

BC Certified Organic Program

Kootenay Organic Growers Society

→Confidential when completed←

Organic Crop Farm Plan and Inspection Report

This form is to be used for **initial** applications for farm crops: vegetables, small fruits, large fruits, nuts, grains, forage and unheated greenhouses under 315 m². Use the accompanying "Organic Crop Farm Plan Guide" to assist in completion of this form. This form must be completed on computer or with a black ink pen. Do not use pencil. Unless otherwise marked, columns on the right are reserved for the Verification Officer - do write in these boxes. Check all boxes that apply to what you have done in last 12 months or plan to do in the next 12 months. Answer all questions, including N/A (not applicable) Items marked with an * indicate a regulated product or practice - consult your standard for annotations. If you run out of room, use the space at the bottom of the form.

Section A General Information

1. Name	2. Farm Name	3. Date:
4. Mailing Address	5. Physical location (Give directions for the Verification officer)	
6. Tel.	7. Fax.	File # Date received:
8. Email address:		Date reviewed: Reviewed by:
9. Managers name & Tel. (if different from above)		
10. Have you ever been denied certification? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, by what certification Body?	VO name: Date of inspection: Time arrived: Time departed:	
11. How long have you owned or managed this farm?	VO only:	
12. Do you own and understand the current version of the BC Certified Organic Management Standards? Yes <input type="checkbox"/> No <input type="checkbox"/> As you complete the Farm Plan you may need to refer to the standards.	13. Do you think that any of your products will be sold in or form part of a production chain that will ultimately be sold in? US <input type="checkbox"/> Quebec <input type="checkbox"/> UK <input type="checkbox"/> Other:	
14. Check all farm 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>What kinds of production do you want certified? Land & Crops <input type="checkbox"/> Greenhouse <input type="checkbox"/> Processed products <input type="checkbox"/> Other:</p>	VO Only:
<p>17. Are parts of your operation not in the organic certification program including crops, greenhouse operations, livestock, or processed products? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, only your own consumption i.e. flock of chickens? Yes <input type="checkbox"/> No <input type="checkbox"/> Please specify type and amount:</p> <p>Are you planning to sell product that has not been not grown and/or processed under the certified organic program? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, request, complete and submit a Split Operation Form from your CB</p>	
ENVIRONMENTAL PROTECTION (Section 1.4 & 3.1 COABC Standards)	
<p>18. Have you completed an Environmental Farm Plan? Yes <input type="checkbox"/> No <input type="checkbox"/> Please send information <input type="checkbox"/></p>	
<p>19. What conservation practices are you creating or maintaining on your farm? Wetland protection <input type="checkbox"/> Wildlife habitat <input type="checkbox"/> Maintain/enhance windbreaks/ hedge (fence) rows <input type="checkbox"/> Perennial cover crops <input type="checkbox"/> Minimise soil erosion <input type="checkbox"/> Grazing management (crown & private land) <input type="checkbox"/> Sewage system maintained <input type="checkbox"/> Leaving weed stubble (the hollow stems of various weeds, particularly grasses, are nesting sites for some types of pollinating wasps and other beneficial insects) <input type="checkbox"/> Other:</p>	
<p>20. How do you protect watercourses and water quality? Plant buffers along stream banks <input type="checkbox"/> prevent manure/compost runoff <input type="checkbox"/> plant cover crops <input type="checkbox"/> manure/compost spread at optimum times <input type="checkbox"/> maintain equipment so fluids don't leak <input type="checkbox"/> Other:</p>	
<p>21. How do you prevent manure/compost pile from leaching into soil/waterways? Shed <input type="checkbox"/> Tarp <input type="checkbox"/> Piled in dry season <input type="checkbox"/> Straw <input type="checkbox"/> Nothing <input type="checkbox"/> No compost/manure pile <input type="checkbox"/> Not a problem in my climate <input type="checkbox"/> Other:</p>	
<p>22. Water conservation practices used: Drip irrigation <input type="checkbox"/> Micro-sprinklers <input type="checkbox"/> Tensiometer/monitoring <input type="checkbox"/> monitor weather, soil or crop to irrigate only when needed <input type="checkbox"/> Other:</p>	

<p>27. Have any fields been planted to GMO Crops, at any time? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If yes, list field #, date and GMO crop:</p>																								
<p>28. Have you imported soil? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when and from where:</p>																								
<p>29. Have you applied sewage or septage (including composted sewage or bio-solids) to fields? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, indicate which fields and what dates:</p>																								
<p>30. Include a detailed diagram of your farm. See Guide item #28 for details. Map is attached <input type="checkbox"/> Map has been sent by: Post <input type="checkbox"/> Email <input type="checkbox"/> Courier <input type="checkbox"/> Include a clear road map to your farm from the nearest larger community</p>																								
<p>31. Does the construction of your production buildings contain treated wood? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how is this material isolated from contact with production? When was the treated wood installed?</p>																								
<p>32. Type (if any) of fence posts: cedar <input type="checkbox"/> other untreated soft or hardwood <input type="checkbox"/> steel <input type="checkbox"/> Other: CCA treated <input type="checkbox"/> last installation date: CCA treated stockpile (numbers): Is stockpile kept covered? Yes <input type="checkbox"/> No <input type="checkbox"/></p>																								
<p>33. Water use table. Please complete for all uses of water on your farm.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:20%;">Source</th> <th style="width:20%;">Use</th> <th style="width:20%;">Method of delivery</th> <th style="width:20%;">Tested Y or N</th> <th style="width:20%;"></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>					Source	Use	Method of delivery	Tested Y or N																
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Section C Protection from Contamination –Boundaries & Buffer Zones Section 3.4, 3.5

<p>34. Are prohibited substances used on any land adjacent to your property? (This may be on farm land, roadway edges, ditches, forest land, railways, nurseries or aerial spraying) Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/></p>																			
<p>35. Are there adjacent roads, highways, railways, high-tension power lines, and gas lines? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify:</p>																			
<p>36. Have you established buffer zones around your property? Yes <input type="checkbox"/> No <input type="checkbox"/></p>																			
<p>37. Are Buffer Zones marked? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> If yes, how are they marked? Roadways <input type="checkbox"/> Fenced <input type="checkbox"/> Flagged <input type="checkbox"/> Different crop production in buffer zone <input type="checkbox"/> Other:</p>																			
<p>Are buffer zones marked on maps? Yes <input type="checkbox"/> No <input type="checkbox"/></p>																			
<p>38. Are you growing crops in your buffer zones? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> If yes, list fields and crops</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Field #</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> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Field #	Crop in buffer zone																	
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<p>39. What do you plan to do with the crop harvested from the buffer zone? sell as non-organic <input type="checkbox"/> feed to livestock that are not in the certification program <input type="checkbox"/> use for own consumption <input type="checkbox"/> other:</p>																			
<p>Do you keep harvest records from crops harvested from buffer zones? Yes <input type="checkbox"/> No <input type="checkbox"/></p>																			

<p>40. If crops are harvested from buffer zones with equipment used for harvesting organic crops, do you have procedures in place to protect and isolate organic crops from buffer crops during harvest? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, do you:</p> <p>Harvest buffer crop after organic crop <input type="checkbox"/></p> <p>Clean machinery thoroughly after harvesting buffer crop <input type="checkbox"/></p> <p>Store buffer crop in isolated storage area (marked as such) <input type="checkbox"/></p> <p>Other:</p>	
<p>41. Do any fields or portions of fields flood frequently (every ten years)?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, list field numbers:</p>	
<p>42. Is there any indication of contamination of surface or ground water from nearby properties? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, indicate where:</p>	
<p>43. How do you monitor for crop contamination?</p> <p>Not needed <input type="checkbox"/> Visual observation <input type="checkbox"/> Residue analysis <input type="checkbox"/></p> <p>GMO testing <input type="checkbox"/> Photographs <input type="checkbox"/> Wind direction/speed data <input type="checkbox"/></p> <p>Contact with neighbours who spray <input type="checkbox"/></p> <p>Other:</p>	
<p>44. What additional safeguards do you use to prevent accidental contamination?</p> <p>None <input type="checkbox"/></p> <p>Written notification to:</p> <p>Highways departments <input type="checkbox"/> Electric utilities <input type="checkbox"/> Railways <input type="checkbox"/></p> <p>Adjoining landowners <input type="checkbox"/> Regional districts <input type="checkbox"/> Municipalities <input type="checkbox"/></p> <p>Gas line companies <input type="checkbox"/> No spray signs <input type="checkbox"/> Neighbours <input type="checkbox"/></p> <p>Other:</p>	
<p>45. Are prohibited materials or contaminants stored in the same areas where organic produce or harvest equipment are handled or stored? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	

46. Describe the adjoining land use for fields bordering (not owned or managed) your property. Include all areas on all sites where your property borders another property.

52. How do you mitigate damage to soil from tillage?
 Do not till when soil is too wet No-till farming Permanent crops
 Minimum tillage farming Long rotations Use less destructive equipment
 Mulch with organic materials Compost application (build organic matter)
 Perennial cover crops in rotation None
 Other:

SOIL FERTILITY (sections 4.2, 3.11, 3.7)

53. Have you had a soil analysis prepared? Yes No
 If no, why not?

 You must submit a soil test with this application - see Section 3.11 COABC Management Standards for details

54. What are your soil nutrient deficiencies?
 Nitrogen Potassium Sulphur Organic matter Phosphorous
 Unknown Micro-nutrients Other:

55. Do you have problems with? Soil alkalisation Soil salt Erosion Compaction
 Acidification

56. Indicate major components of your soil improvement and fertility program:
 Crop Rotations Incorporation of crop residues Strip cropping Compost Green manure
 Cover crops Interplanting Rock dust Soil inoculants On-farm manure
 Off-farm manure Biodynamic preparations Subsoiling Foliar fertilisers
 Side dressing Summer/black fallow
 Conservation tillage Drainage Compost from off-farm
 Other:

57. Complete the following table for soil & fertility inputs that you plan to use over the next 12 months, including fertility products in greenhouses: I Do not use Soil or fertility Inputs

Product	Brand Name	Status from Materials List	Reason for use

58. Are soil inputs GMO-free? Yes No Unknown

MANURE AND COMPOST (Section 3.9 and 3.10)	
<p>64. If you compost on-farm, do you follow the Code of Agricultural Practice for Waste Management (Waste Management Act)? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>65. Do you plan to use uncomposted (raw) manure? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, where is it applied? Before a Green manure crop <input type="checkbox"/> Forage <input type="checkbox"/> Crops for human consumption <input type="checkbox"/> Other:</p>	
<p>66. On-farm compost source of manure: Organic manure from your farm <input type="checkbox"/> Non organic manure from your farm <input type="checkbox"/> Organic manure from another farm <input type="checkbox"/> Non-organic manure from another farm <input type="checkbox"/> Source of manure animal species:</p>	
<p>67. Other ingredients in your compost: Crop residue <input type="checkbox"/> Weeds <input type="checkbox"/> Leaves <input type="checkbox"/> Straw <input type="checkbox"/> Shavings/sawdust <input type="checkbox"/> Hay <input type="checkbox"/> Abattoir waste (on-farm) <input type="checkbox"/> Fish waste(wild) <input type="checkbox"/> Fish waste (farmed) <input type="checkbox"/> Abattoir waste (off-farm) <input type="checkbox"/> Paper or cardboard <input type="checkbox"/> Mushroom waste <input type="checkbox"/> Other:</p>	
<p>68. Identify the potential contaminants in your compost: Antibiotics <input type="checkbox"/> GMOs <input type="checkbox"/> Steroids <input type="checkbox"/> Parasiticides <input type="checkbox"/> Pesticide residue <input type="checkbox"/> Heavy metals <input type="checkbox"/> Plastic <input type="checkbox"/> Other:</p>	
<p>69. On-farm composting: In vessel <input type="checkbox"/> Windrows <input type="checkbox"/> Static pile <input type="checkbox"/> Aerated pile <input type="checkbox"/> Sectioned bins <input type="checkbox"/> I turn my compost <input type="checkbox"/> I don't turn my compost <input type="checkbox"/> Other: How often do you turn compost? Ageing time:</p>	
<p>70. Do you monitor the temperature of your compost? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, does it get hot? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>71. If you use purchased compost, where do you get it? (brand or supplier):</p> <p>Do you have a complete list of ingredients in the compost? Yes <input type="checkbox"/> No <input type="checkbox"/> Are all ingredients "allowed" in the COABC materials list? Yes <input type="checkbox"/> No <input type="checkbox"/> unknown <input type="checkbox"/> Is it allowed the COABC Brand Name List? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/></p>	
<p>72. During what seasons do you apply compost/manure? Spring <input type="checkbox"/> Summer <input type="checkbox"/> Autumn <input type="checkbox"/> Winter <input type="checkbox"/> At what rate per acre or sq. ft?</p>	

SEEDS AND PLANTS (Section 4.3)

73. List all separate seed sources (suppliers): Do not use seeds

Seed source/supplier	Vegetable(V) forage(F), grain (G)	Organic (O)	Non-organic (N)	

74. Are the seeds you use GMO free? Yes No Unknown

75. If you use inoculant, is it GMO free? Yes No Unknown

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

77. If you purchase planting stock, complete the following table. For non-organic perennial transplants, indicate the date of planting. Don't purchase planting stock

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

78. Do you plan to use organic planting stock? Yes No

If not, why?

They don't carry my varieties Don't know where to look

Not commercially available

Other:

<p>79. Will you purchase annual seedlings? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If yes, please list supplier(s):</p> <p>Are all suppliers certified organic? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
SEEDLING PRODUCTION AND GREENHOUSE OPERATIONS OF LESS THAN 315 m₂	
<p>80. Do you grow organic seedlings on your farm? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you plan to grow and sell seedlings? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>81. Approximate growing area under cover:</p>	
<p>82. What type of growing system in your greenhouse? Plastic trays (seedlings) <input type="checkbox"/> Wooden trays (seedlings) <input type="checkbox"/> Styrofoam trays (seedlings) <input type="checkbox"/> Peat pots (seedlings) <input type="checkbox"/> In the ground <input type="checkbox"/> Constructed beds <input type="checkbox"/> Pots/buckets <input type="checkbox"/> Plastic bags <input type="checkbox"/> Other:</p>	
<p>83. Do you apply inputs through irrigation lines? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify:</p>	
<p>84. Do you use products to clean irrigation lines? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe:</p>	
<p>85. Will you be using a commercial a soil mix for seedlings or containerised plants? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify:</p> <p>On COABC Brand Names list as allowed? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/></p>	
<p>86. Do you prepare your own soil mix for seedlings, or containerised plants? Yes <input type="checkbox"/> No <input type="checkbox"/> List all ingredients used in potting mixes: Sand <input type="checkbox"/> Compost <input type="checkbox"/> Garden soil <input type="checkbox"/> Perlite <input type="checkbox"/> Vermiculite <input type="checkbox"/> Bone meal <input type="checkbox"/> Blood meal <input type="checkbox"/> Fish meal <input type="checkbox"/> Peat moss <input type="checkbox"/> Lime <input type="checkbox"/> Greensand <input type="checkbox"/> Rock phosphate <input type="checkbox"/> Earthworm castings <input type="checkbox"/> Other:</p>	
<p>87. How do you prevent disease, weeds, and insect problems? Ventilation <input type="checkbox"/> Proper spacing <input type="checkbox"/> Plant nutrition <input type="checkbox"/> Temperature control <input type="checkbox"/> Humidity control <input type="checkbox"/> Beneficial insects <input type="checkbox"/> Beneficial nematodes <input type="checkbox"/> Poultry <input type="checkbox"/> Optimum irrigation <input type="checkbox"/> Soil nutrition <input type="checkbox"/> Hand weeding <input type="checkbox"/> Freezing over winter <input type="checkbox"/> Crop rotation <input type="checkbox"/> Cover crops <input type="checkbox"/> Other:</p>	
FARM WEED MANAGEMENT PLAN (Section 4.5)	

88. Major problem weeds	Control plan	

89. Weed management techniques you plan to use:
 Crop rotation Field preparation Smother crops Mowing Timing of seeding
 Hand weeding Stale seedbed Delayed seeding Weed set prevention Grazing
 Rod weeding Allopathic crops Cultivation Flame weeding
 Sanitary border Quick emerging plants Soil temperature monitoring
 Bio-control agents* Soil pasteurisation* Paper product mulch*
 Black fallow* Steam weeding* Landscape fabric* Plastic mulch*
 Selectively leaving weeds
 Other:

*denotes Regulated product or practice

PEST MANAGEMENT (Section 4.6)

90. Identify pests you expect to have problems with: Birds Deer Rodents Slugs
 Cutworms Flea beetle Wireworm Cabbage moth Mites Carrot rustfly
 Aphids Nematodes Codling moth Thrips Leatherjackets Grasshoppers
 Spinach beetle Colorado potato beetle Lygus bug Root maggots Leaf miner
 No pests Don't know yet
 Other:

91. What pest control strategy do you, or will you use to control pests?
 Crop rotation Develop predator habitat Timely cultivation Sanitation
 Remove/avoid pest habitat Sanitation Time planting to avoid pests
 Heavy seeding companion planting Frog ponds Pruning Trap crops
 Bat or bird houses Handpicking Monitoring Exclusion
 Intercropping Physical barriers Predator/parasite release Traps
 Pheromones Repellents Accept limited loss Not needed
 Other:

92. What pests are, or do you expect will be your biggest problem? None

Pest	Pest control strategy	

93. What pest control products do you, or will you use this year? None <input type="checkbox"/>					
Material	Brand or supplier	Allowed (A) or Regulated (R) COABC list?	Where used	What pest?	
94. Do you keep records when you use pest control inputs on a specific crop? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Don't use any <input type="checkbox"/>					
Where do you store pesticides?					
DISEASE MANAGEMENT (Section 4.7)					
95. Disease management techniques you use or plan to use:					
Good crop selection for climate <input type="checkbox"/> Plant spacing <input type="checkbox"/> Crop rotation <input type="checkbox"/> Resistant varieties <input type="checkbox"/>					
Sanitation <input type="checkbox"/> Vector management <input type="checkbox"/> Companion planting <input type="checkbox"/> Compost <input type="checkbox"/> Compost tea <input type="checkbox"/>					
Water management <input type="checkbox"/> Rouging <input type="checkbox"/> Timing of planting <input type="checkbox"/>					
Timing of cultivation <input type="checkbox"/> Appropriate varieties <input type="checkbox"/> Monitoring weather <input type="checkbox"/>					
Appropriate pruning <input type="checkbox"/> Use of IPM scouts <input type="checkbox"/>					
Other:					
96. List diseases do expect to be your biggest problems and the prevention techniques you use or plan to use:					
Problem disease	Disease management techniques				

<p>97. If you plan to use disease management input materials, list them here (include brand name):</p>		

Section E Orchard and Small Fruit

<p>98. Describe your orchard floor between rows: Do not grow orchard or berry crops <input type="checkbox"/> - Skip section E Bare earth <input type="checkbox"/> Cultivated earth <input type="checkbox"/> Grass <input type="checkbox"/> Compost <input type="checkbox"/> Sawdust <input type="checkbox"/> Straw mulch <input type="checkbox"/> Green manure <input type="checkbox"/> (specify type): other:</p>	
<p>99. Describe orchard floor between trees or bushes: Bare earth <input type="checkbox"/> Cultivated earth <input type="checkbox"/> Grass <input type="checkbox"/> Sawdust <input type="checkbox"/> Straw mulch <input type="checkbox"/> Compost <input type="checkbox"/> Green manure <input type="checkbox"/> (specify type): Other:</p>	
<p>100. Describe how you manage your orchard floor - provide details of mowing, cultivating, mulching, grazing and timing of these activities:</p>	
<p>101. Do you have a no windfall's policy? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>102. Do you use any other operators or contractors for spraying, fertilising, pruning, training, thinning etc? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	

Section F Harvest, Processing & Transport

<p>103. Harvest containers: Wooden totes/bins <input type="checkbox"/> Plastic totes <input type="checkbox"/> Steel/wire tote <input type="checkbox"/> Cardboard boxes <input type="checkbox"/> Waxed cardboard boxes <input type="checkbox"/> Natural fibre baskets <input type="checkbox"/> Plastic pails <input type="checkbox"/> Burlap sacks <input type="checkbox"/> Grain truck <input type="checkbox"/> Link box <input type="checkbox"/> Silage wagon/truck <input type="checkbox"/> Loose in truck <input type="checkbox"/> Other:</p>	
<p>104. Are harvest containers put to any other use? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what other uses? Are they used for organic crops only? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>105. Did you purchase harvest containers new? Yes <input type="checkbox"/> No <input type="checkbox"/> If used, what was their previous use?</p>	
<p>106. Are harvest containers labelled? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>107. How do you wash/sanitise harvest containers? Spray hose water <input type="checkbox"/> Pressure washer <input type="checkbox"/> Don't need to <input type="checkbox"/> Other: Do you use a cleaning agent? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify:</p>	
<p>108. How do you wash and sanitise packing/washing area? Don't need to <input type="checkbox"/> Spray hose <input type="checkbox"/> Power washer <input type="checkbox"/> Do you use a cleaning agent Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify:</p>	
<p>109. Do you wash your produce? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> If yes, do you use any additives in your produce wash water? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify: Are you aware of the Canadian Food Inspection Agency regulations regarding the use of potable water for washing human food products? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>110. Is any washing, grading, or packing done off-site? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> If yes, where: Is this facility certified organic? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>111. Will you use new final packaging containers? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> If not, please specify what you will be using for final packaging containers:</p>	

112. Do you have separate storage area for packed product? Yes No
 Refrigerated cooler Ventilated cool room Enclosed delivery vehicle
 Root cellar
 Other:
 Off-site facility Describe:

113. Do you have bulk storage facilities? Yes No If yes, please describe:
 Root cellar Grain bins Silage pit/silo Hay shed/barn
 Climate-controlled building Shed
 Other:
 Off-site facility Please give details (name, address),
 Is it certified organic? Yes No , If no, complete an Independent Storage Facility form from your CB

114. Complete for grain or other permanent bulk bins used for long term storage: N/A

ID #	Style and Capacity	Location	Volume & harvest year	Contents	

<p>115. Will you be labelling your product? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>What kind of labels? Printed boxes <input type="checkbox"/> Printed bags <input type="checkbox"/> Bin or bag tags <input type="checkbox"/></p> <p>Box labels <input type="checkbox"/> Stickers on product <input type="checkbox"/> Stickers on containers <input type="checkbox"/></p> <p>Other:</p> <p>Are you aware that labels for transitional or certified organic product must be submitted to your CB for approval before use? Yes <input type="checkbox"/> No <input type="checkbox"/></p>					
<p>116. Who is responsible for the labels on your product? Myself <input type="checkbox"/> Retailer <input type="checkbox"/> Buyer <input type="checkbox"/></p> <p>Packing house <input type="checkbox"/></p> <p>Other:</p> <p>If someone other than yourself, provide the details:</p>					
PROCESSING (COABC Management Standards Section 11)					
<p>117. Where do plan to do the processing or organic product?</p> <p>On-farm <input type="checkbox"/> Off-farm <input type="checkbox"/></p> <p>If On-Farm, do you plan to dry or freeze only your own organic produce?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list which processed products you plan to sell as organically grown (i.e. frozen strawberries, dried pears):</p> <p>Briefly describe steps in your processing, including any sanitation, or other products used:</p>					
<p>118. If you are planning to process other farms' produce (or use off-farm ingredients) on your farm, or if you are planning to process your produce in an off-farm facility, let your certification body know as soon as possible.</p> <p>I am not planning to do any of the above <input type="checkbox"/> I am processing at a certified organic facility <input type="checkbox"/></p> <p>I have notified my certification body <input type="checkbox"/></p>					

TRANSPORTATION	
<p>119. When does the management of your product leave your control? Pre-harvest <input type="checkbox"/> Post harvest <input type="checkbox"/> When it leaves the farm gate <input type="checkbox"/> When it arrives at the packing plant/distributor/wholesaler/retailer <input type="checkbox"/> Other:</p>	
<p>120. Who is responsible for the transportation of your produce? Self <input type="checkbox"/> Buyer <input type="checkbox"/> Other:</p>	
<p>121. Shipping containers: Same as final packing containers <input type="checkbox"/> Staked on pallets <input type="checkbox"/> Shrink-wrapped pallets <input type="checkbox"/> Cardboard wrapped pallets <input type="checkbox"/> Wooden crates/bins <input type="checkbox"/> Plastic crates/bins <input type="checkbox"/> Burlap sacks <input type="checkbox"/> Plastic bags <input type="checkbox"/> Loose bulk in trucks or railcars <input type="checkbox"/> Cardboard boxes stacked <input type="checkbox"/> Other:</p>	
<p>122. Are shipping containers re-used? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how do you wash/sanitise them before use? Not needed <input type="checkbox"/> Power washer <input type="checkbox"/> Spray hose <input type="checkbox"/> Other: Include any sanitation products used:</p>	
<p>123. Transport method: Personally owned vehicle <input type="checkbox"/> Commercial carrier <input type="checkbox"/> Co-operatively managed transport (marketing group) <input type="checkbox"/> Is vehicle enclosed? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>124. Are there potential contamination or commingling problems with your transport method? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe: Carrier handles organic and non-organic product <input type="checkbox"/> Truck is open-topped and product uncovered <input type="checkbox"/> Other:</p>	
<p>125. What steps are being taken to protect the integrity of your organic product during transport? Dedicated organic only <input type="checkbox"/> Inspection of units before loading <input type="checkbox"/> Cleaning units before loading <input type="checkbox"/> I deliver myself <input type="checkbox"/> Written agreement with carrier <input type="checkbox"/> Other :</p>	
<p>126. Market: Wholesale <input type="checkbox"/> Direct to retail <input type="checkbox"/> Farm gate <input type="checkbox"/> Farmers' market <input type="checkbox"/> Processor <input type="checkbox"/> Broker <input type="checkbox"/> Box delivery scheme <input type="checkbox"/> Restaurants <input type="checkbox"/> CSA <input type="checkbox"/> Other:</p>	

Section G Records

<p>127. 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"/> 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 organically produced products and non-organically produced products.</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"/> Lease or rental documents</p> <p><input type="checkbox"/> Compliant Form</p> <p>Other:</p> <p>Records of non-organic production must be available for inspection by the VO.</p>	
<p>128. How long do you keep your records? 5 years <input type="checkbox"/> Unknown <input type="checkbox"/></p>	
<p>129. If you have crops of different organic status (organic/non-organic/transitional/buffer), will your record keeping procedures track the separation of product? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>You will be required to submit an application that updates this plan each year. Keep a copy of this Farm Plan as a reference for updating it in the future. This application is part of your farm records and must be kept with farm records.</p>	

Section H Notes & Affirmations

130. Use this area to add information that may provide assistance to the Certification Committee who will review your application.

131. 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 Kootenay Organic Growers Society. I agree to provide further information as required by the Kootenay Organic Growers Society. I have read, understood, and agree to comply with the Kootenay Organic Growers Society 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 according to the policies of the BC Certified Organic Program. Membership and certification status is public information.

Signed

Print name:

Date:

132. Attachments I am including with this document:

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

133. VO notes and summary

134. 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: