

Name:

Facility Location: _____ Type of Processing: _____

ON-FARM PROCESSING SUPPLEMENT

This form is for small scale processors making products from on-farm ingredients. Complete a Product Profile for each product you plan to label as 100% Organic, Organic or Made with Organic.

Section 1. Overview of production and facilities (NOP 205.200)

1. Please indicate the percentage of organic and non-organic products you produce:

_____ % Organic _____ % Conventional

Attachments: Please attach the following:

- a. **Facility Diagram** – Indicate all equipment locations and storage and processing areas. You may use this diagram to show locations of pest control traps/lights/lures.
- b. **Process Flowchart** – Please indicate each production step from harvest to finished product.
- c. **Sanitation Standard Operating Procedure (SSOP)** – Indicate all cleaning steps for food contact surfaces, tools and equipment, and cleaners/sanitizers used at each step. Also indicate rinse steps. List all cleaners and sanitizers on the attached Materials List
- d. **Pest Control Station and Products** – map of all pest control stations if not included on facility diagram; list all pest control products on the materials list.

Section 2. Assurance of Organic Integrity (NOP 205.201(a), 205.270, 205.272)

1. Water use:

a. Please indicate how water and/or steam is used in processing:

- | | | |
|--|--|---|
| <input type="checkbox"/> As an ingredient | <input type="checkbox"/> Cooling | <input type="checkbox"/> Cleaning Equipment |
| <input type="checkbox"/> As a processing aid | <input type="checkbox"/> Product transport | <input type="checkbox"/> Water and/or steam wnot used in processing |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Cleaning organic products | <input type="checkbox"/> Other: _____ |

b. What is the source of the water?

c. What is the date of the last water test?

2. Cleaning of equipment, facilities and food contact surfaces.

- a. Do you maintain a cleaning log and/or post a cleaning protocol? Yes No
If so, please include a copy.
- b. How do you ensure that cleaning and rinsing are done adequately?

Name:

3. Storage of ingredients and final products:

- a. Describe storage location(s) of incoming ingredients and how you protect organic ingredients from contact with prohibited substances and/or comingling with non-organic ingredients.

- b. Describe storage location(s) of finished product and how you protect the integrity of the finished product.

4. Packaging material

- a. What types of packaging materials are used for the final product (e.g., plastic bags, cardboard boxes, glass jars)?

- b. Are packaging materials new or reused? New Reused

- c. Is packaging food grade? Yes No

- d. Describe how finished product is transported or delivered to customers and/or markets.

- e. Do you use uncertified vendors? Yes No If yes, how do you verify that incoming material corresponds with organic certificates on file?

If yes, do you document the last certified entity? Yes No N/A

Section 3. Pest Control (NOP 205.271)

1. Please list all pest control products on the Material List that are used by you or a pest control company in and around your processing facility. Please include the product EPA number and full product name and manufacturer.

2. Do you maintain a pest control log? Yes No

3. Please list the person responsible for facility pest control. List the name, address, and phone of any pest control company used.

Name:

Section 4. Recordkeeping (NOP 205.103)

1. List all state and federal licenses and their expiration dates:

2. Check records kept, or enclose templates used to track ingredients through your facility. You must track ingredient purchase, receiving, inventory, production runs, finished product inventory, and product sales. **Please have all records available at the time of inspection. Records must be kept for 5 years.**

- | | | |
|---|--|--|
| <input type="checkbox"/> Harvest log | <input type="checkbox"/> Supplier organic certificates | <input type="checkbox"/> Shipping log |
| <input type="checkbox"/> Receiving log | <input type="checkbox"/> Ingredient verification forms | <input type="checkbox"/> Sales records |
| <input type="checkbox"/> Inventory – ingredients | <input type="checkbox"/> Ingredient purchase receipts | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Inventory – finished product | <input type="checkbox"/> Production/Batch Log | |

3. Describe your lot numbering system(s) and give examples(s).

4. Describe what you would do in the case one of your products needed to be recalled.

5. Do you perform self audits to check tracking of finished product back to ingredient lots? Can your record keeping system balance amounts of each organic ingredient used with amounts of finished product produced? Yes No