



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: Mushrooms

This form is to be used for initial applications and renewals for certification of organic mushroom production. If mushrooms are grown in conjunction with other 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:		Certification Number:	Date (dd/mm/yyyy):
Head office mailing address, including municipality:		Location address(es), including municipality:	
Provide directions to company location (<i>attach separate sheet if information cannot fit in this space</i>):			
Contact Person(s) - title(s) and name(s):			For Office Use Only:
Phone:	Fax:	Email address:	
			Reviewed by:
			Date reviewed:

A. CERTIFICATION INFORMATION											
1.	List current organic certification by other agencies. <input type="checkbox"/> not applicable Are you planning to keep concurrent certifications? <input type="checkbox"/> yes <input type="checkbox"/> no										
2.	Have you previously applied for, or been granted organic certification? <input type="checkbox"/> yes <input type="checkbox"/> no If yes , please list certification agency, year of application and outcome of the application.										
3.	Have you ever been denied certification or had your certification suspended or revoked? <input type="checkbox"/> no <input type="checkbox"/> yes – indicate certification agency and year: Describe corrective measures taken:										
4.	Have you reviewed the 2015 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 can be found on the PACS website at: www.pacscertifiedorganic.ca .										
5.	How long have you owned or managed this farm?										
6.	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:										
7.	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 – Request, complete and submit a Split Operation Form. <input type="checkbox"/> Split Operation Form attached.										
8.	Will you wish to use the Canadian organic legend (logo) on qualifying product labels? <input type="checkbox"/> yes <input type="checkbox"/> no										
9.	Certification Review from last year of certification <input type="checkbox"/> Not previously certified – Skip to next section. List any conditions that remain unresolved below. Attach an extra sheet if you need more room. <i>The VO will verify last year's PACS Certification Review Report with you and will update PACS regarding compliance.</i> <input type="checkbox"/> none unresolved										
	<table border="1"> <thead> <tr> <th>Unresolved non-compliances from last year</th> <th>Actions taken to address them</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Unresolved non-compliances from last year	Actions taken to address them								
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	If more space is required, attach a separate page. <input type="checkbox"/> An extra page is attached.										

Pacific Agricultural Certification Society

B. ORGANIC MANAGEMENT PLAN

NOTES: The standard must be fully applied on an outdoor production unit for at least 12 months before the harvest is considered organic. Prohibited substances shall not have been used for at least 36 months prior to the harvest of an organic crop. Production shall **not** alternate between organic and non-organic on a production unit.

10. What is the size of your farm? Indicate whether you: own lease rent other (specify):
 If this is an initial application, request the **Field Identification Sheet** and **Land Use History Sheet** from the PACS office. If there is more than one site, indicate the names of the sites in addition to the names of the fields/buildings.
 not applicable – renewal application Sheets attached.

11. You must submit a sketch or map of your farm showing all production units, buildings and facilities. If you are growing outdoors, include details of any buffer zones required to protect your production areas from contamination.
 map(s) attached
 For each production building, provide a diagram of the interior features and indicate the production flow.
 diagram(s) attached **maps and diagrams sent via** Post Fax Email

12. Will your mushroom crops be produced outdoors, indoors or both? indoors outdoors both
If any are produced outdoors: **n/a**
Describe the distinct, defined boundaries that are in place surrounding the outdoor production area(s):
Identify the measures you have in place to eliminate unintended contact with prohibited substances:
 buffer zones hedgerows permanent road ditches other – **describe**:
When was the last application to the soil of any substance prohibited in **CAN/CGSB-32.310 clause 1.4** or not listed in **CAN/CGSB-32.311 Permitted Substance List**?
If any are produced indoors: **n/a**
What are your buildings made of? **n/a** wood framed concrete or concrete block steel
 other – **specify**:
Do your production buildings contain any treated wood? no
 yes – **Explain** how the substrate and mushrooms are isolated from the treated wood.
Indicate the type(s) of growing containers used in your facility:
 wood crates/trays plastic crates/trays in the soil logs other (**specify**):
When was the last application to the facilities of any substance prohibited in **CAN/CGSB-32.310 clause 1.4** or not listed in **CAN/CGSB-32.311 Permitted Substance List**?

13. Briefly describe your production process, from creating or sourcing growing media (substrates) to harvest – include timelines.

14. List the products you wish to have certified: **NOTE: Applications for mushrooms grown outdoors must be received 15 months before the day on which the product is expected to be marketed (OPR Schedule 1).**

Crop or Variety Name	Total Area in Production	Projected Yield

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

15. 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: _____

Pacific Agricultural Certification Society

16.	List any products you do not wish to certify (non-organic):	<input type="checkbox"/> <i>not applicable – Skip to question 18.</i>																																										
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17.	How are the non-organic varieties visually distinguishable from the organic varieties?	<input type="checkbox"/> <i>n/a – skip to next question.</i>																																										
18.	<p>Considering the following list of organic requirements, indicate whether your management system fulfills each requirement by placing a check in the appropriate box. For those it does not, use the explanation column to indicate how and when you will bring your management practices into compliance.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Requirement</th> <th style="width: 15%;">Fulfilled? 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Pacific Agricultural Certification Society

19.	Describe the ingredients included in your production substrate and list your sources:		
	Ingredient	Sources	Certified Organic?
	<input type="checkbox"/> Animal manure		<input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> Straw or hay		<input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> Peat		<input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> Commercial compost		<input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> Gypsum		<input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> Limestone		<input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> Cereals		<input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> Grains		<input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> logs <input type="checkbox"/> wood chips/sawdust <input type="checkbox"/> other wood waste (<i>describe</i>):		<input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> Other (specify)		<input type="checkbox"/> yes <input type="checkbox"/> no
	If more space is required, attach a separate page. <input type="checkbox"/> An extra page is attached.		
20.	For each non-organic source listed in the chart above, do you use non-organic sources only when organic sources are not commercially available? <input type="checkbox"/> yes <input type="checkbox"/> no – explain :		
21.	For any substances listed above which come from non-organic sources, describe how you ensure that these materials have not been contaminated by substances prohibited in CAN/CGSB-32.310 clause 1.4 or which are not listed in CAN/CGSB-32.311 .		
22.	If you purchase compost: <input type="checkbox"/> not applicable – Skip to next question Is it on an approved list for organic production (OMRI or the PACS Approved Brands List or National Approved Brands List)? <input type="checkbox"/> yes <input type="checkbox"/> no – explain:		
23.	Do you produce compost on farm from any of the above ingredients? <input type="checkbox"/> yes <input type="checkbox"/> no – Skip to next question Describe the system used. <input type="checkbox"/> in-vessel <input type="checkbox"/> static aerated pile <input type="checkbox"/> windrow <input type="checkbox"/> other (specify): How long is your compost aged? Are you recording the temperature? <input type="checkbox"/> yes <input type="checkbox"/> no How frequently and over what duration do you turn the compost before it is used? Do you keep a compost log? <input type="checkbox"/> yes <input type="checkbox"/> no – why not?		
24.	Describe the methods you use to ensure that logs or wood materials are derived only from trees that have been grown in areas free of prohibited substances, and that there has been no post-harvest treatment with prohibited substances.		
25.	If you purchase off-farm animal manure, you must keep a log for <u>each imported load</u> documenting the following: a. The source; b. The type of livestock; 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 Table 4.2 of CAN/CGSB-32.311 . d. Where there is a risk that whole seeds/grains or medications may be part of the manure, documentation regarding the GMO status and identity of medications in the food source will be required. This documentation is currently being recorded. <input type="checkbox"/> yes <input type="checkbox"/> no <i>If no</i> , explain your plans to comply:		

Pacific Agricultural Certification Society

26. Complete the following list regarding sources of spawn for your **organic** mushroom varieties:

Source/supplier	Variety	Organic (O) or Non-organic (N)
		<input type="checkbox"/> O <input type="checkbox"/> N
		<input type="checkbox"/> O <input type="checkbox"/> N
		<input type="checkbox"/> O <input type="checkbox"/> N
		<input type="checkbox"/> O <input type="checkbox"/> N
		<input type="checkbox"/> O <input type="checkbox"/> N
		<input type="checkbox"/> O <input type="checkbox"/> N
		<input type="checkbox"/> O <input type="checkbox"/> N
		<input type="checkbox"/> O <input type="checkbox"/> N

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

27. For **each** of the spawn varieties indicated above that are **non-organic**, provide details of your search for organic sources:

Source/supplier	Date of investigation	Result

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

28. List all substances used during the past 12 months in or on the substrates of the mushrooms **requested for certification**.

Brand Name/Source	Active Ingredients	On an approved Organic List?	Reason for Use
		<input type="checkbox"/> N <input type="checkbox"/> Y -	
		<input type="checkbox"/> N <input type="checkbox"/> Y -	
		<input type="checkbox"/> N <input type="checkbox"/> Y -	
		<input type="checkbox"/> N <input type="checkbox"/> Y -	
		<input type="checkbox"/> N <input type="checkbox"/> Y -	
		<input type="checkbox"/> N <input type="checkbox"/> Y -	

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

29. List all substances used in the past 12 months in or on the **non-organic** mushroom substrates. **not applicable**

Brand Name/Source	Active Ingredients	Is it Prohibited for Organic use?	Reason for Use
		<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	
		<input type="checkbox"/> yes <input type="checkbox"/> no	

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

Pacific Agricultural Certification Society

C. HARVEST	
30.	What type(s) of harvest containers are used at your facility? <input type="checkbox"/> wooden totes <input type="checkbox"/> plastic totes <input type="checkbox"/> steel/wire totes <input type="checkbox"/> cardboard boxes <input type="checkbox"/> waxed cardboard boxes <input type="checkbox"/> natural fibre baskets <input type="checkbox"/> other (specify):
31.	Are harvest containers used for organic mushrooms only ? <input type="checkbox"/> yes <input type="checkbox"/> no – How are the organic mushrooms protected from contamination? Did you purchase the harvest containers new? <input type="checkbox"/> yes <input type="checkbox"/> no – what was their previous use? Are the harvest containers marked as such? <input type="checkbox"/> yes <input type="checkbox"/> no Are the harvest containers put to any other uses? <input type="checkbox"/> no <input type="checkbox"/> yes – describe: Where are these containers stored when they are not being used?
32.	How are mushrooms moved from the growing area to the packing/processing area? How is the packing area physically separated from the growing area?
33.	If you do any on-farm processing (cleaning, slicing, drying, freezing etc.), describe your facilities and processes. (Note: You may be required to complete an Organic Plan for Processing.)
34.	What type(s) of final packing containers are used at your facility? <input type="checkbox"/> bulk wooden bins <input type="checkbox"/> bulk plastic bins <input type="checkbox"/> cardboard boxes <input type="checkbox"/> waxed cardboard boxes <input type="checkbox"/> bulk natural fibre baskets <input type="checkbox"/> plastic retail trays <input type="checkbox"/> cardboard retail trays <input type="checkbox"/> paper bags <input type="checkbox"/> other (specify):
35.	Do you label any of these packages? <input type="checkbox"/> no <input type="checkbox"/> yes – <input type="checkbox"/> bulk and/or <input type="checkbox"/> retail Attach sample labels for your products. <input type="checkbox"/> sample labels are attached <input type="checkbox"/> labels are not attached – explain:
36.	Do you have a separate storage area for packed mushrooms? <input type="checkbox"/> no – Skip to question 38. <input type="checkbox"/> yes <input type="checkbox"/> refrigerated cooler <input type="checkbox"/> ventilated cool room <input type="checkbox"/> enclosed delivery vehicle <input type="checkbox"/> Off-site facility <input type="checkbox"/> other (specify):
37.	How do you move packaged mushrooms from the packaging area to storage area(s)?
38.	Is your facility inspected by food inspectors or other regulatory agencies? <input type="checkbox"/> yes <input type="checkbox"/> no If yes , provide the name, address, and phone number of the agency: What was the date of the last inspection? Outcome? <input type="checkbox"/> pass <input type="checkbox"/> fail
39.	Where do you sell your products? (Check all that apply.) <input type="checkbox"/> Farmer's Market <input type="checkbox"/> Direct to retail <input type="checkbox"/> Farm gate sales <input type="checkbox"/> Bulk to processor/wholesaler <input type="checkbox"/> Contract to buyer <input type="checkbox"/> Other (specify): <input type="checkbox"/> Home province/territory only <input type="checkbox"/> other parts of Canada <input type="checkbox"/> in Quebec <input type="checkbox"/> In the USA <input type="checkbox"/> Internationally

D. SANITATION and PEST CONTROL	
40.	What method of sterilisation do you use for your substrate(s)?
41.	Describe your disease control practices and any products used:
42.	How often do you wash/sanitize harvest containers? What methods are used to wash/sanitize harvest containers?

Pacific Agricultural Certification Society

43.	Identify any food-contact surfaces in the processing area of your facility. What methods and products are used to wash/sanitize these surfaces? Have you documented these sanitation protocols? <input type="checkbox"/> yes <input type="checkbox"/> no – explain : If yes , do you maintain a Cleaning Log? <input type="checkbox"/> yes <input type="checkbox"/> no																									
44.	Indicate all cleaning methods used on equipment, the facility, processing areas, storage areas and any other 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): Do you test food contact surfaces or rinsate for cleaner/sanitizer residues? <input type="checkbox"/> yes <input type="checkbox"/> no Where are cleaning materials stored?																									
45.	Complete the following table for all cleaning products used: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 25%;">Brand Name</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> </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> </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> </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> </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> If additional space is required, attach a separate page. <input type="checkbox"/> An extra page is attached.	Brand Name	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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46.	Indicate your management and recycling practices for the following waste products: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 40%;">Waste Materials</th> <th style="width: 60%;">Management Practice</th> </tr> </thead> <tbody> <tr> <td>growing media</td> <td> </td> </tr> <tr> <td>cull mushrooms</td> <td> </td> </tr> <tr> <td>waste water from washing/sanitizing</td> <td> </td> </tr> <tr> <td>waste plastic</td> <td> </td> </tr> <tr> <td>Waste packaging material</td> <td> </td> </tr> </tbody> </table> If more space is required, attach a separate page. <input type="checkbox"/> An extra page is attached.	Waste Materials	Management Practice	growing media		cull mushrooms		waste water from washing/sanitizing		waste plastic		Waste packaging material														
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47.	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): Do you keep records of your pest monitoring/management activities? <input type="checkbox"/> yes <input type="checkbox"/> no – explain:																									
48.	List all pest management materials used. Include bait stations outside of facility. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 25%;">Brand or Trade Name</th> <th style="width: 25%;">Active Ingredients</th> <th style="width: 30%;">Locations Where Used and Pest Targeted</th> <th style="width: 20%;">Frequency</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> </tbody> </table> If additional space is required, attach an extra sheet. <input type="checkbox"/> An extra page is attached.	Brand or Trade Name	Active Ingredients	Locations Where Used and Pest Targeted	Frequency																					
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E. STORAGE, TRANSPORTATION and RECORDKEEPING													
49.	<p>Describe where inputs and harvested/packaged mushrooms are stored and how the area(s) are identified (name, warehouse # etc.):</p> <p>Do you use the same storage areas for organic and non-organic inputs? <input type="checkbox"/>yes <input type="checkbox"/>no <input type="checkbox"/>n/a – all organic If yes, how do you segregate organic inputs from non-organic inputs?</p> <p>Do you use the same storage areas for organic and non-organic products? <input type="checkbox"/>yes <input type="checkbox"/>no <input type="checkbox"/>n/a – all organic If yes, how do you segregate organic products from non-organic product?</p>												
50.	<p>What type(s) of shipping containers are used at your facility? <input type="checkbox"/> same as final packing containers.</p> <p><input type="checkbox"/>staked-on pallets <input type="checkbox"/>vinyl wrapped pallets <input type="checkbox"/>cardboard wrapped pallets <input type="checkbox"/>wooden crates <input type="checkbox"/>plastic crates <input type="checkbox"/>other (specify):</p> <p>Are shipping containers re-used? <input type="checkbox"/>no <input type="checkbox"/>yes – How do you wash/sanitize them before use?</p>												
51.	<p>Who is responsible for arranging transportation of your products? Describe how organic products are transported.</p> <p>Have you encountered any potential contamination or commingling problems in the transport of organic mushrooms? <input type="checkbox"/>no <input type="checkbox"/>yes – describe them: What steps have you taken to deal with the problem and what success have you had?</p>												
52.	<p>How is organic integrity (prevention of commingling, contamination) kept during transport? Select as many as appropriate.</p> <p><input type="checkbox"/>All transport vehicles are dedicated to organic (skip to next section) <input type="checkbox"/>Transport company notified of organic handling requirements <input type="checkbox"/>Agreement with transport company to handle organic goods according to 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>												
53.	<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><input type="checkbox"/>Input records for materials used (including seed lots)</td> <td><input type="checkbox"/>Monitoring records/analyses (water tests, quality tests)</td> </tr> <tr> <td><input type="checkbox"/>Equipment cleaning records</td> <td><input type="checkbox"/>Harvest records showing harvest date and amounts</td> </tr> <tr> <td><input type="checkbox"/>Storage records showing location ID, lot #'s, amounts</td> <td><input type="checkbox"/>Product sales</td> </tr> <tr> <td><input type="checkbox"/>Cleaning, sanitation, clean-down logs</td> <td><input type="checkbox"/>Clean transport records</td> </tr> <tr> <td><input type="checkbox"/>Shipping records</td> <td><input type="checkbox"/>Transaction certificates</td> </tr> <tr> <td><input type="checkbox"/>Audit control summary</td> <td><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 #'s, 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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54.	<p>Which of the following records do you keep for non-organic production? Check all that apply.</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/>Input records</td> <td><input type="checkbox"/>Storage records</td> </tr> <tr> <td><input type="checkbox"/>Sales records</td> <td><input type="checkbox"/>Paid employee records</td> </tr> <tr> <td><input type="checkbox"/>Shipping records</td> <td><input type="checkbox"/>Harvest records</td> </tr> <tr> <td><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):													

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F. NOTES

55. You will be required to submit an application that updates this plan each year. **Keep a copy of this Organic Plan as a reference for future updates.** This application is part of your records and must be kept with those records.
 A copy of this completed plan is kept in company records.
56. Use this area to add information that may provide assistance to the Certification Committee who will review this Organic Plan.

G. ATTACHMENTS that I am including with this document:

<input type="checkbox"/> Facility maps/diagrams	<input type="checkbox"/> Harvest records
<input type="checkbox"/> Compost logs	<input type="checkbox"/> Monitoring records
<input type="checkbox"/> Input records	<input type="checkbox"/> MSDS sheets (cleaning / pest control materials)
<input type="checkbox"/> Field Identification Sheet/Land Use History Sheet	<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):

H. 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.

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: _____