

BC Certified Organic Program

Kootenay Organic Growers Society

Organic Processing/Handling Plan Update and Inspection Report

→ Confidential when completed ←

This form is to be used for renewal applications for certification of organic processing. This form should be completed on computer, or with a black ink pen. It is your responsibility to keep a copy of this completed form. Refer to the Processing Update Guide for instruction. Please check all boxes that apply except for yes or no choices. Refer to your last application while completing this one. You are reporting changes from your previous plan. If you run out of room, use the space at the bottom of the form.

Section A General Information

1. Company name:		2. Date:	
3. Contact person:		4. Owner/CEO:	
5. Complete postal address:		Office use	
6. Have you made any changes in personnel or contact information? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide details:		File #:	
		Date received:	
		Date reviewed:	
		Reviewed by:	
7. Farm / site physical address(es):		Name of VO:	
8. Have you made any changes in physical plant locations or addresses? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide details and directions:		Date of inspection:	
		Time arrived:	
		Time departed:	
9. Do you have a copy of the current Canadian Organic Standards? Yes <input type="checkbox"/> No <input type="checkbox"/>			VO only:
Do you understand the National Certified Organic Management Standards? Yes <input type="checkbox"/> No <input type="checkbox"/>			
10. All of your products certified by Kootenay Organic Growers Society can only be sold in BC.			
11. I understand and agree: Yes <input type="checkbox"/> No <input type="checkbox"/> Signature:			
12. Have you made any changes in the organic activity of your business, such as new company function (i.e. retail, processing, brokerage), new organic product lines, new processing activity? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, briefly describe:			

<p>13. List products or processes for which certification is requested for this certification year:</p>	
<p>14. Conditions from last year:</p>	
<p>15. Describe how you have complied with any conditions from last year's certification process: No conditions <input type="checkbox"/></p>	
<p>16. Have there been any changes in government agency inspections or permits? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain fully:</p>	

<p>17. Have you made any changes in your business regarding custom processing or contracting of organic product? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, specify:</p>	
<p>18. Does your business deal only with organic products? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>19. Have you made any changes that would affect your Facility Diagrams or Flow Charts? Check carefully. Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, you must either modify your diagrams and charts or develop new ones. New diagrams/charts sent by: email <input type="checkbox"/> Post <input type="checkbox"/> Courier <input type="checkbox"/></p>	
<p>PERSONNEL</p>	
<p>20. Name of person in charge of: organic operations: production: plant: shipping/receiving: record keeping (sales, certificates): bookkeeping (accounts): QA/QC: Sanitation: pest management:</p>	

Section B Organic Product Information

<p>21. Processors - a. List any products you have added to your organic line since your last application: None <input type="checkbox"/></p> <p>Did you send your Certification Body an <i>Organic Product Profile</i> sheet for each new product? Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> If no, or unsure, submit an Organic Profile Sheet for each new product with this application.</p> <p>b. Is each <i>Organic Product Profile sheet</i> you have on file with your CB still completely accurate? Are all ingredients, percentages, processing aids and processes are still correct? Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> If no, unsure, attach a new <i>Product Profile Sheet</i> for each product.</p> <p><i>Product Profile Sheets</i> sent via: email <input type="checkbox"/> Post <input type="checkbox"/> Courier <input type="checkbox"/></p>	
<p>22. Distributors, retailers, warehouses, & brokers - Is the last organic products list or catalogue you submitted still accurate? Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>If no, or unsure, attach an up to date list, or current catalogue. List has been send via: email <input type="checkbox"/> Post <input type="checkbox"/> Courier <input type="checkbox"/></p>	
<p>23. Packers and Re-packers - submit an accurate Packer Product List</p> <p>List has been sent via: email <input type="checkbox"/> Post <input type="checkbox"/> Courier <input type="checkbox"/></p>	
CERTIFICATION VERIFICATION	
<p>24. Do you have organic certificates that cover all of the organic products or ingredients that you pack, market, or use? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	

Section C Transportation – Shipping, Receiving, Storage

INCOMING TRANSPORTATION - Not responsible for incoming transportation <input type="checkbox"/>	
<p>25. Have you made any changes to the incoming transport of organic product that could affect the integrity of the organic product you are responsible for, such as new carrier, new types of shipping containers, new receiving containers, new incoming storage facilities? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, specify:</p>	
IN PROCESS TRANSPORTATION Not applicable <input type="checkbox"/>	

<p>26. Have you made any changes in the in process transportation of the organic product you are responsible for including how you identify ingredients or products as organic? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, specify:</p>	
<p>OUTGOING PRODUCT TRANSPORTATION - Not applicable <input type="checkbox"/></p>	
<p>27. Have you made any changes in the outgoing product transportation of the organic product you are responsible for, such as new types of containers, new carrier, new shipping records? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, specify:</p>	
<p>STORAGE AND POST-HARVEST TREATMENTS - Not applicable <input type="checkbox"/></p>	
<p>28. Have you made any changes to the storage arrangements for organic products you are responsible for, such as new storage areas, facilities, new storage process (controlled atmosphere), documentation, labelling, independent storage contract? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, specify:</p>	
<p>29. Have you made any changes in the post-harvest treatment of the organic product you are responsible for? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, specify:</p>	

Section D Pest Management

<p>30. Have you made any changes to your pest management program, such as new contractor, new prevention and control methods, new pest control products used? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, specify:</p>	
<p>31. Did you use any prohibited materials in your pest management program since your last application? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, specify:</p>	

Section E Sanitation

32. Please list all cleaning and sanitation materials used, organic, non-organic including hand-dips. Product labels, product information sheets and MSDS sheets must be available to the inspector or upon request from the certifying agency

Brand name	Common name	Where used	Frequency of use

33. Have you made any **changes** to your cleaning and sanitation program, such as new contractor, changes to cleaning log procedures, or new written procedures? Yes No If yes, specify:

Section F Record Keeping

34. Have you made any **changes** to your record keeping system for organic product, such as new product code or lot numbering system, invoicing, or internal audit trail system? Yes No If yes, specify:

35. Have you made any **changes** that would affect your organic Audit Flow Chart? Yes No If yes, provide a revised Audit Flow Chart linking documents in record system to next in the chain. If you use a coding system, please indicate documents on which coding occurs.

Section G Packaging and Labelling

<p>36. Have you made any changes to your packaging procedures, such as types of packaging material used, new equipment for packaging, new contract facility for packaging? Yes <input type="checkbox"/> No <input type="checkbox"/> Do not package organic products <input type="checkbox"/> If yes, specify:</p>	
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LABELLING

<p>37. Has your CB reviewed all your organic labels? Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> If no or unsure, provide copies of all new labels and labels that have no been reviewed. Labels shipped via: Post <input type="checkbox"/> Courier <input type="checkbox"/></p>	
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Section H Waste Management

<p>38. Have you made any changes in your waste management program, such as new recycling program, composting, municipal regulations? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, specify:</p>	
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Section I Water and Steam

<p>39. Have you made any changes in your use water, such as new water source, new water tests, water conservation, or water treatment? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, specify:</p>	
<p>40. Have you made any changes in the use of steam in your organic processing, such as the culinary use of steam, or boiler additives? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, specify:</p>	

Section J Equipment

<p>41. Have you made any changes to the equipment or cleaning procedures, you are using in your organic processing? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide details of new equipment and its cleaning and pre-organic purging procedures:</p>	
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Section K Quality Assurance

<p>42. Do you have a Quality Assurance program in place? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what program do you use? HAACP <input type="checkbox"/> American Institute of Baking <input type="checkbox"/> Total Quality Management <input type="checkbox"/> Organic Critical Control Points plan <input type="checkbox"/> Other:</p>	
<p>43. Have you made any changes in your procedures for product testing? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> if yes, specify:</p>	
<p>44. List of attachments:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Product Profile sheets - #'s: <input type="checkbox"/> Packer Product list <input type="checkbox"/> Product Labels <input type="checkbox"/> Facility Plan diagram(s) <input type="checkbox"/> Processing Flow Chart <input type="checkbox"/> Distributors, retailers, warehouses, & brokers Product List <input type="checkbox"/> Independent Storage Information Sheet <input type="checkbox"/> Sanitation Procedures <input type="checkbox"/> Other documents: 	

Section K Notes and Affirmations

You will be required to submit an application that updates this plan each year. Keep a copy of this Organic Processing/handling Plan Update as a reference for future updates. This application is part of your records and must be kept with records.

45. Use this area to add information that may provide assistance to the Certification Committee who will review your Organic Processing/handling Plan Update.

46. AFFIRMATION - I affirm that all statements made in this application are true and correct. I understand that my operation may be subject to unannounced inspection and/or sampling for residues at any time. I agree to follow COABC organic standards.

I agree to allow the VO and/or members of the Certification Committee and COABC Accreditation Board auditor access to all areas of my enterprise and to my records, including: inputs, production, processing, handling sales, and products purchased for resale, from both organic and non-organic processing.

I understand that acceptance of this document in no way implies granting of certification by the Kootenay Organic Growers Society. I agree to provide further information as required by the Kootenay Organic Growers Society. I have read, understood, and agree to comply with the Kootenay Organic Growers Society constitution, bylaws and Production Standards. I understand that any wilful misrepresentation could lead to de-certification and your certificate would have to be surrendered to the KOGS Office.

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

Signed

Print name:

Date

47. VO notes and summary

48. VERIFICATION OFFICER AFFIRMATION

All information in this report is accurate to the best of my knowledge and is based on my observations, review of documents and operator interview. All compliance assessments are made in reference to the National Organic Management Standards and policies of (CB).

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

Signed

Print Name

Date:

List of attachments:

Organic Product Profile Sheet

Copy this form and submit one completed form for each product you wish to have certified. If product is under development, fill in approximate plan. Product cannot be certified or listed on certificate until a final Product Profile has been submitted and accepted for that product. Keep copies of completed forms.

Business name:	Date:
Name of finished product (as it should be listed on certificate):	
Product is still under development, so the information on form is not exact, we will submit an updated form <input type="checkbox"/>	
Do you also process a non-organic version of this product? Yes <input type="checkbox"/> No <input type="checkbox"/>	
This product packaged and sold as: bulk (ingredient for further processing) <input type="checkbox"/> retail/consumer <input type="checkbox"/>	

Composition of product: Include all ingredients contained in product, (**include water and salt**). Please list in the same order, as ingredient will appear on label.

Ingredient (including additives)	Organic? Y or N	Source/Supplier	Certification Body	Documentation that non-organic ingredient or additive is not available in organic form? Y or N	Weight or volume of ingredient	% finished product

Calculation of total percentage of organic ingredients in product (section 11.9)

Use either weight of volume, whichever is usual for the product. (Usually solids are by weight, liquids by volume and products that combine liquids and solids are calculated by weight). State measurement (e.g.: lbs., grams, litres, etc)

1. Total weight (or volume) of combined organic ingredients:
2. Total weight (or volume) of all ingredients (excluding water & salt) (exclude mined or quarried material if product is livestock feed):
Divide line 1 by line 2= _____ times 100- _____%
What is the organic ingredient composition of this product? 95% or more of total product <input type="checkbox"/> 70-95% of total product <input type="checkbox"/> Less than 70% organic ingredients in total product <input type="checkbox"/>

Additives

List additives in product and purpose for use (COABC section 11.5)

Name of additive	Purpose for use

Non-organic Ingredients/additives

Any of the non-organic ingredients or additives regulated or prohibited, or do not appear in Section 15? Yes No
 If, yes which ones?

If ingredient does not appear in section 15, explain why you need to use it and send in as much information about it as possible:

Are there details in Section 15 that govern use of any of these items? Yes No , If yes, for which products?

Do you have documentation that the ingredient/additive complies with National organic standards? Yes No
 If yes, please submit the documentation.

Do you use both organic and non-organic forms of any ingredient in this product? Yes No
 If yes, which ingredient?

Processing Aids

List processing aids used in production of this product. Processing aids are not on list of ingredients on label; they are enzymes, filtering aids; or any other additive that are not in final product.

Processing aid used	Purpose	Source / supplier	Check if non-GMO verification attached	Does processing aid appear on list in section 15? If yes, under what name?
			<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Labelling

Do you want to use the phrase "British Columbia Certified Organic" on your label? Yes No

Is this product going to be exported to US, Quebec, EU, or is it likely to form part of a product that will be exported to those areas? Yes No

Attach label, or sketch of label. Product cannot be certified until label is approved by certification agency.

Packer and Re-packer Product List

Packers and Re-packers must provide a product list and labels used on those products in order to receive organic certification. List all products your business cleans, packs, stores, or sells. If you have more than one supplier for a product, list all the suppliers. For produce, list each variety separately. Labels include tags on bulk items leaving facility as well as labels on bags and boxes. Label use can be a rough sketch of planned labels. This form must be completed on computer, or with a black ink pen. Submit as many copies of this form as required. Keep copies of completed forms for your records.

Name of enterprise:			Date:
Organic Product	Supplier of Product	Certification Body	Label use on outgoing product attached?
			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"/>
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