



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 – Outdoor Plan (In-Ground)

This form is to be used for **INITIAL applications** for certification of cannabis cultivated outdoors, or in-ground soil systems. 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 proceed with this application for certification of your land base only.

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) 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:	Farm Name:	Date (dd/mm/yyyy):
Head office mailing address, including municipality:		Physical location:
Provide directions to farm location (<i>attach separate sheet if information cannot fit in this space</i>):		
Contact Person (Name & Title):		For Office Use Only: Reviewed by: Date:
Phone #:	Fax # : Email address:	

A. CERTIFICATION INFORMATION	
1.	List current organic certification by other agencies. <input type="checkbox"/> not applicable <input type="checkbox"/> 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 reviewed the 2018 revisions of the National Standards and Permitted Substances List (CAN/CGSB-32.310 and 311) while filling in this Plan? <input type="checkbox"/> yes <input type="checkbox"/> no These documents are on the PACS website: www.pacscertifiedorganic.ca .
4.	If any of the products to be certified are not produced by your enterprise provide the following information: <input type="checkbox"/> not applicable Name of enterprise producing the product: _____ Phone #: _____ Contact Name at that enterprise: _____ Product(s) involved: _____
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.
6.	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

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	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														
7.	Do you wish to use the PACS organic legend (logo) on qualifying product labels? <input type="checkbox"/> yes <input type="checkbox"/> no														
8.	<p>Please list the cannabis licences that you hold and submit copies to PACS.</p> <p><input type="checkbox"/>Submitted to admin@pacscertifiedorganic.ca</p> <p>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.</p> <p>NOTE: If you are licensed for the processing of cannabis products, please fill out the addendum attached to this form.</p>														
9.	<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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10.	<p>CAN/CGSB-32.310 clauses 5.1.3 and 5.1.4 state that each enterprise should aim at complete transition to organic. During the transition period, an enterprise can maintain a non-organic production system that is entirely separate and identified pending incorporation into the transition process (Split Operation). Production units can be converted one at a time. Parallel production has specific limitations. A written transition plan is required to identify production units and timeframes considered to bring the enterprise into complete transition. (Certification Bodies can make exceptions under certain circumstances.)</p> <p>Is there any part of your enterprise that will not be included in the transition plan (including crops, livestock or poultry for your own consumption)? <input type="checkbox"/>yes <input type="checkbox"/>no <input type="checkbox"/>not applicable – this enterprise does not (will not) have any non-organic production.</p> <p>If yes:</p> <ul style="list-style-type: none"> • List the non-organic components of your operation here: • Request, complete and submit a Split Operation Form from PACS. 														

B. ENTERPRISE OVERVIEW															
11.	<p>New applicants and organic operators bringing new land into (or removing it from) the certification program must complete the Field Identification Sheet to identify all your fields (at the end of the form). Include a detailed diagram of your farm layout (farm map). See Guide item #7 for details.</p> <p><input type="checkbox"/>Map is attached Map has been sent by: <input type="checkbox"/>Post <input type="checkbox"/>Email <input type="checkbox"/>Fax</p> <p>Use the chart below to describe the total land base owned/managed – organic, non-organic and wild (bush, waste, rocky) – (specify acres or hectares)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Description of land unit</th> <th style="width: 50%;">Area in acres or hectares:</th> </tr> </thead> <tbody> <tr> <td>Farmed area to be certified</td> <td></td> </tr> <tr> <td>Farmed areas not in the certification program</td> <td></td> </tr> <tr> <td>Wild areas that will be managed organically</td> <td></td> </tr> <tr> <td>Wild area not managed organically</td> <td></td> </tr> <tr> <td>Residence and building areas not to be CO</td> <td></td> </tr> <tr> <td>Total area owned and/or managed</td> <td></td> </tr> </tbody> </table>	Description of land unit	Area in acres or hectares:	Farmed area to be certified		Farmed areas not in the certification program		Wild areas that will be managed organically		Wild area not managed organically		Residence and building areas not to be CO		Total area owned and/or managed	
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12.	<p>Do you have production buildings (barns, storage, drying or equipment sheds etc) on your property? <input type="checkbox"/>yes <input type="checkbox"/>no If yes, do any of these buildings contain treated wood construction materials? <input type="checkbox"/>yes <input type="checkbox"/>no If yes, how are the treated components isolated from contact with organic products?</p>																								
13.	<p>Submit a detailed diagram of your farm (farm map), indicating farmed areas, acreages, field IDs, Map is attached <input type="checkbox"/>yes <input type="checkbox"/>no</p>																								
14.	<p>Polyvinyl Chloride plastics are prohibited for use as plastic mulch, row covers or solarisation materials on organic enterprises. Are there any such PVC products currently in use on your enterprise? <input type="checkbox"/>yes <input type="checkbox"/>no <input type="checkbox"/>unknown If yes, what are your plans for bringing your enterprise into compliance?</p>																								
15.	<p>Do you have in-ground posts on your property that are chemically treated with prohibited substances such as chromated copper arsenate (CCA)? <input type="checkbox"/>yes <input type="checkbox"/>no <input type="checkbox"/>in use AND/OR <input type="checkbox"/>stockpiled – number stockpiled: Are you seeking permission to continue using chemically treated posts? <input type="checkbox"/>yes <input type="checkbox"/>no Give details: What was the date of installation?</p> <p>Note: New wood installations must be untreated or treated only with materials listed <u>for that application</u> on the Permitted Substance List.</p>																								
16.	<p>Water use table: Please complete for all sources of water on your farm.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <thead> <tr> <th style="width: 30%;">Source</th> <th style="width: 30%;">Use</th> <th style="width: 30%;">Method of Delivery</th> <th style="width: 10%;">Tested?</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td style="text-align: center;"><input type="checkbox"/>yes <input type="checkbox"/>no</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td style="text-align: center;"><input type="checkbox"/>yes <input type="checkbox"/>no</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td style="text-align: center;"><input type="checkbox"/>yes <input type="checkbox"/>no</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td style="text-align: center;"><input type="checkbox"/>yes <input type="checkbox"/>no</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td style="text-align: center;"><input type="checkbox"/>yes <input type="checkbox"/>no</td> </tr> </tbody> </table> <p>If your water is provided by a municipality, place an “X” here <input type="checkbox"/></p> <p>If tested, please indicate how often it is tested: Irrigation water tests submitted: <input type="checkbox"/>yes <input type="checkbox"/>no</p>	Source	Use	Method of Delivery	Tested?				<input type="checkbox"/> yes <input type="checkbox"/> no				<input type="checkbox"/> yes <input type="checkbox"/> no				<input type="checkbox"/> yes <input type="checkbox"/> no				<input type="checkbox"/> yes <input type="checkbox"/> no				<input type="checkbox"/> yes <input type="checkbox"/> no
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17.	<p>The National Standards require the use of potable water for washing / rinsing food products intended for human consumption. If the water supply to your enterprise is from a private source, you <i>will</i> require a water test proving the rinse water is potable. <input type="checkbox"/> not applicable – skip to next question.</p> <p>I have had a water test performed on the rinse water source. <input type="checkbox"/>yes <input type="checkbox"/>no – date of last test: <input type="checkbox"/>The water test is attached. <input type="checkbox"/>A water test was submitted to PACS on (date):</p>																								
18.	<p>Describe any water features and wet season drainage areas on the land base and measures used to prevent contamination by farm wastes or surface runoff.</p>																								

<p>C. ORGANIC PLAN</p> <p>CAN/CGSB-32.310 clauses 4.1 through 4.3 require that an operator submit to a certification body, an organic plan with details of transition, production, preparation and management practices. The plan must be updated annually. The plan must describe internal record-keeping systems with documents sufficient to meet the traceability requirement specified in the standard.</p>			
19.	<p>Indicate the records you use or intend to use (have current copies ready for inspection by VO):</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Farm map (or diagram or satellite view) <input type="checkbox"/> Soil tests <input type="checkbox"/> Drying/curing/storage facility flow chart <input type="checkbox"/> Drying/curing/storage facility diagram <input type="checkbox"/> Conformity documentation from the supplier of off-farm sourced manure. <input type="checkbox"/> Planting records (production records, field activity records) </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Field maps (or diagrams) <input type="checkbox"/> Water tests </td> </tr> </table>	<input type="checkbox"/> Farm map (or diagram or satellite view) <input type="checkbox"/> Soil tests <input type="checkbox"/> Drying/curing/storage facility flow chart <input type="checkbox"/> Drying/curing/storage facility diagram <input type="checkbox"/> Conformity documentation from the supplier of off-farm sourced manure. <input type="checkbox"/> Planting records (production records, field activity records)	<input type="checkbox"/> Field maps (or diagrams) <input type="checkbox"/> Water tests
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	<input type="checkbox"/> Receipts for purchased inputs (such as fertilizers, sprays, compost, off-farm manure, etc.) <input type="checkbox"/> Input Log (material application records, spray record, manure application record) <input type="checkbox"/> Equipment Cleaning Log <input type="checkbox"/> Harvest Record (amounts and dates) <input type="checkbox"/> Buffer zone harvest / storage / use records <input type="checkbox"/> Sales records (purchase orders, contracts, invoices, cash receipts, cash receipt journal, sales journal, etc.) for both organically produced products and non-organically produced products <input type="checkbox"/> Storage records that show storage location, storage identification, production area, amounts stored, and cleaning activities <input type="checkbox"/> Copies of organic certificates for any produce that is being handled, re-sold or processed <input type="checkbox"/> Transportation records (shipping records, clean-truck (rail car) affidavits, transportation affidavits) <input type="checkbox"/> Customer Complaint form and Log <input type="checkbox"/> Records tracking products with differing statuses (organic / transitional / non-organic) <input type="checkbox"/> Lease, rental or land use agreement documents <input type="checkbox"/> Documentation to verify federal cannabis licence(s) <input type="checkbox"/> Other (specify):
	NOTE: Records of non-organic production must be available for inspection by the VO.
20.	Do you issue sales invoices when you sell your products? <input type="checkbox"/> yes <input type="checkbox"/> no If no , explain:
21.	Do you maintain all records on site? <input type="checkbox"/> yes <input type="checkbox"/> no If no , explain: If records are stored online, please indicate how they will be accessible for a VO to audit: 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? :

D. LAND REQUIREMENTS and ENVIRONMENTAL FACTORS													
22.	Describe the methods you use to provide distinct, defined boundaries for your production units (i.e. fences, ditches, hedges, etc.):												
23.	Upon what date did you begin using organic management practices on your land and crops? Please fill out Land Use History Sheet indicating history for a minimum of 36 months prior to harvest of an organic crop.												
24.	Describe the adjoining land uses for fields <u>bordering</u> your property (not owned or managed by you). Include all areas on all sites where your property borders another property, and/or where the organic production unit borders your own non-organic production units: Attach an extra sheet if more space is required. <input type="checkbox"/> An extra sheet is attached												
25.	Describe any measures that you have taken to minimize contamination risks from neighbouring properties (i.e. drainage ditches, hedgerows, plastic barriers etc).												
26.	List specific buffer zones that you maintain on your own property: <input type="checkbox"/> not applicable – skip to next section <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr style="background-color: #e0e0e0;"> <th style="width: 25%; text-align: center;">Field IDs</th> <th style="width: 50%; text-align: center;">What is grown in Buffer</th> <th style="width: 25%; text-align: center;">Width of Buffer</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> Attach an extra sheet if more space is required. <input type="checkbox"/> An extra sheet is attached.	Field IDs	What is grown in Buffer	Width of Buffer									
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27.	What do you plan to do with produce harvested from the buffer zones? NOTE: You must keep <u>complete</u> records of crops harvested from buffer zones, which are always considered non-organic.												
28.	If crops are harvested from buffer zones with equipment used for harvesting organic crops, you must have procedures in place to ensure no contamination or commingling of the organic crop occurs during harvest, storage and shipping. Explain how you protect the integrity of the organic crop:												

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29.	Describe the methods that you use to ensure that contamination is not introduced onto your organic production units or crops via equipment used for both organic and non-organic crops: i.e. if equipment is shared among organic producers that may be used on non-organic production units such as rototillers, lawn mowers, etc., please document cleaning/management SOP.
30.	Do you have crops at risk of contamination from Genetically Engineered (GE) material? <input type="checkbox"/> yes <input type="checkbox"/> no If yes what mitigation strategies do you have in place (or planned) to protect your crops?

E. FARM MANAGEMENT																																							
31.	<p>Seeds and Planting Stock (CAN/CGSB-32.310 clause 5.3) Identify the types/strains of cannabis that you wish to have certified.</p> <p>NOTES:</p> <p>1. Applications for <u>in-ground</u> (not in container) crops must be received 15 months before the day on which the product is expected to be marketed (OPR Schedule 1).</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th rowspan="2" style="width: 25%;">Organic Cannabis Variety or Strain</th> <th colspan="4" style="text-align: center;">Seeds, Seedlings or Clones</th> <th rowspan="2" style="width: 10%;">Treated? Yes or No</th> </tr> <tr> <th style="width: 15%;">Supplier</th> <th style="width: 20%;">Licensed Producer?</th> <th style="width: 15%;">Imported?</th> <th style="width: 15%;">Organic Certified?</th> </tr> </thead> <tbody> <tr> <td style="height: 25px;"></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> <i>n/a</i> Licence #</td> <td style="text-align: center;"><input type="checkbox"/> <i>n/a</i> Permit #</td> <td style="text-align: center;"><input type="checkbox"/> <i>n/a</i> Certifier</td> <td style="text-align: center;"><input type="checkbox"/>yes <input type="checkbox"/>no</td> </tr> <tr> <td style="height: 25px;"></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> <i>n/a</i> Licence #</td> <td style="text-align: center;"><input type="checkbox"/> <i>n/a</i> Permit #</td> <td style="text-align: center;"><input type="checkbox"/> <i>n/a</i> Certifier</td> <td style="text-align: center;"><input type="checkbox"/>yes <input type="checkbox"/>no</td> </tr> <tr> <td style="height: 25px;"></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> <i>n/a</i> Licence #</td> <td style="text-align: center;"><input type="checkbox"/> <i>n/a</i> Permit #</td> <td style="text-align: center;"><input type="checkbox"/> <i>n/a</i> Certifier</td> <td style="text-align: center;"><input type="checkbox"/>yes <input type="checkbox"/>no</td> </tr> <tr> <td style="height: 25px;"></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> <i>n/a</i> Licence #</td> <td style="text-align: center;"><input type="checkbox"/> <i>n/a</i> Permit #</td> <td style="text-align: center;"><input type="checkbox"/> <i>n/a</i> Certifier</td> <td style="text-align: center;"><input type="checkbox"/>yes <input type="checkbox"/>no</td> </tr> </tbody> </table> <p style="margin-top: 10px;">If additional space is required, add a separate page. <input type="checkbox"/> An extra sheet is attached.</p>					Organic Cannabis Variety or Strain	Seeds, Seedlings or Clones				Treated? Yes or No	Supplier	Licensed Producer?	Imported?	Organic Certified?			<input type="checkbox"/> <i>n/a</i> Licence #	<input type="checkbox"/> <i>n/a</i> Permit #	<input type="checkbox"/> <i>n/a</i> Certifier	<input type="checkbox"/> yes <input type="checkbox"/> no			<input type="checkbox"/> <i>n/a</i> Licence #	<input type="checkbox"/> <i>n/a</i> Permit #	<input type="checkbox"/> <i>n/a</i> Certifier	<input type="checkbox"/> yes <input type="checkbox"/> no			<input type="checkbox"/> <i>n/a</i> Licence #	<input type="checkbox"/> <i>n/a</i> Permit #	<input type="checkbox"/> <i>n/a</i> Certifier	<input type="checkbox"/> yes <input type="checkbox"/> no			<input type="checkbox"/> <i>n/a</i> Licence #	<input type="checkbox"/> <i>n/a</i> Permit #	<input type="checkbox"/> <i>n/a</i> Certifier	<input type="checkbox"/> yes <input type="checkbox"/> no
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32.	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?																																						
33.	For each non-organic seed or clone listed above, provide details of your search for an organic supply:																																						
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	NOTE: PACS is aware that organic cannabis seed, seedlings or cuttings may not be available until 2019 and beyond.																																						
34.	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 .																																						
35.	How do you ensure you are not using genetically modified seeds or planting stock?																																						
	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.																																						
36.	Describe your long-term soil maintenance and/or improvement plan (including but not limited to: crop rotations, fertilization programs, use of manure, application rates and timing, composting methods, other methods used to increase organic matter, harvest residue management plan and methods of reducing nutrient leaching).																																						

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37.	Describe your soil fertility and nutrient management practices.																				
38.	Describe your irrigation system / equipment. When irrigation is used, you must document precautions taken to prevent contamination of your land and crops with substances not included in CAN/CGSB-32.311. Describe the precautions you have implemented:																				
39.	Describe your equipment: <input type="checkbox"/> all my equipment is used exclusively by my organic operation <input type="checkbox"/> I only use hand tools <input type="checkbox"/> I share equipment <u>only with other certified organic growers</u> identify the other organic grower(s): <input type="checkbox"/> I use a custom service or share service/equipment with conventional growers. <input type="checkbox"/> A cleaning log is maintained by the person(s) in charge of equipment use on all organic production units. Identify the person in charge of equipment maintenance/cleaning for this operation:																				
40.	List all major equipment that is used for both organic and non-organic production or by the custom service, i.e. rototillers, lawn mowers, etc. Describe how you plan to do adequate clean-out procedures and how you will document that the cleanout is done. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 50%;">Equipment used (include size or capacity)</th> <th style="width: 50%;">Specify cleanout and documentation</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Equipment used (include size or capacity)	Specify cleanout and documentation																		
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F. CROP RESIDUES, COMPOST AND MANURE	
42.	CAN/CGSB-32.310 clause 5.4.5 requires each organic enterprise to practice nutrient recycling. Describe how you use your own crop wastes and residues (prunings, thinnings, culls, stalks, etc.).
43.	Do you compost plant and/or animal wastes and residues on-farm? <input type="checkbox"/> yes <input type="checkbox"/> no If yes , how do you avoid run off into nearby water features? How do you avoid soil and surface water contamination? How do you avoid crop contamination?
44.	Type of on-farm composting system: <input type="checkbox"/> not applicable <input type="checkbox"/> windrow <input type="checkbox"/> static pile <input type="checkbox"/> in vessel <input type="checkbox"/> aerated pile <input type="checkbox"/> sectioned bins I turn my compost: <input type="checkbox"/> yes <input type="checkbox"/> no – how many times before using? Aging time: Are you measuring the compost temperature and maintaining records of the temperature for the duration specified in the National Standards (55°C (130°F) for 4 consecutive days or more)? <input type="checkbox"/> yes <input type="checkbox"/> no If no , explain the method you use to comply with the Standards:
45.	Have you checked that the compost feedstocks (including those for compost tea) meet the requirements of PSL Table 4.2? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> not applicable

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46.	<p>Do you plan to use fresh or aged manure which has not been <u>hot composted according to the organic standards</u>? (NOTE: This is called “raw” manure, regardless of its age.)</p> <p><input type="checkbox"/>yes <input type="checkbox"/>no – <i>I actively compost my manure</i> <input type="checkbox"/>no – <i>I will not use manure at all</i></p>																								
47.	<p>What type of manure is applied (chicken, hog, horse)? Is there bedding material mixed in with the manure? <input type="checkbox"/>yes <input type="checkbox"/>no <i>If yes, describe it:</i></p>																								
48.	<p>Do you obtain manure or other compost material from off-farm sources? <input type="checkbox"/>no – <i>skip to the next question</i> <input type="checkbox"/>yes</p> <p>Is the manure organic? <input type="checkbox"/>yes <input type="checkbox"/>no</p> <p>If manure is not organic, did you try to first obtain organic manure? <input type="checkbox"/>yes <input type="checkbox"/>no</p> <p>Each imported load of off-farm manure or compost material must have the following information documented:</p> <ol style="list-style-type: none"> a. The source; b. The type of livestock (for manure or animal wastes); c. Details confirming that the source enterprise meets the requirements of CAN/CGSB-32.310 clause 5.5.1 and that the manure or compost meets the requirements of CAN/CGSB-32.311 clauses 4.1.2 and 4.1.3. d. Where there is a risk that whole seeds/grains or GE ingredients and/or derivatives in animal feeds may be part of the manure, documentation regarding the GMO status of the food source will be required. <p>A manure declaration can be obtained from the PACS office or website.</p>																								
49.	<p>Do you use processed animal manure as a soil amendment? <input type="checkbox"/>no – <i>skip to the next question</i> <input type="checkbox"/>yes - <i>continue below.</i></p> <p>Do you have documentation describing the method of processing and the type of physical, biological or chemical treatment applied to the manure? <input type="checkbox"/>yes <input type="checkbox"/>no</p> <p>NOTE: To be permitted, any substances used must be listed in Table 4.2 of CAN/CGSB-32.311.</p>																								
50.	<p>When raw manure or manure tea is applied to land before a food crop intended for <u>human</u> consumption, it must be incorporated into the soil following this schedule:</p> <ul style="list-style-type: none"> • Edible portion of crop does not contact soil – 90 days before harvest. • Edible portion of crop has direct contact with soil (or with manure tea) – 120 days before harvest. <p>Please fill in the following chart regarding your application practices.</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 15%;">Timing of application</th> <th style="width: 10%;">Rate</th> <th style="width: 20%;">When incorporated</th> <th style="width: 15%;">Crop at time of application</th> <th style="width: 15%;">Crop to be planted after application</th> <th style="width: 25%;">Harvest date</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Timing of application	Rate	When incorporated	Crop at time of application	Crop to be planted after application	Harvest date																		
Timing of application	Rate	When incorporated	Crop at time of application	Crop to be planted after application	Harvest date																				
51.	<p>Do you test your compost and/or your soil to ensure that heavy metals, pathogenic organisms or prohibited substances residues are not accumulating in your soil? <input type="checkbox"/>yes <input type="checkbox"/>no</p>																								

<p>G. CROP, PEST, DISEASE and WEED MANAGEMENT</p> <p>Crop health and losses due to weeds, diseases and pests must be managed through organic cultural practices, mechanical techniques and physical techniques. When these alone are insufficient, substances listed in the Permitted Substances Lists may be used. <i>Conditions causing the need for the use of these substances must be documented.</i></p>	
52.	<p>Before applying a soil amendment or crop production aid, do you check that the ingredients are listed in the PSL for the intended application? <input type="checkbox"/>yes <input type="checkbox"/>no – <i>explain:</i></p>
53.	<p>Before applying a pest or disease control substance, do you check that the product is registered in Canada (i.e. with the PMRA) for controlling that pest or disease on the afflicted crop? <input type="checkbox"/>yes <input type="checkbox"/>no – <i>explain:</i></p>

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54.	List all fertilizers, production aids including growth regulators, pest or disease treatments and reason for use:		
Product	Brand name or source	If this is a pest control product, it has been registered by the PMRA for use on Cannabis?	Condition being treated or reason for use
		<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	
		<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**

H. HARVEST, DRYING, STORAGE	
55.	Describe your harvesting methods
56.	Where is your harvested product dried/cured? If not on-farm, provide address of harvest/storage facility.
57.	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
58.	Describe your drying and/or curing process of flowers and buds
59.	What materials are used for drying racks/containers?
60.	What do you do with excess plant product? i.e. stalks, big leaves
61.	How is dried/cured product stored prior to packaging? Describe containers/packaging.
62.	Do you use controlled atmosphere storage?
63.	Will you acquire any product from other Licensed Producers? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, what will you acquire? <input type="checkbox"/> Dried or Fresh Cannabis <input type="checkbox"/> Cannabis Plants or Seeds <input type="checkbox"/> Other – specify : For what purpose? <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 – specify :
64.	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

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	<p>If yes, how is organic integrity maintained throughout preparation and storage?</p>																									
65.	<p>Do you use temporary packages (bins, boxes, baskets)? <input type="checkbox"/>yes <input type="checkbox"/>no</p> <p>If yes, how are they cleaned in between uses?</p>																									
66.	<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 before use</u>.</p> <p>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?</p> <p>What type of labelling is applied? <input type="checkbox"/>Bulk <input type="checkbox"/>Retail</p> <p>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:</p>																									
67.	<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>																									
68.	<p>Describe the cleaning protocols and procedures used in your facility.</p> <p>In the table below, indicate cleaning products used and the areas and surfaces they are used on:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">What is cleaned (floor, food-contact surfaces, including hands and gloves)? If on equipment, identify equipment.</th> <th style="width: 20%;">Exact Brand Name Include product number.</th> <th style="width: 25%;">Documentation attached</th> <th style="width: 20%;">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").</th> <th style="width: 10%;">Is cleaning and removal of cleaning material documented? (if it is not a food contact surface put "n/a").</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td> <input type="checkbox"/>Prod Label /spec sheet <input type="checkbox"/> MSDS <input type="checkbox"/> Ingredients list </td> <td></td> <td style="text-align: center;"> <input type="checkbox"/>yes <input type="checkbox"/>no <input type="checkbox"/>n/a </td> </tr> <tr> <td></td> <td></td> <td> <input type="checkbox"/>Prod Label /spec sheet <input type="checkbox"/> MSDS <input type="checkbox"/> Ingredients list </td> <td></td> <td style="text-align: center;"> <input type="checkbox"/>yes <input type="checkbox"/>no <input type="checkbox"/>n/a </td> </tr> <tr> <td></td> <td></td> <td> <input type="checkbox"/>Prod Label /spec sheet <input type="checkbox"/> MSDS <input type="checkbox"/> Ingredients list </td> <td></td> <td style="text-align: center;"> <input type="checkbox"/>yes <input type="checkbox"/>no <input type="checkbox"/>n/a </td> </tr> <tr> <td></td> <td></td> <td> <input type="checkbox"/>Prod Label /spec sheet <input type="checkbox"/> MSDS <input type="checkbox"/> Ingredients list </td> <td></td> <td style="text-align: center;"> <input type="checkbox"/>yes <input type="checkbox"/>no <input type="checkbox"/>n/a </td> </tr> </tbody> </table> <p>If more products must be listed, attach a separate sheet. <input type="checkbox"/> An extra page is attached.</p>	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			<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
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").																						
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69.	<p>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):</p> <p>Describe the structural pest management plan for these facilities:</p>																									
70.	<p>Do you keep records of your facility pest monitoring/management activities? <input type="checkbox"/>yes <input type="checkbox"/>no – explain:</p>																									

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71.	List all facility pest management materials used. Include bait stations outside of facility.																
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Brand or Trade Name</th> <th style="width: 25%;">Active Ingredients</th> <th style="width: 35%;">Locations Where Used and Pest Targeted</th> <th style="width: 15%;">Frequency</th> </tr> </thead> <tbody> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Brand or Trade Name	Active Ingredients	Locations Where Used and Pest Targeted	Frequency												
Brand or Trade Name	Active Ingredients	Locations Where Used and Pest Targeted	Frequency														
72.	<p>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"/>I have asked each storage facility to complete and submit an Independent Storage Statement to PACS. <input type="checkbox"/>Independent Storage Statement(s) attached.</p>																
73.	<p>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:</p>																
74.	<p>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: <input type="checkbox"/>Other Cannabis Licence Holders such as cultivators, processors, researchers, licence holders authorized to sell cannabis for medical purposes (specify): <input type="checkbox"/>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: <input type="checkbox"/>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: <input type="checkbox"/>Sell or distribute dried, fresh, plants or cannabis seeds to micro-cultivator or standard cultivator. <input type="checkbox"/>Sell or distribute plants or seeds to a licenced nursery. <input type="checkbox"/>Sell or distribute cannabis products other than plants or seeds to a hospital employee. <input type="checkbox"/>Other (specify):</p> <p>Where? <input type="checkbox"/>home province/territory only <input type="checkbox"/>other regions of Canada</p> <p>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:</p>																

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J. 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 according to 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:

- That I have read, understood, and agree to comply with the CB Constitution, Bylaws and Production Standards.
- To provide any further information as required by the CB.
- 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 as certified organic but may bear only the PACS logo.

Signed: _____

Print Name: _____

Date: _____

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FIELD IDENTIFICATION AND LAND USE HISTORY SHEET

This form is to be used to identify fields and record the land use history for any new parcels of land under the management of a PACS applicant or existing certified operator. To complete the form electronically place cursor in grey boxes and enter responses. Additional rows are produced by the tab key when the last cell is completed OR attach another sheet of paper if space provided is insufficient. Grey-shaded areas are for office use only. This form must be accompanied by a Landowner Declaration form.

Date: (D/M/Y)	Your Name:	Enterprise Name:	<input type="checkbox"/> New Applicant <input type="checkbox"/> Current PACS client adding land	For Office Use Only: Reviewed by: Date:
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Complete the following table to identify all fields (organic or non-organic) that are being added to your certification scope.

Site Name <i>(if applicable)</i>	Field ID	Address/Location and Lot # <i>(legal land description)</i>	Acres <i>(specify if hectares)</i>	Ownership	Date of management	Applying for certification?	Previous use of field (including GMO crops) for past 36 months	All materials applied in last 36 months <i>(including fertilisers, pesticides, herbicides)</i>	Date substance applied	LOD
				<input type="checkbox"/> own <input type="checkbox"/> lease <input type="checkbox"/> rent		<input type="checkbox"/> yes <input type="checkbox"/> no				
				<input type="checkbox"/> own <input type="checkbox"/> lease <input type="checkbox"/> rent		<input type="checkbox"/> yes <input type="checkbox"/> no				
				<input type="checkbox"/> own <input type="checkbox"/> lease <input type="checkbox"/> rent		<input type="checkbox"/> yes <input type="checkbox"/> no				
				<input type="checkbox"/> own <input type="checkbox"/> lease <input type="checkbox"/> rent		<input type="checkbox"/> yes <input type="checkbox"/> no				
				<input type="checkbox"/> own <input type="checkbox"/> lease <input type="checkbox"/> rent		<input type="checkbox"/> yes <input type="checkbox"/> no				
				<input type="checkbox"/> own <input type="checkbox"/> lease <input type="checkbox"/> rent		<input type="checkbox"/> yes <input type="checkbox"/> no				
				<input type="checkbox"/> own <input type="checkbox"/> lease <input type="checkbox"/> rent		<input type="checkbox"/> yes <input type="checkbox"/> no				
				<input type="checkbox"/> own <input type="checkbox"/> lease <input type="checkbox"/> rent		<input type="checkbox"/> yes <input type="checkbox"/> no				

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LAND USE DECLARATIONS

This form has two sections and is to be completed by landowners (current/previous) or neighbours of land for which organic certification has been requested. Please attach a separate page if more space is required.

I. NEIGHBOUR DECLARATION

Date: _____

I, _____, [neighbour's name] am aware that _____, [PACS client's name] is managing the site at _____ [address of site] and is applying for organic status. I am his/her neighbour and my land adjoins his/her site on the _____ [direction] of field(s) at _____ [field(s)/address].

I agree to maintain a buffer of 8 metres (26.25 feet) between our properties and will ensure that this buffer:

is not treated with herbicides, pesticides, rodenticides, or synthetic/chemical fertilizers

is not exposed to any GMO crops/materials which may affect my neighbour's crop(s)

and

I will inform my neighbour if anything changes to the above

Neighbour's signature

Neighbour's name printed

II. LANDOWNER DECLARATION

Date: _____

I, _____, [name] am the previous/ current landowner of the property at _____ [civic address].

- This property is/was under my ownership for _____ years and I have knowledge of all substances applied.
- The last application of fertilizers, pesticides and/or herbicides was _____ [name of input]
- (A separate sheet is attached with a full list of inputs)
- The last date of application of the input was _____ [date]
- New treated fence posts had been purchased on _____ [date]
- I have leased this property to _____ [PACS client] effective _____ [date].

Landowner's signature

Landowner's name printed

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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:	
Please submit a copy of your licence for cannabis processing. <input type="checkbox"/> 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? <input type="checkbox"/> yes <input type="checkbox"/> 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? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, name of quality assurance individual:				
Do you use CO ₂ extraction? <input type="checkbox"/> yes <input type="checkbox"/> 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. <input type="checkbox"/> 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? <input type="checkbox"/> yes <input type="checkbox"/> no				
Please list the additives in the table below, <i>including the type of capsule used</i>:				
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>	
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				

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NOTE: If acquiring organic cannabis from other sources, their organic certificate must be submitted to PACS.

If acquiring products, what will you acquire?

- Dried or Fresh Cannabis
 Cannabis Plants or Seeds
 Other – **specify:**

For what purpose?

- For re-sale
 As an ingredient in your own Cannabis Products
 For conducting In-Vitro testing
 Other – **specify:**

Do you prepare both organic and non-organic products? yes 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)? yes no

If yes, how are they cleaned in between uses?

Is your packaging and labelling approved by Health Canada? yes no

NOTE: All labels for transitional and certified organic products must be submitted to PACS for approval of organic elements before use.

If products are labelled:

Who applies labels to your products? My enterprise Distributor Retailer Other:
Where (in what location or in whose facility) is the labelling applied?

What type of labelling is applied? Bulk Retail

If retail, indicate all types of labelling used:

Printed boxes Printed bags Bin or bag tags Box labels Stickers on product Stickers on containers

Other:

Describe your storage area for packed products

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.

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)? yes 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 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 according to 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:

- That I have read, understood, and agree to comply with the CB Constitution, Bylaws and Production Standards.
- To provide any further information as required by the CB.
- 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 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: _____