

<p>8. Conditions from last year: No conditions <input type="checkbox"/></p>	
<p>9. Describe how you have complied with any conditions from last year's certification process: No conditions <input type="checkbox"/></p>	
<p>10. Are you planning to produce any non-organic crops for sale this year? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please request a Split Operation Form from your CB.</p>	
<p>11. Check any NEW farm production activities, including non-organic: Grain/hay/pasture <input type="checkbox"/> Vegetable <input type="checkbox"/> Tree fruit <input type="checkbox"/> Small fruit <input type="checkbox"/> Livestock <input type="checkbox"/> Poultry <input type="checkbox"/> Eggs <input type="checkbox"/> Herbs <input type="checkbox"/> Nuts <input type="checkbox"/> Sprouts <input type="checkbox"/> Greenhouse <input type="checkbox"/> Bees <input type="checkbox"/> Mushrooms <input type="checkbox"/> Other:</p>	

ENVIRONMENTAL PROTECTION - COABC Section 1.4 & 3.1	
<p>12. Have you made any changes in your conservation practices or plans since your last plan or update, such as: completed Environmental Farm Plan, or changes in riparian management, sewage system, wetland protection, fuel storage, water use practices? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, specify:</p>	

Section B Land Base Information

<p>13. Have you added land to or removed land from your land base? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, complete the following 2 tables to provide identification; site names and field numbers and to provide land use history for all new property.</p>					
Site name	Field #	Acres /ha	Location and lot # (legal address)	Removing (R) Adding (A)	Applying for certification? Y or N
<p>14. Are any fields leased? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes indicate which field #'s:</p>					
<p>15. Land use history - Complete only for all new fields requested for certification (from table above). List all inputs for last three years for each field.</p>					
Year	New Field(s) #	Previous Use of field (if cropped, list crops)	All materials applied including fertilisers, pesticides and/or herbicides, compost & manure	Date(s) of application	
<p>16. Have you made any changes that affect your farm maps such as: new barns or buildings, new roads, new greenhouses, new buffer zones, new fences, new fields, new gardens, new orchards, new property, new pond or dugout, new irrigation, new well?</p>					

Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, specify: If you have indicated changes, you must either modify your original maps, or make new ones. New maps sent by: email <input type="checkbox"/> Post <input type="checkbox"/>	
17. Indicate CCA treated fence posts stockpile numbers: Don't have any <input type="checkbox"/> Have you installed any treated wood or treated posts in the past year? Yes <input type="checkbox"/> No <input type="checkbox"/>	
18. Has there been any GMO crops, products, or sewage sludge applied to your land? Yes <input type="checkbox"/> No <input type="checkbox"/>	
19. Has your water use changed ? New well <input type="checkbox"/> New irrigation plans system <input type="checkbox"/> New Pond or dugout <input type="checkbox"/> None <input type="checkbox"/> Other:	

Section C Protection from Contamination - COABC Sections 3.4, 3.5

20. Have there been changes in adjacent land use that may affect accidental contamination such as, new roads or highway, new neighbours, new adjacent farm use, new adjacent industrial use, changes in what is kept in storage areas? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, specify:															
21. Are you are aware of any accidental contamination of your land or crops in the last year? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, specify:															
22. Have you made any changes in your buffer zones such as: size, where needed, vegetation, crops grown or not grown? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, specify:															
23. Have you made any changes in the crops grown in your buffer zones? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list fields and crops:															
<table border="1"> <thead> <tr> <th>Field(s) #</th> <th>Crop in buffer zone</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Field(s) #	Crop in buffer zone													
Field(s) #	Crop in buffer zone														
24. Have there been any changes in the potential for contamination of your water source such as, neighbouring run-off, municipal development, flooding, manure use, or misuse? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes , specify:															

<p>27. Have you made any changes to your soil management, tillage, or soil fertility plans such as: soil erosion mitigation, soil testing, new tillage practices or implements, new mulching techniques, new compost plans? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, specify:</p>																																													
<p>28. Have you made any changes to your crop rotation plan such as: new green manure crop, new schedule of rotations, new type of production, new farming practice i.e. low tillage? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, specify:</p>																																													
<p>29. Have you made any changes to your manure and compost management plan such as: use of raw manure, new source of manure for compost, new composting method, new compost ingredients, new application procedures for compost or manure, new source of off-farm compost, potential contaminants in compost? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, specify:</p>																																													
<p>30. Have you noticed any improvement in your soil such as, more fertile, better water retention, better friability, less compaction? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, specify:</p>																																													
<p>31. List all separate seed sources you used since your last Crop Plan or Update, or intend to use in the next 12 months. Do not use seeds <input type="checkbox"/></p>																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">Seed source/supplier</th> <th style="width:20%;">Vegetable(V) forage(F), grain (G)</th> <th style="width:20%;">Organic (O)</th> <th style="width:25%;">Non-organic (N)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Seed source/supplier	Vegetable(V) forage(F), grain (G)	Organic (O)	Non-organic (N)																																									
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<p>32. Are the seeds used GMO free? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A <input type="checkbox"/></p>																																													
<p>33. If you used innoculant, is it GMO free? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A <input type="checkbox"/></p>																																													

34. If you use pelleted seed, are all ingredients in pelleting allowed for organic production?
 Yes No Unknown N/A

35. Did you or will you purchase annual seedlings? Yes No Unknown
 If yes, please list supplier(s):

Are all suppliers certified organic? Yes No

36. If you purchased planting stock, (including potatoes & onion sets) complete the following table. For non-organic perennial transplants, indicate the date of planting. Didn't purchase planting stock

Supplier	Planting stock type or variety	Organic (O)	Non-organic (N) + date of planting (perennials)

37. Did you or do you plan to use organic planting stock? Yes No
 If not, why? They don't carry equivalent varieties Don't know where to look
 Not commercially available
 Other:

38. Have you made any **changes** to your seedling production or greenhouse operation plan such as: changes of ingredients in soil mix used, new greenhouse, new seedling production for sale, new growing systems, new greenhouse irrigation system, new fertility, disease, or weed management materials used? Yes No If yes, specify:

39. Have you made any **changes** in your weed, pest, or disease management plans such as: new problem weeds, new weed control methods, new problem pests, new pest control methods or materials, new disease management methods of materials?

Yes No If yes, specify:

ORCHARD AND SMALL FRUIT

40. Have you made any **changes** to your orchard or small fruit management plan such as: use of different operators, contractors for spraying, thinning and other orchard management, new orchard floor management, new orchard fertility management?

Yes No If yes, specify:

Section F Harvest, Processing & Marketing - COABC Sections 4,11

41. Have you made any **changes** to your harvest or storage plans such as: new type of harvest containers, new washing procedures for product or harvest containers, new washing and packing facilities, new bulk storage facility, new final packing containers, new product storage facility, new off-site storage facility? Yes No N/A

If yes, specify:

42. Have you, or will you be developing **new** labels for your certified products?

Yes No If yes, submit new labels to your CB for approval.

43. Who is responsible for the labels on your product? Myself Retailer Buyer

Packing house

Other:

If someone other than yourself, provide the details:

<p>44. Have you made any changes to your processing plan such as: new on-farm processing, new off-farm processing (includes washing and packing), new on-farm custom processing (includes washing and packing)? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> If yes, specify:</p>	
<p>45. Have you made any changes in the transportation responsibilities or plans for your organic products such as: new types of transport methods, new types of shipping containers, new product being shipped? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, specify:</p>	
<p>46. Have you made any changes in how you market your organic products? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details:</p>	

Section G Records - COABC sections 2.7, 3.2

<p>47. Indicate the records you use (have current copies ready for inspection by VO):</p> <p><input type="checkbox"/> Planting records</p> <p><input type="checkbox"/> Rental or lease agreements</p> <p><input type="checkbox"/> Receipts for purchased inputs (such as fertilisers, sprays, compost, etc)</p> <p><input type="checkbox"/> Input Log (material application records)</p> <p><input type="checkbox"/> Farmgate/farmers' Market daily sales records by crop</p> <p><input type="checkbox"/> Equipment Cleaning Log</p> <p><input type="checkbox"/> Spray Record</p> <p><input type="checkbox"/> Harvest Record (amounts and dates)</p> <p><input type="checkbox"/> Storage records that show storage location, storage identification, production area, amounts stored, and cleaning activities</p> <p><input type="checkbox"/> Copies of organic certificates for any produce that is being handled, re-sold or processed</p> <p><input type="checkbox"/> Sales records (purchase order, contract, invoice, cash receipts, cash receipt journal, sales journal, etc.) for both organic and non-organic crops.</p> <p><input type="checkbox"/> Customer Complaint Log</p> <p><input type="checkbox"/> Standards require a soil test of your farm upon initial application</p> <p><input type="checkbox"/> Buffer zone harvest records</p> <p><input type="checkbox"/> Compliant form</p> <p>Other:</p>	
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Section H Notes & Affirmations

You will be required to submit an application that updates this plan each year. Keep a copy of this Farm Plan Update as a reference for future updates. This application is part of your farm records and must be kept with farm records.

49. Use this area to add information that may provide assistance to the Certification Committee who will review your Farm Plan Update.

50. ORGANIC OPERATOR AFFIRMATION

I affirm that all statements made in this application are true and correct. I understand that the operation may be subject to unannounced inspection and/or sampling for residues at any time as deemed appropriate to ensure compliance with the BC Certified Organic Program.

I agree to allow the VO and/or members of the Certification Committee and the COABC Accreditation Board auditor access to all areas of my farm and to my records, including: inputs, production, processing, handling sales, and products purchased for resale, from both organic and non-organic production.

I understand that acceptance of this document in no way implies granting of certification by the (CB). I agree to provide further information as required by the (CB). I have read, understood, and agree to comply with the (CB) constitution, bylaws and Production Standards. I understand that any wilful misrepresentation will result in de-certification.

I understand that this completed document is confidential information for use of the (CB) and COABC Auditors (for accreditation purposes). Membership and certification status is public information.

Signed

Print name:

Date

51. Attachments I am including with this document:

- Split Operation form (if required)
- Soil test (if required)
- Letter from neighbour (buffer zone derogation , if required)
- Independent Storage form (if required)
- Other management plans i.e. Livestock, Processing, Poultry list:
- Labels:
- Other:

52. VO notes and summary

53. VERIFICATION OFFICER AFFIRMATION

All information in this report is accurate to the best of my knowledge and is based on my observations, review of documents and operator interview. All compliance assessments are made in reference to the COABC organic management standards and policies of (CB).

Information contained in this report is confidential between the Verification Officer, the inspected party, and the certification body. This report does not constitute certification or consultation, nor should it be used for promotional purposes.

Signed

Print Name

Date:

List of attachments: