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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 Storage Units Requested Under Organic Certification:** | | | | | | | | | | | | | | | | | | | | |  | | | | |
| **Storage Unit(s) address:** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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:** | Trader | | | | | | | | | | | | | | | | | | | | | | | | |
| **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** | **Comments** |
| **General Information: NPOP – Appendix 5.1** | | |
| 1. Do you have a copy of latest organic standards? | Y  N |  |
| 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 any of the organic products for other company?   If yes, please list the name of the products along with company name and address: | Y  N  NA |  |
| 1. List the sourcing of Organic products:   (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. Does there is 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 |  |
| **Product Information NPOP Appendix 5.1** | | |
| 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 |  |
| **Quality Assurance: NPOP Appendix 5.1** | | |
| 1. Does there is any written policies or procedures for handling at your facility. If yes, attach the copy. | Y  N |  |
| 1. Describe the preventive measures for Organic Control Points during handling to maintain the organic integrity | Y  N |  |
| |  |  | | --- | --- | | **Organic Control Points** | **Preventive Measures** | | Commingling / Contamination |  | | Equipment Cleaning |  | | Pest control products |  | | Storage |  | | Record keeping |  | | | |
| 1. Tick the applicable protocols are in place: |  | ISO  HACCP  TQM  Other (specify) |
| 1. Describe the measures taken to prevent commingling and contamination during storing: | 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  NA |  |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **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? |  |  |
| **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 is the pest control system 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, provide 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 boxes for Restricted materials if the above practices are not effective: |  | Fogging  Fumigation  Rotenone  Ryania  Crack & crevice spray  Disodium octal tetra hydrate  Precipitated silica  Other specify, |
| 1. Do the pest control measures are limited within the facility?   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 |  |
| **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 |  |
| 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. Do you use lot numbering system?   If yes, describe the tracking system along with the lot numbers identifying the product throughout the production cycle. Provide the record details. | Y  N |  |
| 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  PE Bags  Cardboard drums  Containers  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 is 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  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  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 |  |
| 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 will be 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)** |