOTE: If acquiring organic cannabis from other sources, their organic certificate must be submitted to PACS. If acquiring products, what will you acquire? <input type="checkbox"/> Dried or Fresh Cannabis <input type="checkbox"/> Cannabis Plants or Seeds <input type="checkbox"/> Other – <i>specify:</i> For what purpose? <input type="checkbox"/> For re-sale <input type="checkbox"/> As an ingredient in your own Cannabis Products <input type="checkbox"/> For conducting In-Vitro testing <input type="checkbox"/> Other – <i>specify:</i>
Do you prepare both organic and non-organic products? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, which products are prepared non-organically? If yes, how is organic integrity maintained throughout processing and storage?
Do you use temporary packages or containers (bins, boxes, baskets)? <input type="checkbox"/> yes <input type="checkbox"/> no If yes , how are they cleaned in between uses?
Is your packaging and labelling approved by Health Canada? <input type="checkbox"/> yes <input type="checkbox"/> no NOTE: All labels for transitional and certified organic products must be submitted to PACS for approval of <u>organic elements</u> before use. If products are labelled: Who applies labels to your products? <input type="checkbox"/> My enterprise <input type="checkbox"/> Distributor <input type="checkbox"/> Retailer <input type="checkbox"/> Other: Where (in what location or in whose facility) is the labelling applied? What type of labelling is applied? <input type="checkbox"/> Bulk <input type="checkbox"/> Retail If retail , indicate all types of labelling used: <input type="checkbox"/> Printed boxes <input type="checkbox"/> Printed bags <input type="checkbox"/> Bin or bag tags <input type="checkbox"/> Box labels <input type="checkbox"/> Stickers on product <input type="checkbox"/> Stickers on containers Other:
Describe your storage area for packed products
Do you use any off-site storage facilities? <input type="checkbox"/> yes <input type="checkbox"/> no If yes , please provide the name and telephone number: Is this facility certified organic? <input type="checkbox"/> yes <input type="checkbox"/> no – request an Independent Storage Statement form from PACS. <input type="checkbox"/> Independent Storage Statement(s) attached
Considering the processing areas, indicate all cleaning methods used in the facility, on equipment, utensils, storage areas and any other preparation or packaging areas: Is cleaning documented/logged (particularly between organic and conventional runs)? <input type="checkbox"/> yes <input type="checkbox"/> no Where are cleaning materials stored?
Describe the cleaning protocols and procedures used in your processing facility In the table below, indicate cleaning products used and the areas and surfaces they are used on:

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What is cleaned (floor, food-contact surfaces, including hands and gloves)? If on equipment, identify equipment.	Exact Brand Name Include product number.	Documentation attached	Method used to ensure that cleaning agent is removed from food contact surfaces? Mention residue tests, if done. (if it is not a food contact surface put "n/a").	Is cleaning and removal of cleaning material documented? (if it is not a food contact surface put "n/a").
		<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"/> n/a
		<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"/> n/a
		<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"/> n/a

If more products must be listed, attach a separate sheet. **An extra page is attached**

Check all facility pest problems you have experienced, including storage areas (this refers to pests of the facilities and storage such as insects and rodents, not crop pests):

Describe the structural pest management plan for your processing facility:

Brand or Trade Name	Active Ingredients	Locations Where Used and Pest Targeted	Frequency

To whom or through which of the following do you sell or distribute cannabis products:

- Other Cannabis Licence Holders such as cultivators, processors, researchers, nurseries, licence holders authorized to sell cannabis for medical purposes (specify):
- Provincial Liquor/Cannabis Distribution Branches
- Other (specify):

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I am applying as a:

PACS applicant - certification of my products to the PACS Cannabis Processed Products Program. I understand that my products may be sold as certified organic but may bear only the PACS logo.

Signed: _____ Print Name: _____ Date: _____