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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of the Organization:** | | |  | | | | | | | | | | | | | | | | | | | | |
| **CERT ID Project No.:** | | |  | | | | | | | | **Tracenet Reg. No.:** | | | | | | |  | | | | | |
| **Mailing Address:** | | |  | | | | | | | | | | | | | | | | | | | | |
| **Types of Business:** | | | | | | | | | | | | | | | | | | | | | | | |
| **Proprietorship** | | **Partnership** | | | | **Corporation** | | | **Limited** | | | | | **Cooperative** | | | | | | **Other specify, ……………………** | | | |
| **Name of Wild collection area:** | | | | |  | | | | | | | | | | | | | | | | | | |
| **Address of the wild collection area:** | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| **Contact Person:** |  | | | | | | | | | | | | | | | **Designation:** | | | | |  | | |
| **Phone No.:** |  | | | | | | **Mobile No.:** | | |  | | | | | | | **Fax No.:** | | | | |  | |
| **Email id:** |  | | | | | | | | | **Website:** | | | | |  | | | | | | | | |
| **Pan card No.:** |  | | | | | | | | | | | | | | | | | | | | | | |
| **Survey No.** |  | | | | | | | | | | | | | | | | | | | | | | |
| **Total area (Ha):** |  | | | | | | | **Collection Area (Ha):** | | | | |  | | | | | | **No. of collectors:** | | | |  |
| **Forest Circle:** |  | | | | | | | | | | | | | | | | | | | | | | |
| **Forest Division:** |  | | | | | | | | | | | **Forest sub-division:** | | | | | | |  | | | | |
| **Forest Range:** |  | | | | | | | | | | | **Forest sub-range:** | | | | | | |  | | | | |
| **Collection Permission Period:** | | | | | From: To: | | | | | | | | | | | | | | | | | | |
| **No. of Collection centres:** | | | | |  | | | | | | | | | | | | | | | | | | |
| **Standard:** | NPOP | | | | | | | | | | | | | | | | | | | | | | |
| **Scope:** | Wild collection | | | | | | | | | | | | | | | | | | | | | | |
| **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** |
| **Wild Harvest Information: NPOP – Appendix 1.11** | | |
| 1. Do you have a copy of latest organic standards? | Y  N |  |
| 1. Is list of crops/plant parts collected from wild forest maintained? | Y  N |  |
| 1. Describe the prevention of contamination from adjoining land use or other sources. |  |  |
| 1. How it is ensured that wild collection area has not received any chemical treatment? |  |  |
| 1. Describe the natural environment of the forest area. |  |  |
| **Harvesting/Collection Operation NPOP – Appendix 1.11** | | |
| 1. Describe how the crops/plant parts are harvested/collected. |  | By hand  By mechanical |
| 1. What percentage of the wild crops/parts are harvested?   How it is ensured that collected quantity do not exceed sustainable yield of collected species? |  |  |
| 1. Is list of collectors available and confirmed by Forest department? | Y  N |  |
| 1. Describe the steps taken to protect harvested crop from commingling and contamination. |  |  |
| 1. What type of containers used for storing of harvested crops?   Are containers re-used? | Y  N | Wooden  Cardboard  Plastic crate  Jute bags  other specify |
| 1. Describe training provided and the procedures employed to ensure that all collectors harvest crops sustainably and in a manner that does not damage the environment. |  |  |
| **Ecosystem conservation:** | | |
| 1. Describe how will you monitor the impact of your wild crop practices to: 2. Maintain or improve natural resources in the wild area: 3. Ensure that the crop is harvested in a sustainable manner that it does not damage the environment including soil and water: |  |  |
| 1. Are any rare, threatened or endangered species found in the harvest area?   If yes, provide list and describe the action or practices taken to correct them: | Y  N |  |
| **Post-harvest Management: NPOP Appendix 1.11** | | |
| 1. Describe your storage process |  |  |
| 1. 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. |  | Pest control measures:  Cleaning: |
| 1. Do you use the same storage areas for organic, transitional, buffer, and/or conventional crops? |  | Yes  No  Sold Without Storage |
| 1. Describe the Transportation processes. |  |  |
| **Recordkeeping System: NPOP Appendix 1.11** | | |
| 1. How long do you keep the records? |  |  |
| 1. Check the following records you keep for organic production: |  | Collection area map  Activity log(s)  Equipment cleaning records  Harvest and post-harvest records  Collectors list  Purchase Record  Stock record  Cleaning record for storage unit  Pest control record  Sales record  Transport details  Complaint log  Wild Collection Permission Letter  Others specify |
| 1. Type of marketing: |  | Wholesale  Contracted buyer  Retail sale  Farmer Market  Other specify |
| 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)** |