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| **Name of the Organization:** | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **CERT ID Project No.:** | | | |  | | | | | | | | **Tracenet Reg. No.:** | | | | | | |  | | | | | | |
| **Mailing Address:** | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Village/City:** | | | | **Taluka:** | | | | | | | **District & State:** | | | | | | | | | | | **Zip Code:** | | | |
|  | | | |  | | | | | | |  | | | | | | | | | | |  | | | |
| **Types of Business:** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Proprietorship** | | **Partnership** | | | | **Corporation** | | | **Limited** | | | | | | **Cooperative** | | | | | | **Other specify, ……………………** | | | | |
| **Name of the unit (if any):** | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Address of the unit:** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Contact Person:** |  | | | | | | | | | | | | | | | | **Designation:** | | | | | |  | | |
| **Phone No.:** |  | | | | | | **Mobile No.:** | | |  | | | | | | | | **Fax No.:** | | | | | |  | |
| **Email id:** |  | | | | | | | | | **Website:** | | | | | |  | | | | | | | | | |
| **Pan card No.:** |  | | | | | | | | | **Aadhar No.:** | | | | | |  | | | | | | | | | |
| **Survey No.** |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Total area (Ha):** |  | | | | | | | **Crop Area (Ha):** | | | | |  | | | | | | | **No. of farmers:** | | | | |  |
| **Standard:** | NPOP | | | | | | | | | | | | | | | | | | | | | | | | |
| **Scope:** | Individual | | | | | | | | | | | | | | | | | | | | | | | | |
| **Is your organization currently certified or previously applied for Organic Certification?** | | | | | | | | | | | | | | | | | | | | | | | Yes  No  NA | | |
| **If YES, please share the certification details with a copy of certificate; Attached?** | | | | | | | | | | | | | | | | | | | | | | | Yes  No  NA | | |
| **Date OSP initially prepared:** | | | | |  | | | | | | | | | **Date OSP updated:** | | | | | | | | |  | | |

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| ***Please answer all questions as they pertain to all aspects of your operation, including any additional production.*** | | **Yes/No/NA** | | **Comments** |
| **Farm Plan Information: NPOP Appendix 1.1, 1.2, 4.3.1.1** | | | | |
| Do you have a copy of latest organic standards? | | Y  N | |  |
| Have you filled Field specification & Yield estimate for all crops? | | Y  N | |  |
| **Description of Practices & procedures to be performed: NPOP Appendix 1.1 (i)** | | | | |
| *(Describe step by step activities performed on the field from land preparation till harvesting, transport of organic products, in brief)* | | | | |
| **Seeds and Seed Treatments: NPOP Appendix 1.5, Annexure 1&2** | | | | |
| (Please tick mark at applicable following origin of seeds or planting stock used at your site or farm) | | | | |
| Conventional untreated seeds | | Y  N | | *(Mention Seed rate, Source if outside the farm, Seed treatments done, Timing of seed use etc.)* |
| Traditional grown seeds but not certified seeds | | Y  N | |
| Seed from own farm | | Y  N | |
| Synthetic treated seed | | Y  N | |
| Organic seeds | | Y  N | |
| **Seedlings for Perennial Crops:** | | | | |
| Do you procure organic seedlings? | | Y  N  NA | |  |
| If yes, please provide details of the source or name of supplier: | |  | |  |
| If organic seedlings are certified, then please provide the name of certification body: | |  | |  |
| If you procured non-organic seedlings, please share the details with reason of non-availability of same: | |  | |  |
| If you are growing seedling at your farm or site then, please provide the following details: | | | | |
| Soil mix ingredients used for growing the seedlings | |  | |  |
| Fertility products used in the nursery | |  |
| Products used for controlling the pest and diseases | |  |
| Equipment used during the cultivation of seedlings | |  |
| Do you have a copy of current Materials List that is to be used? | | Y  N  NA | | *(Provide details of materials here)* |
| Do you have a Green House?  If yes, give details | | Y  N | |  |
| **Water Management: NPOP Appendix 1.1 & 1.10, 3.2.7** | | | | |
| What are the sources of irrigation or water at your farm or site? | |  | | Rainfed  Onsite well / bore well  Municipality  River/Creek/Pond etc  Other specify: |
| Please describe how the water quality is being monitored including its frequency  (Please attach the copies of available water test results to Organic System plan.) | |  | |  |
| **Soil and Crop Fertility Management: NPOP Appendix 1.1,1.2,1.6,1.7,1.10** | | | | |
| Type of the soil: | |  | |  |
| Are there any soil nutrient deficiencies been observed at your farm?  If yes, please describe how the deficiencies have been addressed. | | Y  N | | *(Give reference of Soil test report)* |
| How do you manage your land to minimize soil erosion? | |  | | Crop rotation  Terracing  Contour farming  Cover crops  Tillage  Bunds  Others (specify) |
| How do you monitor your soil fertility and crop contamination? | |  | | Physical observation of soil  Physical Observation of plant health  Soil Analysis  Residue Analysis  Crop yields comparison  Others Please specify |
| Describe your soil fertility plan? (Green manure/Compost/Bio fertilizer / Soil conditioner /Crop Rotation / inter cropping etc.) | |  | | *(Give details of inputs used, Application rate, Application methods, Application time)* |
| Which type of manure are you using to improve soil fertility: | |  | | Processed animal manure  Green waste  Liquid fertilizer |
| What is the source of manure? | |  | | Off-farm  On farm  If off farm, give details of source: |
| Is raw manure application done in the organic farm (*This applies to manures whether deposited naturally by livestock or draft animals or manure spread as part of nutrient management plan*)  If yes, then please mention the use. | | Y  N | |  |
| Do you burn crop residues at farm? | | Y  N | |  |
| Do you apply sewage sludge to fields? | | Y  N | |  |
| Whether the compost is made at site or farm  If yes, please list all compost ingredients/additives: | | Y  N | |  |
| What composting method do you use? | |  | | In-vessel  static aerated  windrows  Other(specify): |
| What is C: N ratio? | |  | |  |
| Do you monitor temperature?  If yes, what is temperature maintained?  How long is this temperature maintained?  If compost is windrowed, how many times are materials turned? | | Y  N | |  |
| **Crop Management: NPOP Appendix 1.7,1.8** | | | | |
| Do you follow Crop Rotation Practice?  If yes, please describe the crop rotation practice?   1. **Annual crops:**   Rabi crop:  Kharif crop:  Zaid crop:   1. **Perennial crops:** 2. Please describe the methods used to promote biological plant diversity in case of only perennial plantation.   (e.g. alley cropping, intercropping, hedgerows, or other conservation methods) | | Y  N  NA | |  |
| Provide details of crop management practices (Crop specific) (*E.g., Bunding, earthing up, Thinning, Gap filling, Pruning etc.)* | |  | |  |
| Do any of your organic fields border areas that could possibly cause contamination to your organic crops?  If ‘yes’, please describe the preventive measures to control the contaminations | | Y  N  NA | | (*Give details on preventive measures)* |
| Describe the neighbouring area of your farm in all direction and including use of adjoining land | |  | | **East Side:**  **West Side:**  **North Side:**  **South Side:** |
| Does Parallel Production (i.e. production of both organic and conventional crop on the same farm or site) occur?  If yes, please describe how this is being managed to ensure that there is no cross contamination. | | Y  N | |  |
| Describe how the buffer zones (areas) you maintain at your site to minimize the risk of contamination from adjoining land used? | |  | |  |
| **Pest, Disease and Weed control: NPOP Appendix 1.1,1.8** | | | | |
| What are the major pests at your farm or site? | |  | | Insects (list)  Rodents  Wild Animals  Birds  Other (specify) |
| List of pests along with the control measure adopted to control: | |  | |  |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Pest Identified** | **Control measures Adopted** | **Products used**  **& Application rates** | **Ingredients/**  **composition of Products** | **Source/Supplier** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | | | | |
| Do you experience any disease problem at your farm?  If yes, please provide the details of disease control measures used in the following table: | | Y  N  NA | |  |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Disease Identified** | **Control measures Adopted** | **Products used**  **& Application rate** | **Ingredients/**  **composition of Products** | **Source/Supplier** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | | | | |
| Is there a problem of weeds at your farm or site:  If yes, please list the names of the weeds available in the area: | | Y  N  NA | |  |
| Describe how the weeds are been controlled: | |  | |  |
| **Harvest and Post-Harvest Management: NPOP Appendix 1.1,1.8, 5.5,5.6,5.19,4.3.1.9,4.3.1.11.8** | | | | |
| Please describe the steps taken to prevent contamination during harvest of organic crops | |  | |  |
| Describe your storage process | |  | |  |
| Describe the pest control measures being followed at your storage facility, including the methods and products used: | |  | |  |
| Describe the cleaning procedure being followed in the storage area, including methods, products used and frequency of cleaning: | |  | |  |
| Do you use the same storage areas for organic, transitional, buffer, and/or conventional crops? | |  | | Yes  No  Sold Without Storage |
| Describe the Transportation system in place. | |  | |  |
| Have you estimated the yield of crops on your farm?  How it is estimated? | | Y  N | |  |
| **Post-Harvest Handling:** | | | | |
| Describe the produce handling system being followed at your farm after the harvesting of crop | |  | |  |
| Is post-harvest washing been followed?  If yes, whether the water used for washing is potable? | | Y  N  NA  Y  N | |  |
| On farm processing activities on the farm: | |  | |  |
| In case of on farm processing, name final products and processing loss. | |  | |  |
| Describe the packing material used to pack the harvested produce | |  | |  |
| Describe the procedure followed for the transportation of Organic crops to the destination. | |  | |  |
| Describe the procedure followed to avoid contamination and comingling during transportation of Organic crops. | |  | |  |
| Labelling of final Produce/Product: *(Advisory: If planning to do the product labelling must mention the artwork of label, content of the label, whether label approval accorded, reconciliation of labels for each products under certification, use of India Organic logo)* | |  | |  |
| **Description of monitoring practices & procedures to ensure effective implementation:**  **NPOP Appendix 1.1 (iv)** | | | | |
| *(Give details of responsible person who does monitoring, frequency of monitoring, assessment of effectiveness etc.)* | | | | |
| **Risk Management:** | | | | |
| **Risks** *(Give details of risks involved)* | | | **Corrective Actions** *(Give details of corrective actions taken to mitigate the risk)* | |
| *Physical risk:* | | |  | |
| *Chemical risk:* | | |  | |
| *Biological risk:* | | |  | |
| *Social risk:* | | |  | |
| *Other risk, if any:* | | |  | |
| **Recordkeeping: NPOP Appendix 1.1, Annexure 5.19; 4.4.7.2** | | | | |
| *The records must disclose all activities and transactions of the operation and to be maintained for 5 years. It should be available at the time of inspection to make easy for the inspector to understand and detailed enough to the documented activities and transaction for any sold crop back to the field and seed from its grow.* | | | | |
| How long will you keep records pertaining to your operation? | |  | |  |
| Please describe method(s) used to check the effectiveness of your recordkeeping to determine that they are in compliance with the NPOP requirements. (Monitoring, self-audit, review non-compliances, spreadsheets, etc.) | |  | |  |
| Describe method used to check the traceability of farm produce from seed to sale. Explain your traceability system. Check all that apply | |  | | Use of Lot number  Use of Tracenet codes  Product name  Harvest date  Others, specify |
| Describe the recordkeeping system you use for tracing your crop from sale to seed, as explained above. | |  | |  |
| **Audit Trail / Record Keeping System:** | | | | |
| **Indicate the types of record you maintained at your farm:**  Seed purchase invoices  Documentation of attempts to source organic seeds and/or planting stock  Field History  Documentation of previous land use and/or newly purchased land  Field activity record  Compost production record  Equipment cleaning record  Harvesting record for organic crops  Buffer crop harvest record  Storage record  Transportation cleaning record  Other: | Y  N  NA  Y  N  NA  Y  N  Y  N  NA  Y  N  Y  N  NA  Y  N  NA  Y  N  Y  N  NA  Y  N  NA  Y  N  NA | | |  |
| I affirm that all statements made in this application and annexes are true and correct. I understand that acceptance of this questionnaire in no way implies granting of certification. I agree, on behalf of the members of the committee and managers to follow the relevant standards (NPOP etc.).I further affirm that up to date information is available at the office for all our members during the inspection. Name & Signature of Responsible person:  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

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| **To be filled by the Certifier (Initial review)** | | | | | | | |
| **Certifier’s Decision:** | | Approved | | | Not Approved | | |
| **Any issues of concern** | | | | | | | |
|  | | | | | | | |
| **Name of the Certifier:** |  | | **Signature:** |  | | **Date:** |  |

|  |  |
| --- | --- |
| **To be filled during audit** | |
| **Applicant / Representative (Name, Signature & Date)** | **Auditor(s) (Name, Signature & Date)** |