



# Pacific Agricultural Certification Society

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 admin@pacscertifiedorganic.ca Website: [www.pacscertifiedorganic.ca](http://www.pacscertifiedorganic.ca)

## Organic Plan: Greenhouses, Sprouts & Microgreens

This form is to be used for **INITIAL applications** for certification of organic greenhouse operations. If greenhouses comprise only part of a farming operation growing outdoor organic crops or livestock, other Organic Plans must be requested from the PACS office.

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

Enterprise Name:		PACS Client Number:	Date (dd/mm/yyyy)
Head office mailing address, including municipality:rec		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): Phone:                  Fax:                  Email address:			<b>For Office Use Only:</b> Reviewed by: Date reviewed:

A. CERTIFICATION INFORMATION	
1.	List current organic certification by <u>other</u> agencies. <span style="float: right;"><input type="checkbox"/> <b>not applicable</b></span> 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 <b>If yes</b> , 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 2015 revisions of the Canadian Organic Standards and Permitted Substances Lists ( <b>CAN/CGSB-32.310 and 311</b> ) while filling in this Plan? <input type="checkbox"/> yes <input type="checkbox"/> no These documents can be found on the PACS website: <a href="http://www.pacscertifiedorganic.ca">www.pacscertifiedorganic.ca</a> .
5.	Do you train your staff about the requirements of the Canadian Organic Standards? <input type="checkbox"/> <b>not applicable – have no staff.</b> <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 for your own use)? <input type="checkbox"/> no <input type="checkbox"/> yes – <b>Request, complete and submit a Split Operation Form.</b> <input type="checkbox"/> Split Operation Form attached.
7.	Do you wish to use the Canadian organic legend (logo) on qualifying product labels? <input type="checkbox"/> yes <input type="checkbox"/> no

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## B. ORGANIC MANAGEMENT PLAN

8. Identify the crops and/or products you wish to have certified.

**NOTES:**

1. **Applications for in-ground greenhouse crops must be received 15 months before the day on which the product is expected to be marketed (OPR Schedule 1).**
2. **Sprouts, shoots and microgreens must be grown from ORGANIC seeds.**

Organic Crop or Product Name	Seeds			Treated? Yes or No	Projected Yield
	Supplier	Certifier	Certification		
<input type="checkbox"/> sprouts, shoots, microgreens		<input type="checkbox"/> <i>n/a</i>	<input type="checkbox"/> COR <input type="checkbox"/> NOP <input type="checkbox"/> EU <input type="checkbox"/> Other – <i>specify:</i>	<input type="checkbox"/> yes <input type="checkbox"/> no	
<input type="checkbox"/> sprouts, shoots, microgreens		<input type="checkbox"/> <i>n/a</i>	<input type="checkbox"/> COR <input type="checkbox"/> NOP <input type="checkbox"/> EU <input type="checkbox"/> Other – <i>specify:</i>	<input type="checkbox"/> yes <input type="checkbox"/> no	
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If additional space is required, add a separate page.  **An extra sheet is attached.**

9. Do you have current organic certificates for the seeds for each of the varieties of organic sprouts that you produce?  
 yes  no – **why not?**

10. If any of the products to be certified are **not** produced by your enterprise provide the following information:  **not applicable**

Name of enterprise producing the product:
Phone #:

Contact Name at that enterprise:
Product(s) involved:

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11.	<p>For <b>each</b> non-organic seed or planting stock 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%; text-align: center;">Seed variety</th> <th style="text-align: center;">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> <tr><td> </td><td> </td></tr> </tbody> </table> <p>If more space is required, attach a separate page. <input type="checkbox"/> <b>An extra sheet is attached.</b></p>	Seed variety	Search efforts:										
Seed variety	Search efforts:												
12.	<p>Indicate any crops or products you do <b>not</b> wish to certify (non-organic): <input type="checkbox"/> <b>not applicable – skip to question #14</b></p>												
13.	<p>How are the non-organic crops visually distinguishable from the organic crops?</p>												
14.	<p>Do you use an <b>in-ground permanent soil</b> growing system? <input type="checkbox"/> <b>no – go to next question.</b>          What was the last date that any substance prohibited by <b>CAN/CGSB-32.310 clause 1.4</b> was applied to the soil?          Have you attached a <b>Land Use History Sheet</b> documenting soil use and input applications during the previous 36 months?  <input type="checkbox"/> yes <input type="checkbox"/> no – <b>this document will be required to determine the appropriate transition period.</b>          What soil regeneration and recycling procedures do you use?</p>												
15.	<p>Do you use a <b>containerized</b> growing system? <input type="checkbox"/> <b>no – go to next question</b>          Have you checked that all inputs in the growing medium (including wetting agents) are <u>not</u> prohibited by <b>CAN/CGSB-32.310 clause 1.4</b> and <u>are</u> included in <b>Tables 4.2 and 4.3 of CAN/CGSB-32.311 Permitted Substance List</b>?  <input type="checkbox"/> yes <input type="checkbox"/> no – <b>explain:</b>          What are your containers made of?          Are the containers reusable/recyclable? <input type="checkbox"/> yes <input type="checkbox"/> no – <b>explain:</b>  <b>CAN/CGSB-32.310 clause 7.5.4</b> 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:  <ul style="list-style-type: none"> <li>• the mineral fraction: <b>(brand and product name, if applicable)</b></li> <li>• the organic fraction: <b>(brand and product name, if applicable)</b></li> </ul> <b>Please make sure all components of your growing medium are listed in the Inputs List.</b> <input type="checkbox"/> <b>All components listed.</b></p>												
16.	<p><b>If you are producing sprouts, shoots and/or microgreens:</b> <input type="checkbox"/> <b>not applicable – skip to question 18.</b>  <b>CAN/CGSB-32.310 par. 7.4.1.2</b> requires that water used for sprouts, shoots and microgreens production <u>meets or exceeds</u> quality standards for levels of microbial and chemical contaminants in drinking water.          What is the source of the water used in your sprout production? <input type="checkbox"/> municipal  <input type="checkbox"/> private source – <b>attach current water potability tests.</b>  <input type="checkbox"/> water test attached <input type="checkbox"/> water test not attached – <b>explain:</b>          Do you filter the water? <input type="checkbox"/> no <input type="checkbox"/> yes – what type of filter is used?</p>												
17.	<p><b>CAN/CGSB-32.310 par. 7.4.1.3</b> requires that a water quality monitoring program must be in place and that water must be analyzed at least twice a year (once every six months).          Do you have a water quality monitoring program? <input type="checkbox"/> yes <input type="checkbox"/> no – <b>explain:</b>          Describe your water quality monitoring program:  <input type="checkbox"/> copy of the program attached  <input type="checkbox"/> program not attached – <b>why:</b></p>												
18.	<p>What water contamination problems have you experienced in the last 12 months (what, where, when and why)? <input type="checkbox"/> <b>none</b>          Describe your efforts to correct the water contamination problems identified above: <input type="checkbox"/> <b>not applicable</b></p>												

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19.	Do you use any substances for cleaning or sanitation of seeds or harvested products? <input type="checkbox"/> <b>no – skip to next question.</b> <input type="checkbox"/> <b>yes – Complete the list below:</b>																												
	<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>	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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20.	Will you be growing any <b>crops that require staking</b> (e.g. tomatoes, cucumbers, or <u>any</u> others)? <input type="checkbox"/> <b>no – Go to next question.</b> <input type="checkbox"/> <b>yes – Confirm that you meet the following criteria:</b> <ul style="list-style-type: none"> <li>• At the start of production, the total volume of soil comprised <b>at least</b> 10% compost. <input type="checkbox"/>yes <input type="checkbox"/>no – <b>explain:</b></li> <li>• Compost is included in the fertility program throughout the production cycle. <input type="checkbox"/>yes <input type="checkbox"/>no – <b>explain:</b></li> <li>• Containers are at least 30 cm (12 in.) high. <input type="checkbox"/>yes <input type="checkbox"/>no – <b>explain:</b></li> <li>• The soil volume is at least 70 litres/m<sup>2</sup> (15.4 gal/10.8ft<sup>2</sup>) per total growing area. <input type="checkbox"/>yes <input type="checkbox"/>no – <b>explain:</b></li> </ul>																												
21.	Do you utilize any hydroponics or aeroponics practices? <input type="checkbox"/> no <input type="checkbox"/> yes – <b>explain:</b>																												
22.	Are the plants or soil in contact with any substances prohibited by <b>CAN/CGSB-32.310 clause 1.4</b> (including wood treated with such substances)? <input type="checkbox"/> no <input type="checkbox"/> yes – <b>explain:</b>																												
23.	Do you have supplemental lighting or heating systems? <input type="checkbox"/> no – <b>skip to next question</b> <input type="checkbox"/> yes – <input type="checkbox"/> lighting <input type="checkbox"/> heating <b>If yes, what is your heat source?</b> Are the burnt gasses properly exhausted from the greenhouse? <input type="checkbox"/> yes <input type="checkbox"/> no – <b>explain:</b> What type of supplemental lighting is used?																												
24.	List all planting medium ingredients and nutrients (in order of largest quantity to least quantity used): <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 33%;">Medium or nutrient</th> <th style="width: 33%;">Source or brand name</th> <th style="width: 34%;">Proportion of Growing Medium</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> <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>	Medium or nutrient	Source or brand name	Proportion of Growing Medium																									
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25.	Do you add anything (including fertilizers) to the water supplied to plants? <input type="checkbox"/> <b>no – skip to next question</b> <input type="checkbox"/> <b>yes – Complete the list below:</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 25%;">Brand name/source</th> <th style="width: 25%;">Active ingredients</th> <th style="width: 25%;">Stage of processing</th> <th style="width: 25%;">Reason for Use</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Brand name/source	Active ingredients	Stage of processing	Reason for Use																								
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26.	What processes or procedures do you use to enrich the carbon dioxide levels in the greenhouse(s)? (Check all that apply.) <input type="checkbox"/> <b>none – skip to next question</b> <input type="checkbox"/> flaming <input type="checkbox"/> fermentation <input type="checkbox"/> composting <input type="checkbox"/> compressed CO <sub>2</sub> . <input type="checkbox"/> other (specify):																												
27.	What products or processes do you use to stimulate growth or development? <input type="checkbox"/> <b>none</b> <input type="checkbox"/> plant-based growth regulators <input type="checkbox"/> animal based growth regulators <input type="checkbox"/> control of temperature & light levels																												
28.	What processes do you use to prevent damping-off? <input type="checkbox"/> <b>none</b> <input type="checkbox"/> low temperature baking <input type="checkbox"/> hot water treatment <input type="checkbox"/> steam treatment																												
29.	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 <b>Table 4.3 of CAN/CGSB-32.311 (list these in the following question)</b> <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 <input type="checkbox"/> other (specify): <input type="checkbox"/> <b>none</b>																												
30.	List all fertilizers, crop production aids including growth regulators, pest or disease treatments and reason for use: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 25%;">Product</th> <th style="width: 25%;">Brand name or source</th> <th style="width: 25%;">Crop applied to</th> <th style="width: 25%;">Condition being treated or reason for use</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> If more space is required, attach a separate page. <input type="checkbox"/> <b>An extra sheet is attached.</b>	Product	Brand name or source	Crop applied to	Condition being treated or reason for use																								
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31.	What cleaners or sanitizers do you use to clean and disinfect plant containers pots and flats? <input type="checkbox"/> <b>none</b> <input type="checkbox"/> steam heat sterilization <input type="checkbox"/> cleaning/sanitizing products – <b>fill out the table below.</b> Have you checked to ensure that the products are listed in <b>Tables 7.3 and 7.4 of CAN/CGSB-32.311</b> ? <input type="checkbox"/> yes <input type="checkbox"/> no – explain: List the cleaning and sanitizing products used on the pots and flats: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 30%;">Product</th> <th style="width: 30%;">Brand name or source</th> <th style="width: 20%;">Applied to</th> <th style="width: 20%;">Rinsed afterwards?</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td><input type="checkbox"/> pots    <input type="checkbox"/> flats</td> <td><input type="checkbox"/> yes    <input type="checkbox"/> no</td> </tr> <tr> <td> </td> <td> </td> <td><input type="checkbox"/> pots    <input type="checkbox"/> flats</td> <td><input type="checkbox"/> yes    <input type="checkbox"/> no</td> </tr> <tr> <td> </td> <td> </td> <td><input type="checkbox"/> pots    <input type="checkbox"/> flats</td> <td><input type="checkbox"/> yes    <input type="checkbox"/> no</td> </tr> <tr> <td> </td> <td> </td> <td><input type="checkbox"/> pots    <input type="checkbox"/> flats</td> <td><input type="checkbox"/> yes    <input type="checkbox"/> no</td> </tr> <tr> <td> </td> <td> </td> <td><input type="checkbox"/> pots    <input type="checkbox"/> flats</td> <td><input type="checkbox"/> yes    <input type="checkbox"/> no</td> </tr> <tr> <td> </td> <td> </td> <td><input type="checkbox"/> pots    <input type="checkbox"/> flats</td> <td><input type="checkbox"/> yes    <input type="checkbox"/> no</td> </tr> </tbody> </table> If more space is required, attach a separate page. <input type="checkbox"/> <b>An extra sheet is attached.</b>	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			<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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32.	Which of the following soil regeneration and recycling methods do you practice? <input type="checkbox"/> crop rotation (in my in-ground system) <input type="checkbox"/> grafting plants onto disease-resistant rootstock <input type="checkbox"/> regenerating the soil medium by incorporating biodegradable plant mulch – <b>name the material:</b> <input type="checkbox"/> partial or complete replacement of greenhouse or container soil – <b>NOTE:</b> the soil must be reused outside the greenhouse for another crop. <input type="checkbox"/> other – <b>specify:</b>																												
33.	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? <input type="checkbox"/> municipal <input type="checkbox"/> irrigation district <input type="checkbox"/> private source When was the water tested last? Has a copy of the test been provided to PACS? <input type="checkbox"/> yes <input type="checkbox"/> no																												

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C. FACILITY MANAGEMENT, CROP PREPARATION AND PACKAGING																													
34.	Describe the storage area where <b>inputs and seeds</b> are stored and how the area(s) are identified (name, warehouse # etc.):  How are organic input storage areas distinguished from non-organic storage areas? <input type="checkbox"/> <b>not applicable – all organic</b>																												
35.	List the crop preparation areas present in the facility including: a crop rinse or washing area, packing line, packaging area, storage areas (cold storage, freezers) and any equipment:  A facility diagram is attached ( <b>mandatory</b> ): <input type="checkbox"/> yes <input type="checkbox"/> no – <b>explain</b> : A flow diagram for the preparation activities is attached ( <b>mandatory</b> ): <input type="checkbox"/> yes <input type="checkbox"/> no – <b>explain</b> :																												
36.	Do you prepare both organic and non-organic crop products? <input type="checkbox"/> yes <input type="checkbox"/> no <b>If yes</b> , how do you separate preparation runs of organic crops from non-organic crops?																												
37.	Do you use temporary packages (bins, boxes, baskets)? <input type="checkbox"/> yes <input type="checkbox"/> no <b>If yes</b> , how do you identify organic bins from non-organic bins? How are they cleaned in between uses?																												
38.	Do you use the same storage areas for organic and non-organic crop products? <input type="checkbox"/> yes <input type="checkbox"/> no <b>If yes</b> , how do you segregate organic crop products from non-organic product?																												
39.	Considering the crop preparation areas, indicate all cleaning methods used in the facility, on equipment, utensils, storage areas and any other preparation or packaging areas: <input type="checkbox"/> sweeping <input type="checkbox"/> scraping <input type="checkbox"/> vacuuming <input type="checkbox"/> compressed air <input type="checkbox"/> manual washing <input type="checkbox"/> clean in place (CIP) <input type="checkbox"/> steam cleaning <input type="checkbox"/> sanitizing <input type="checkbox"/> Other (specify): Is cleaning documented/logged (particularly between organic and conventional runs)? <input type="checkbox"/> yes <input type="checkbox"/> no Where are cleaning materials stored?																												
40.	Complete the following table for all cleaning products used in the processing area(s):																												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Product &amp; Brand</th> <th style="width: 25%;">Active Ingredients</th> <th style="width: 25%;">Documentation Attached</th> <th style="width: 25%;">Where Used</th> <th style="width: 20%;">Frequency</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td></td> <td><input type="checkbox"/>Prod Label / spec sheet <input type="checkbox"/>MSDS <input type="checkbox"/>Ingredients list <input type="checkbox"/>PACS Sanitation Dec</td> <td></td> <td></td> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td><input type="checkbox"/>Prod Label / spec sheet <input type="checkbox"/>MSDS <input type="checkbox"/>Ingredients list <input type="checkbox"/>PACS Sanitation Dec</td> <td></td> <td></td> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td><input type="checkbox"/>Prod Label / spec sheet <input type="checkbox"/>MSDS <input type="checkbox"/>Ingredients list <input type="checkbox"/>PACS Sanitation Dec</td> <td></td> <td></td> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td><input type="checkbox"/>Prod Label / spec sheet <input type="checkbox"/>MSDS <input type="checkbox"/>Ingredients list <input type="checkbox"/>PACS Sanitation Dec</td> <td></td> <td></td> </tr> </tbody> </table>					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"/> PACS Sanitation Dec					<input type="checkbox"/> Prod Label / spec sheet <input type="checkbox"/> MSDS <input type="checkbox"/> Ingredients list <input type="checkbox"/> PACS Sanitation Dec					<input type="checkbox"/> Prod Label / spec sheet <input type="checkbox"/> MSDS <input type="checkbox"/> Ingredients list <input type="checkbox"/> PACS Sanitation Dec					<input type="checkbox"/> Prod Label / spec sheet <input type="checkbox"/> MSDS <input type="checkbox"/> Ingredients list <input type="checkbox"/> PACS Sanitation Dec		
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If additional space is required, attach a separate page. <input type="checkbox"/> <b>An extra sheet is attached.</b>																													
41.	Check all pest problems you have experienced in your facilities (including storage areas): <input type="checkbox"/> flying insects <input type="checkbox"/> crawling insects <input type="checkbox"/> rats <input type="checkbox"/> mice <input type="checkbox"/> spiders <input type="checkbox"/> birds <input type="checkbox"/> other (specify): Describe the structural pest management plan for these facilities:																												
42.	Do you keep records of your pest monitoring/management activities? <input type="checkbox"/> yes <input type="checkbox"/> no – explain:																												

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43.	List all pest management materials used. Include bait stations outside of facility.																								
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44.	<p>Do you use any kind of packaging when selling your products? <input type="checkbox"/> no – <b>Skip to next question.</b>  <input type="checkbox"/> yes – Describe the packaging (sizes etc.) and labelling:</p> <p>Attach sample labels for your products.  <input type="checkbox"/> sample labels are attached <input type="checkbox"/> labels are not attached – <b>explain:</b></p>																								
45.	<p>To whom or through which of the following do you sell your products?</p> <p> <input type="checkbox"/> Farmer's Market    <input type="checkbox"/> Direct to retail    <input type="checkbox"/> Nurseries    <input type="checkbox"/> Wholesale    <input type="checkbox"/> Farm gate sales  <input type="checkbox"/> Bulk to processor/wholesaler    <input type="checkbox"/> Contract to buyer    <input type="checkbox"/> Other (<b>specify</b>):         </p> <p><b>Where?</b></p> <p> <input type="checkbox"/> home province/territory only    <input type="checkbox"/> other regions of Canada    <input type="checkbox"/> In Quebec    <input type="checkbox"/> In the USA    <input type="checkbox"/> Internationally         </p>																								

<b>D. TRANSPORTATION and RECORDKEEPING</b>	
46.	<p>Who is responsible for arranging transportation of your products?            Describe how organic products are transported, including extra packaging used other than product packaging already mentioned.            Have you encountered any potential contamination or commingling problems in the transport of organic products?  <input type="checkbox"/> no <input type="checkbox"/> yes – <b>describe them:</b>            What steps have you taken to deal with the problem and what success have you had?</p>
47.	<p>How is organic integrity (prevention of commingling, contamination) kept during transport? Select as many as are appropriate.</p> <p> <input type="checkbox"/> All transport vehicles are dedicated to organic (<b>skip to next section</b>).  <input type="checkbox"/> Transport company notified of organic handling requirements  <input type="checkbox"/> Agreement with transport company to handle organic goods per requirements  <input type="checkbox"/> Clean truck affidavits come with incoming products  <input type="checkbox"/> Clean truck affidavits are sent with outgoing products  <input type="checkbox"/> Transports inspected when products/ingredients received and rejected if not clean  <input type="checkbox"/> Transports inspected before being loaded and rejected if not clean  <input type="checkbox"/> All shipping containers (i.e. cases, pallets, shipping containers etc.) are clearly identified as organic  <input type="checkbox"/> Tamper-proof shipping methods  <input type="checkbox"/> Products are in impermeable packaging  <input type="checkbox"/> Organic products segregated during transport  <input type="checkbox"/> Transport Standard Operating Procedures (SOP) attached  <input type="checkbox"/> More information and/or other methods used:         </p>

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48.	<p>Which of the following records do you keep for organic production? Check all that apply.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Input records for materials used (including seed lots)</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Monitoring records/analyses (water tests, quality tests)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Equipment cleaning records</td> <td style="border: none;"><input type="checkbox"/> Harvest records showing harvest date and amounts</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Storage records showing location ID, lot #, amounts</td> <td style="border: none;"><input type="checkbox"/> Product sales</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Cleaning, sanitation, clean-down logs</td> <td style="border: none;"><input type="checkbox"/> Clean transport records</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Shipping records</td> <td style="border: none;"><input type="checkbox"/> Transaction certificates</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Audit control summary</td> <td style="border: none;"><input type="checkbox"/> Other (specify):</td> </tr> </table> <p>How long do you keep your records?</p>	<input type="checkbox"/> Input records for materials used (including seed lots)	<input type="checkbox"/> Monitoring records/analyses (water tests, quality tests)	<input type="checkbox"/> Equipment cleaning records	<input type="checkbox"/> Harvest records showing harvest date and amounts	<input type="checkbox"/> Storage records showing location ID, lot #, amounts	<input type="checkbox"/> Product sales	<input type="checkbox"/> Cleaning, sanitation, clean-down logs	<input type="checkbox"/> Clean transport records	<input type="checkbox"/> Shipping records	<input type="checkbox"/> Transaction certificates	<input type="checkbox"/> Audit control summary	<input type="checkbox"/> Other (specify):
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49.	<p>Which of the following records do you keep for <b>non-organic</b> production? Check all that apply.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Input records</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Storage records</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Sales records</td> <td style="border: none;"><input type="checkbox"/> Paid employee records</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Shipping records</td> <td style="border: none;"><input type="checkbox"/> Harvest records</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Other (specify):</td> <td></td> </tr> </table>	<input type="checkbox"/> Input records	<input type="checkbox"/> Storage records	<input type="checkbox"/> Sales records	<input type="checkbox"/> Paid employee records	<input type="checkbox"/> Shipping records	<input type="checkbox"/> Harvest records	<input type="checkbox"/> Other (specify):					
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<input type="checkbox"/> Other (specify):													

E. NOTES	
50.	<p>You will be required to submit an application that updates this plan each year. <b>Keep a copy of this Organic Plan as a reference for future updates.</b> This application is part of your records and must be kept with those records.</p> <p><input type="checkbox"/> A copy of this completed plan is kept in company records.</p>
51.	<p>Use this area to add information that may aid the Certification Committee member who will review this Organic Plan.</p>

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"/> PACS Sanitation Declaration
<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.

*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 [choose only one of the following]:*

- COR applicant** - ISO-compliant certification for interprovincial/international trade.
- BCCOP applicant** - certification of my products for sales only within my own province/territory (BC Certified Organic Program).
- BCCOP applicant** certification of my products to the BCCOP Low Risk Program. I understand that the eligibility requirements for participation in the Low Risk Program include the following criteria:
- a) Enterprise must not be exporting organic product out of BC
  - b) Enterprise must not practice parallel production
  - c) Enterprise must not have outstanding conditions
  - d) Enterprise must have received a valid organic certificate in all of the previous three years
  - e) The enterprise must be assessed for risk, and receive a low-risk ranking from the certification committee

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_