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| **Name of the Organization:** | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **CERT ID Project No.:** | | | |  | | | | | | | | **Tracenet Reg. No.:** | | | | | | |  | | | | | | |
| **Mailing Address:** | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **City:** | | | | **State:** | | | | | | | **Country:** | | | | | | | | | | | | **Zip Code:** | | |
|  | | | |  | | | | | | |  | | | | | | | | | | | |  | | |
| **Types of Business:** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Proprietorship** | | **Partnership** | | | | **Corporation** | | | **Limited** | | | | | **Cooperative** | | | | | | | | **Other specify, ……………………** | | | |
| **Number of Unit Requested Under Organic Certification (Processing & Storage):** | | | | | | | | | | | | | | | | | | | | |  | | | | |
| **Unit Address (Processing & Storage):** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Contact Person:** |  | | | | | | | | | | | | | | | | **Designation:** | | | | | | |  | |
| **Phone No.:** |  | | | | | | **Mobile No.:** | | |  | | | | | | | | **Fax No.:** | | | | | | |  |
| **Email id:** |  | | | | | | | | | **Website:** | | | | | |  | | | | | | | | | |
| **Pan card No.:** |  | | | | | | | | | **GST no.:** | | | | | |  | | | | | | | | | |
| **Importer Exporter Code Number (IEC):** | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **FSSAI License No.:** | | |  | | | | | | | | | | | | **Validity:** | | | | |  | | | | | |
| **Standard:** | NPOP | | | | | | | | | | | | | | | | | | | | | | | | |
| **Scope:** | Processer  Re-packer  Importer  Exporter  Other specify | | | | | | | | | | | | | | | | | | | | | | | | |
| **Inspection Applied for:** | | | | | Organic | | | | | | | | | | | | | | | | | | | | |
| **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** | **Remarks** |
| **General Information: NPOP – Appendix 5.1** | | |
| 1. Do you have a copy of latest organic standards? | Y  N  NA |  |
| 1. List all products requested for certification this year: |  |  |
| |  |  |  |  | | --- | --- | --- | --- | | **S. No.** | **Product Name** | **Single Ingredient** | **Multi Ingredient** | | 1. |  |  |  | | 2. |  |  |  | | 3. |  |  |  | | 4. |  |  |  | | 5. |  |  |  |   *Note: Attach Product list separately in case of more than 5 products.* | | |
| 1. Do you handle/processes any of the organic products for other company?   If yes, please list the name of the products along with company name, unit address and process flowchart or each type of product: | Y  N  NA |  |
| 1. List the sourcing of Organic ingredients:   (Attach the copy of current organic certificate)  If sourced from uncertified distributor or supplier, please provide the list:  If so, then describe how the organic integrity is maintained: | Y  N  NA |  |
| 1. Is there any plan for export/import of the organic products?   If yes, please mention the list of countries of origin:  If yes, please mention the destination countries:  If yes, please describe the export eligibility: | Y  N  NA |  |
| 1. Is the organic production seasonal or year-round?   If seasonal, please clarify: |  | Seasonal  Year-round |
| **Split & Parallel Operation NPOP – Appendix 5.1** | | |
| 1. Does the unit produce, handle, processes or pack non-certified products?   If yes, then list the name of the non-certified products:  Is there separate storage for raw materials?  Is there separate storage for finished products?  Describe the procedure followed for preventing contamination and commingling in the storage area? | Y  N  Y  N  Y  N |  |
| 1. Are the equipments used for both Organic and Non-organic production?   If yes, please describe the cleaning procedure of the equipment used in the processing unit?  Provide equipment cleaning record during onsite inspection for verification. | Y  N |  |
| 1. Does Organic and Non organic processing practiced in the same unit?   If yes, are the ingredients used for Organic and Non organic are same?  If yes, then what percentage of Organic and Non organic production processed in the unit. Mention the percentage of production along with the list of non-organic products. | Y  N  Y  N |  |
| **Facility Information NPOP Appendix 5.1** | | |
| 1. Does handling or processing of Organic products are performed at offsite?   If yes, provide the name and address of the facility.  Also provide the details of the products processed at that site.  Also provide the facility map along with dimension, equipment location, receiving area, despatch area, storage area, etc. | Y  N  NA |  |
| 1. Do the unit have process flow charts for all products?   If yes, provide the process flow chart.  If No or NA, please justify reason: | Y  N  NA |  |
| **Product Information NPOP Appendix 5.1** | | |
| 1. Do you have copy of Product Specification/Recipe for all products (FCID-ORG-51)? | Y  N |  |
| 1. Is product list complete and updated (FCID-ORG-52)? | Y  N |  |
| 1. Have certified suppliers for all organic ingredients identified?   Are valid certificates available for all certified suppliers? | Y  N  Y  N |  |
| 1. Do you use Processing Aids during processing? If yes, 2. List the processing aids used in processing for organic products: 3. Are the aids certified organic?     If no, they are on the National list?    Attach the list of non-organic processing aid used. | Y  N  Y  N  Y  N |  |
| 1. Is Water used during processing? If yes, 2. Check the use of water in the facility as an 3. What is the source of water?      1. Does water meet the safe drinking water requirements?   *Attach a copy of current water test report.* | Y  N  Y  N | Ingredient  Processing aid  Equipment cleaning  Other specify,  Municipal  Onsite well  Other specify, |
| 1. Is Steam used during processing? If yes, 2. Is steam used as an ingredient at your facility? 3. Is steam used in the packaging or processing of the Organic products?   If yes, describe the procedure of use:   1. Does the steam come in direct contact with the organic food products?   If yes, does boiler additives are in use?  If yes, please provide the list of boiler additive in use:  If yes, do you use: | Y  N  Y  N  Y  N  Y  N  Y  N | Testing of finished products  Steam filters  Condensate traps  Others specify, |
| **Quality Assurance: NPOP Appendix 5.1** | | |
| 1. Do you have written policies or procedures for handling/processing or manufacturing at your facility? If yes, attach the copy. | Y  N |  |
| 1. Describe the preventive measures for Organic Control Points during production or handling to maintain the organic integrity. |  |  |
| |  |  | | --- | --- | | **Organic Control Points** | **Preventive Measures** | | Commingling / Contamination |  | | Equipment Cleaning |  | | Pest control products |  | | Storage |  | | Record keeping |  |   *Note: Mention NA if not applicable.* | | |
| 1. Tick the applicable protocols are in place: | Y  N | ISO  HACCP  TQM  Other (specify) |
| 1. Describe the measures taken to prevent commingling and contamination during processing: |  |  |
| 1. Specify the preventive measures followed during organic production of the ingredients produced: |  | GE testing  Letters from manufacturers  Other (specify) |
| 1. M What percent of the ingredient do you test for the presence of GMO?   What percent of the ingredient do you test for the presence of prohibited substances? |  |  |
| 1. Does the product review system is in place? | Y  N |  |
| **Sanitation: NPOP Appendix 5.2** | | |
| 1. Check the physical methods used for cleaning or sanitation: |  | Vacuuming  Clean in place  Sweeping  Manual washing  Other specify |
| 1. Are cleaners or sanitizers in use?   If yes, please provide the list below: | Y  N |  |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Product or Brand name** ∗ **(Cleaner/Sanitizer)** | **Manufacturer name** | **Composition** | **Purpose & Location of use** | **Cleaner / Sanitizer** | **Fully rinsed off (Y/N)** | **On National list (Y/N)** | **Food contact surface (Y/N)** | |  |  |  |  |  |  |  |  | | |  |  |  |  |  |  |  |  | | |  |  |  |  |  |  |  |  | | |  |  |  |  |  |  |  |  | |   *\* Provide Label and MSDS of the product used in the facility for Pest control.* | | |
| Where are the cleaners / sanitizers stored? |  |  |
| 1. Do the organic products of food grade quality have direct contact with the surface? | Y  N |  |
| 1. Do you test food contact surfaces for cleaner / sanitizer residues? | Y  N |  |
| 1. Does cleaning or sanitizing log maintained? *Provide the log during onsite inspection.* | Y  N |  |
| **Pest Management: NPOP Appendix 5.2** | | |
| 1. Check the potential pest problem in the facility: |  | Flying insects  Crawling insects  Rats  Mice  Spiders  Birds  Other specify, |
| 1. How the pest control system is managed in the facility? |  | In-house.  Name of responsible person(s) at your facility:  Contract pest control service:  Name, address, phone number: |
| 1. Is there a written policy or procedures to control pest problem and maintaining the log including the control measures in use?   If yes, attach the details below, | Y  N |  |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Product or Brand name** ∗ | **Manufacture name** | **Composition** | **Location & Method of application** | **Target pest** | **Fully rinsed off (Y/N)** | **On National list (Y/N)** | **Food contact surface (Y/N)** | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |   *\* Provide Label and MSDS of the product used in the facility for Pest control.* | | |
| 1. Check the management practices performed in the facility: |  | Exclusion  Ingredient inspection for pests  Good sanitation  Removal of exterior habitat/food sources  Vacuum treatments  Clean-up of spilled product  Physical barriers  Mowing  Sealed doors and/or windows  Repair of holes, cracks, etc.  Screened windows, vents, etc.  Sheet metal on sides of building exterior  Positive air pressure in facility  Inspection zones around interior perimeter  Exterior predator habitat  Other specify: |
| 1. Check the mechanical and physical methods practiced in the facility: |  | Air showers  Air curtains  Ultrasound/light devices  Release of beneficial  Sticky traps  Electrocutes  Pheromone traps  Mechanical traps  Scare eye balloons  Freezing treatments  Heat treatments  Other specify: |
| 1. If above methods are not useful, do you use allowed products listed under NPOP?   If yes, provide details of products used. | Y  N |  |
| 1. If above methods are not useful, do you use restricted products listed under NPOP?   If yes, provide details of products used. | Y  N |  |
| 1. Dos the pest control measures are limited within the facility i.e.,   How far from the building do you apply pest control measures? |  | Inside only  Both inside & outside |
| 1. Submit the Pest control map indicating all the locations along with the facility map. | Y  N |  |
| **Packaging: NPOP Appendix 5.5** | | |
| 1. Check the packaging material used: |  | Paper  Plastic  Metal  Wood  Cardboard  Synthetic fibre  Other specify, |
| 1. Are the packaging materials of food grade quality?   If no, list the non-food grade packaging materials that contact organic food products. | Y  N |  |
| 1. Where are the packaging materials stored? |  |  |
| 1. Doe any of the packaging materials are treated or exposed to synthetic fungicides, preservatives and or fumigants? | Y  N |  |
| 1. Dose the packaging materials re-used?   If yes, describe how the packaging materials are cleaned prior to use. | Y  N |  |
| 1. Does the re-usable packaging material is used for both organic and non-organic products?   If yes, list the name of the products packed | Y  N |  |
| **Labelling & Marketing: NPOP Appendix 5.6** | | |
| 1. List the name of the products where label will be in use: |  | Retail:  Non-retail: |
| 1. Indicate how you will be labelling your products: |  | Do not use labels  Use India Organic seal  Use lot number only  Other specify, |
| 1. Check the type of marketing or sales outlets used by your operation: |  | Farmers market  Direct sales  Distributors  wholesale  Retail stores  Other specify, |
| **Storage: NPOP Appendix 5.7** | | |
| 1. Do you have storage facility?   If yes, please provide the information on storage: | Y  N  NA |  |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Use** | | **Location** | **Capacity** | **Dedicated organic Y/N** | **Identification** | | **Raw Ingredients** |  |  |  |  | | **Packaging Materials** |  |  |  |  | | **In-Process Goods** |  |  |  |  | | **Finished Product** |  |  |  |  | | **Off-Site Storage** |  |  |  |  | | | |
| 1. If there is off-site storage, provide company name, address and contact person. Also submit the storage facility affidavit for each location | Y  N  NA |  |
| 1. Check the type of storage in use at your facility: |  | Dry  Cold  Frozen  Other (specify): |
| **Traceability: NPOP Appendix 5.1** | | |
| 1. Describe how the incoming ingredients are identified and verified about the organic status. |  |  |
| 1. Describe the tracking system along with the lot numbers identifying the product throughout the production cycle. Provide the record details. |  |  |
| 1. Describe the coding system of the finished product. |  |  |
| 1. Describe the typical product loss indicating ingredients, production, storage loss, etc.   How you ensure quantity of incoming and outgoing product correlate with each other? |  |  |
| **Transportation: NPOP Appendix 5.7** | | |
| 1. In what forms are the incoming products received? |  | Paper bags  Cardboard drums  Metal boxes  Containers  PE Bags  Gunny Bags  other specify |
| 1. In what forms are the finished products transported? |  | Paper bags  Containers  Cardboard drums  PE bags  Other specify, |
| 1. Who is responsible for incoming and outgoing transportation from the facility? |  |  |
| 1. How do you ensure that prior loading of the organic products, cleaning of the transportation is done?   Is this documented? | Y  N |  |
| 1. Do the transport vehicles carry any prohibited materials? | Y  N |  |
| 1. Do the transport companies been notified of handling requirements? | Y  N |  |
| 1. Does same transport used for transporting organic and non-organic products at a same time? | Y  N |  |
| 1. Check the steps followed during segregation of organic products: |  | Use of pallets  Separate area in transport unit  Dedicated to organic  Other specify, |
| **Recordkeeping: NPOP Appendix 5.1** | | |
| 1. Do you ensure that the recordkeeping system allow you to trace the ingredients of the finished product back to their source? | Y  N |  |
| 1. Do you distinguish your recordkeeping system between organic and non-organic products? | Y  N  NA |  |
| 1. Do you maintain organic records minimum for 5 years? | Y  N |  |
| 1. Check the types of records maintained at your unit: |  |  |
| **Incoming:**  Purchase orders  Contracts  Invoices  Bills of lading  Quality test report  Transaction certificates  Valid certificates of organic supplier  Verification of Non-GMO/No excluded methods for Non organic ingredients  Receiving records  Receiving summary log  Transport cleaning record  Other | Y  N  Y  N  Y  N  Y  N  Y  N  Y  N  Y  N  Y  N  Y  N  Y  N  Y  N  Y  N  Y  N |  |
| **In Process:**  Process Flow Chart  Ingredient use records  Blending reports  Production reports  Equipment cleaning record Sanitation logs  Packaging reports  QA reports  Production summary reports  Pest control log  Other | Y  N  Y  N  Y  N  Y  N  Y  N  Y  N  Y  N  Y  N  Y  N  Y  N  Y  N |  |
| **Storage:**  Ingredient inventory reports  Finished product inventory reports  Other | Y  N  Y  N  Y  N |  |
| **Outgoing:**  Transport cleaning records  Bills of lading  Purchase orders  Sales invoices  Transaction certificates  Sales summary log  Other | Y  N  Y  N  Y  N  Y  N  Y  N  Y  N  Y  N |  |
| **Exported/Imported products or ingredients:**  Invoices/purchase orders  Organic certificates  Shipping documents  Weigh tickets, receipts and/or tags  Clean truck / container affidavits  Customs forms  **Receiving records:**  Certificates of analysis / product specification sheets  Product inventory / storage records  Product Profile/Specification/Recipe  Transaction certificates  TraceNet certificates  Export declaration forms  Other | Y  N  Y  N  Y  N  Y  N  Y  N  Y  N  Y  N  Y  N  Y  N  Y  N  Y  N  Y  N  Y  N |  |

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| --- |
| I affirm that all statements made in this application 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).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)** |