



# Crop Organic System Plan

## Production Operation Profile Description

Electronic versions available at [agrorganic@mt.gov](mailto:agrorganic@mt.gov)

**Section  
A**

<i>Producer Name(s):</i>	License Number (Office Use Only):
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<i>Business Name:</i>	Location (County/State):
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**Section A: Production Operation Profile** **NOP § 205.201**

*The National Organic Program Standards require all operations seeking certification to develop an organic system plan that is agreed to by the certified operation and an accredited certifying agent. A certified operation must update this system plan on an annual basis in order to verify continued compliance.*

***You may update your plan at any time. Changes must be submitted the Department prior to implementation. Plan updates may be submitted by phone, fax, email or letter.***

**1. Check the box(s) that apply to your farming operation:**

Organic     
  Organic and Non-Organic     
  Conversion

**2. Check the box(s) that apply to your farming operation type:**

CRP     
  Field Crops   
  Floral     
  Fruit-Berries   
  Fungi     
  Hay & Pasture   
  Herbs  
 Livestock   
  Rangeland   
  Tree Fruit   
  Tree Nuts   
  Vegetables   
  Wild Crops

**3. Provide a brief description of your farming operation:**

**4. Do you have any land changes?**

Yes     
  No     
  N/A, New Applicant

If Yes, fill out a Land Application, with attached updated maps and/or Previous Land Manager Affidavit.

**5. Do you have a copy of the National Organic Standards?**

Yes     
  No, visit <https://ecfr.io/Title-07/pt7.3.205>



# Crop Organic System Plan

## Production Operation Profile

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Section

**A**

Producer Name(s):

Date:

Department Use Only	<input type="checkbox"/> Initial Reviewer	<input type="checkbox"/> Inspector	<input type="checkbox"/> Final Reviewer
<b>Is it Complete?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Verified &amp; Accurate?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><u>Observation/Comment:</u></b>			



# Crop Organic System Plan

New Applicant

Electronic versions available at [agroorganic@mt.gov](mailto:agroorganic@mt.gov)

Section

# A1

Producer Name(s):

Date:

Business Name:

## Section A1: New Applicant Section

1. Are you a new applicant?

Yes       No, **go to Section B**

*If Yes, fill out Land Application(s), with attached map(s) and/if applicable, Previous Land Manager Affidavit.*

2. Have you previously applied for organic certification with another certifier?

Yes       No, **go to Section B**

*If Yes, please list the certification agency, the year the application was made, and the outcome of the application.*

Accredited Certifier:

Year:

Certified?

Yes

No

**2b.** If currently or previously certified by another certifier, did you receive a notice of noncompliance.

Yes       No

*If Yes, please list the non-compliance(s), and state how the issues were resolved:*

3. Have you ever been denied certification or had your certification suspended or revoked?

Yes       No

*If Yes, please describe the circumstances:*



# Crop Organic System Plan

## New Applicant

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Section

# A1

Producer Name(s):

Date:

Department Use Only	<input type="checkbox"/> Initial Reviewer	<input type="checkbox"/> Inspector	<input type="checkbox"/> Final Reviewer
<b>Is it Complete?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Verified &amp; Accurate?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Observation/Comment:</b>			



# Crop Organic System Plan

## International Market Requirements

Electronic versions available at [agroorganic@mt.gov](mailto:agroorganic@mt.gov)

**Section  
B**

Producer Name(s): \_\_\_\_\_

Date: \_\_\_\_\_

**Section B: International Market Requirements NOP §205.103**

**1. At this time, do you know if your crop will be exported?**      Yes      No      Unsure  
 Yes, please complete this form as applicable       No, go to Section C

**2. If Yes, which countries?**  
 Europe    Canada    Japan    Republic Of Korea    Switzerland    Taiwan

**U.S. NOP and Export Market Differences**

Management Practice/Concern	Answer	Restrictions
<b>3.</b> Do you use sodium (Chilean) nitrate to grow crops?	<input type="checkbox"/> No, I do not use sodium nitrate	Prohibited in Canada
	<input type="checkbox"/> Yes, I use sodium nitrate on all crops	
	<input type="checkbox"/> I use sodium nitrate in some crops, but not others Describe:	
<b>4.</b> Do you use hydroponic or aeroponic methods to grow crops?	<input type="checkbox"/> No, I do not use hydroponic/aeroponic methods	Prohibited in Canada
	<input type="checkbox"/> Yes, I use hydroponic/aeroponic methods	
	<input type="checkbox"/> I use hydroponic/aeroponic methods in some crops, but not others Describe:	



# Crop Organic System Plan

## International Market Requirements

Electronic versions available at [agroorganic@mt.gov](mailto:agroorganic@mt.gov)

# Section B

Producer Name(s):

Date:

<b>Department Use Only</b>	<input type="checkbox"/> <b>Initial Reviewer</b>	<input type="checkbox"/> <b>Inspector</b>	<input type="checkbox"/> <b>Final Reviewer</b>
<b><u>Is it Complete?</u></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><u>Verified &amp; Accurate?</u></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><u>Observation/Comments</u></b>			



# Crop Organic System Plan

## Soil Fertility

Electronic versions available at [agroorganic@mt.gov](mailto:agroorganic@mt.gov)

Section

**C**

Producer Name(s):

Date:

### Section C: Soil Fertility

NOP §205.203

*The producer must select and implement tillage and cultivation practices that maintain or improve the physical, chemical, and biological condition of the soil and minimize erosion.*

*The producer must manage crop nutrients and soil fertility through crop rotations, cover crops, and applications of plant and animal material. The producer must manage plant and animal materials to maintain or improve soil organic matter content while minimizing contamination of crops, soil and water.*

#### 1. Check the major components of your soil-building/crop nutrient management plan:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Compost          | <input type="checkbox"/> Fertilizer Materials or Blends  | <input type="checkbox"/> Mulching               |
| <input type="checkbox"/> Compost Tea      | <input type="checkbox"/> Green Manures/Plow Downs        | <input type="checkbox"/> Rock Minerals          |
| <input type="checkbox"/> Cover Crops      | <input type="checkbox"/> Incorporation of Crop Residue   | <input type="checkbox"/> Soil Inoculants        |
| <input type="checkbox"/> Crop Rotation    | <input type="checkbox"/> Manure (From Grazing Stock)     | <input type="checkbox"/> Vegetable/Plant Matter |
| <input type="checkbox"/> Fallow Rotations | <input type="checkbox"/> Manure (Not From Grazing Stock) | <input type="checkbox"/> Other:                 |

#### 2. Check the issues addressed by your soil management and rotation practices:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Deficient Nutrients     | <input type="checkbox"/> pH                          | <input type="checkbox"/> Water Availability          |
| <input type="checkbox"/> Disease Management      | <input type="checkbox"/> Pest Management             | <input type="checkbox"/> Water Erosion               |
| <input type="checkbox"/> Excess Nutrients        | <input type="checkbox"/> Salinity                    | <input type="checkbox"/> Water Infiltration/Drainage |
| <input type="checkbox"/> Increase Organic Matter | <input type="checkbox"/> Soil Compaction or Crusting | <input type="checkbox"/> Weed Management             |
| <input type="checkbox"/> Overall Biodiversity    | <input type="checkbox"/> Soil Structure              | <input type="checkbox"/> Wind Erosion                |
| <input type="checkbox"/> Other:                  |  |  |

#### 3. Check the practices that monitor the effectiveness of your soil management and rotation practices:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Crop Observation      | <input type="checkbox"/> Crop Quality Tests    | <input type="checkbox"/> Soil Observation            |
| <input type="checkbox"/> Crop Protein Levels   | <input type="checkbox"/> Microbiological Tests | <input type="checkbox"/> Soil Organic Matter Content |
| <input type="checkbox"/> Crop Yield Comparison | <input type="checkbox"/> Plant Tissue Tests    | <input type="checkbox"/> Soil Testing                |
| <input type="checkbox"/> Other:                |  |  |

#### 4. How often do you do each type of practice?

- |                                |                                 |                                  |                                 |                                    |
|--------------------------------|---------------------------------|----------------------------------|---------------------------------|------------------------------------|
| <input type="checkbox"/> Daily | <input type="checkbox"/> Weekly | <input type="checkbox"/> Monthly | <input type="checkbox"/> Yearly | <input type="checkbox"/> As Needed |
|--------------------------------|---------------------------------|----------------------------------|---------------------------------|------------------------------------|

#### 5. What monitoring records are kept?

- |                                   |                                      |                                       |                                     |                                |
|-----------------------------------|--------------------------------------|---------------------------------------|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Calendar | <input type="checkbox"/> Journal/Log | <input type="checkbox"/> Test Results | <input type="checkbox"/> Electronic | <input type="checkbox"/> Other |
|-----------------------------------|--------------------------------------|---------------------------------------|-------------------------------------|--------------------------------|



# Crop Organic System Plan

## Soil Fertility

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Section

**C**

Producer Name(s):

Date:

Department Use Only	<input type="checkbox"/> Initial Reviewer	<input type="checkbox"/> Inspector	<input type="checkbox"/> Final Reviewer
<b>Is it Complete?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Verified &amp; Accurate?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><u>Observation/Comment:</u></b>			



# Crop Organic System Plan

Section

**D**

## Crop Rotation

Electronic versions available at [agrorganic@mt.gov](mailto:agrorganic@mt.gov)

Producer Name(s):

Date:

### Section D Crop Rotation

NOP § 205.205

**The producer must implement a crop rotation including but not limited to sod, cover crops, green manure and catch crops that provide the following functions that are applicable. Maintain or improve soil organic matter content; provide for pest management in crops; manage deficient or excess plant nutrients; and provide erosion control.**

**The National Organic Program Standards define crop rotation as:** "The practice of alternating the annual crops grown on a specific field in a planned pattern or sequence in successive crops years so that crops of the same species or family are not grown repeatedly without interruption on the same field. Perennial cropping systems employ means such as alley cropping, intercropping, and hedgerows to introduce biological diversity in lieu of crop rotation."

1. Describe your crop rotation plan(s) and goals (Ex: Manage soil moisture, control weeds, cycle nutrient and provide nitrogen for grain crops):

2. List the sequence and frequency of crops, cover crops, green manures. (Ex: Spring grain – legume green manure – winter grain – oilseed):

3. Do you have major soil deficiencies on your farming operation?

Yes  No

If Yes, please describe the deficiencies and proactive corrections:

4. Check the tillage practices that you implement on your operation:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Contour Farming | <input type="checkbox"/> Moisture Monitoring Prior to Tillage | <input type="checkbox"/> Permanent Cover |
| <input type="checkbox"/> Minimum Till    | <input type="checkbox"/> No-Till                              | <input type="checkbox"/> Shallow Till    |
| <input type="checkbox"/> Other:          |   |  |

5. Check the tillage equipment used on your farm:

- |                                      |                                     |                                 |  |                                 |   |
|--------------------------------------|-------------------------------------|---------------------------------|--|---------------------------------|---|
| <input type="checkbox"/> Chisel Plow | <input type="checkbox"/> Cultivator | <input type="checkbox"/> Disk   | <input type="checkbox"/> N/A - No Till | <input type="checkbox"/> Harrow | <input type="checkbox"/> Moldboard Plow |
| <input type="checkbox"/> Rototiller  | <input type="checkbox"/> Rotovator  | <input type="checkbox"/> Spader | <input type="checkbox"/> Weed Badger   | <input type="checkbox"/> Other: |   |



# Crop Organic System Plan

## Crop Rotation

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Section

**D**

Producer Name(s):

Date:

Department Use Only	<input type="checkbox"/> Initial Reviewer	<input type="checkbox"/> Inspector	<input type="checkbox"/> Final Reviewer
<b>Is it Complete?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Verified &amp; Accurate?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><u>Observation/Comment:</u></b>			



# Crop Organic System Plan

## Manure & Compost

Electronic versions available at [agrorganic@mt.gov](mailto:agrorganic@mt.gov)

### Section E

Producer Name(s):

Date:

#### Section E: Manure & Compost

NOP §205.203(c)

The producer must manage plant and animal materials to maintain or improve soil matter content in a manner that does not contribute to contamination of crops, soil, or water by plant nutrients, pathogenic organisms, heavy metals, or residues of prohibited substances.

1. Is manure applied in any form?

Yes  No, go to question 9

2. Is manure applied to land used for a crop intended for human consumption?

Yes  No

3. If you grow crops for human consumption, do you apply manure to those crops whose edible portion directly contacts the soil (e.g. squash) no less than 120 days before harvest? Yes No N/A

If you grow crops for human consumption, do you apply manure to those crops whose edible portion does NOT directly contact the soil (e.g. wheat) no less than 90 days before harvest? Yes No N/A

4. Is manure applied by grazing?

Yes  No

5. What are the grazing time periods:

N/A

6. Check all forms of animal manure you plan to use:

Raw  Processed  Aged  Uncomposted  Liquid  Composted  Other:

7. If off-farm manure is used:

Source: \_\_\_\_\_

Type: \_\_\_\_\_

Associated production practices:

8. Please describe your manure management with regard to the following:

Liquid:

Solid:

Compost:

Bedding:

**You must maintain records verifying that compost production meets NOP §205.203(c)(1)(2). Failure to have verification of compliance for compost containing animal manure will restrict the application date.**

9. Do you make compost?

Yes  No, go to question 12



# Crop Organic System Plan

## Manure & Compost

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Section

**E**

Producer Name(s):

Date:

**10. If Yes, check the feedstocks that you use:**

- Plant     Paper     Processing Waste     Other:

**11. Do you make compost in accordance with National Organic Standards 205.203(c)(2)?**

- Yes     No

**12. Do you purchase compost for use on organic land?**

- Yes, **please list in Section J: Materials Table**     No

**13. How do you monitor for potential contaminants (pit or feed additives, heavy metals, pesticide residues, etc.)?**

- Written Statement from Producer     Testing for Nutrients     Other:

**14. How do you maximize nutrient cycling and protect crops, soil, and water from contamination by manure or compost?**

- No manure or compost storage (applied and incorporated immediately)  
 Stockpile manure/produce and store compost away from water/drainage areas  
 Manure **“applied” by grazing livestock**  
 Manure storage or composting on impermeable pads  
 Cover manure or compost to prevent leaching  
 Manage water or collect and utilize leachate  
 Other:



# Crop Organic System Plan

## Manure & Compost

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Section

**E**

Producer Name(s):

Date:

Department Use Only	<input type="checkbox"/> Initial Reviewer	<input type="checkbox"/> Inspector	<input type="checkbox"/> Final Reviewer
<b>Is it Complete?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Verified &amp; Accurate?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Observation/Comment:</b>			



# Crop Organic System Plan

## Seeds & Planting Stock

Electronic versions available at [agrorganic@mt.gov](mailto:agrorganic@mt.gov)

### Section F

Producer Name(s):

Date:

#### Section F: Seeds & Planting Stock

NOP §205.204

The producer must use organically grown seeds, annual seedlings & planting stock: Except, that, when an equivalent variety is not commercially available.

**Commercial availability:** "the ability to obtain a production input in an appropriate form, quality, or quantity to fulfill an essential function in a system of organic production or handling, as determined by the certifying agent."

- If non-organic seeds are used, you must maintain documentation verifying the unavailability of organic seeds, even when seeds are provided by a contract-buyer.
- Contact three or more known organic suppliers and document whether organic seed or planting stock is available.
- Organic producers should ensure that they are contacting suppliers that offer organic varieties.
- Genetically modified seeds and seeds treated with prohibited substances are not allowed.

**1. Please check all sources of seed you plan to use:**

- |  |  |
|--|--|
| <input type="checkbox"/> Certified Organic Seed, Purchased   | <input type="checkbox"/> Non-Organic, Untreated Planting Stock |
| <input type="checkbox"/> Certified Organic Seed, Saved on Farm                                       | <input type="checkbox"/> Custom Seeded                         |
| <input type="checkbox"/> Non-Organic, Untreated Seed (List in Sec. I)                                | <input type="checkbox"/> Contract Seed                         |
| <input type="checkbox"/> Non-Organic - Saved Seed  | Other:   |
| Certified Organic Planting Stock (e.g. seed potatoes, sweet potato slips, garlic, strawberry crowns) |  |

**2. If you use non-organic seed/planting stock how do you determine that an organic equivalent is not available from a valid source?**

**3. What method is used to determine if the seed is not genetically modified (non gmo)?**

- Seed Supplier Document       Variety Not GMO       Other:

**4. If non-organic seed/planting stock is used, how do you document that each of these is not genetically modified?**

- |   |  |
|---|--|
| <input type="checkbox"/> Non-GMO Statement of Affidavit from Supplier | <input type="checkbox"/> Catalog Statement |
| <input type="checkbox"/> Other:                                       | <input type="checkbox"/> N/A               |

**5. Do you use treated/coated seeds?       Yes, select all that apply       No**

- Inoculant       Coated       Pelletization       Priming       Fungicide or Insecticide
- Other:



# Crop Organic System Plan

## Seeds & Planting Stock

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Section

**F**

Producer Name(s):

Date:

Department Use Only	<input type="checkbox"/> Initial Reviewer	<input type="checkbox"/> Inspector	<input type="checkbox"/> Final Reviewer
<b>Is it Complete?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Verified &amp; Accurate?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Observation/Comment:</b>			



# Crop Organic System Plan

## Vegetable, Herb/Tree-Fruit-Nuts

Electronic versions available at [agrorganic@mt.gov](mailto:agrorganic@mt.gov)

Section

**G**

Producer Name(s):

Date:

### Section G: Vegetable, Herb/Tree-Fruit-Nuts

NOP §205.204

*The producer must use organically grown seeds, annual seedlings & planting stock: Except, that, when an equivalent variety is not commercially available.*

**Commercial availability:** *“the ability to obtain a production input in an appropriate form, quality, or quantity to fulfill an essential function in a system of organic production or handling, as determined by the certifying agent.”*

- ***If non-organic seeds are used, you must maintain documentation verifying the unavailability of organic seeds, even when seeds are provided by a contract-buyer.***
- ***Contact three or more known organic suppliers and document whether organic seed or planting stock is available.***
- ***Organic producers should ensure that they are contacting suppliers that offer organic varieties. Genetically modified seeds and seeds treated with prohibited substances are not allowed.***

**1. Do you use annual seedlings or planting stock?**  Yes, select all that apply  No

- Seedling or Transplants Grown on Farm
- Purchased Certified Organic Seedlings or Planting Stock (Provide supplier’s certificate at inspection)

**2. Do you use perennial planting stock?**  Yes, select all that apply  No, go to section H

- Certified Organic Perennial Planting Stock that is Purchased
- Certified Perennial Planting Stock grown on farm
- Purchased Untreated Non-Organic Stock (List in Sec. I)
- Other:

*Untreated non-Organic Perennial Stock may be sold as organically produced, after one year of organic management.*



# Crop Organic System Plan

## Vegetable, Herb/Tree-Fruit-Nuts

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**Section  
G**

Producer Name(s):

Date:

Department Use Only	<input type="checkbox"/> Initial Reviewer	<input type="checkbox"/> Inspector	<input type="checkbox"/> Final Reviewer
<b>Is it Complete?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Verified &amp; Accurate?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><u>Observation/Comment:</u></b>			



# Crop Organic System Plan

## Greenhouse/High Tunnel Production

Electronic versions available at [agrorganic@mt.gov](mailto:agrorganic@mt.gov)

**Section  
H**

Producer Name(s):

Date:

**Section H : Greenhouse/High Tunnel Production**

**NOP § 205.203, 201.205**

**1. Do you use greenhouse(s) or high tunnel(s) for production?**

- Yes       No, **go to Section I**

**2. Please check all that apply to your greenhouse or high tunnel production:**

- Annual Transplants     Harvested Crops     Perennials     Seedlings     Other

**3. Are greenhouse or high tunnel crops grown in soil?**

- Yes       No

**4. Are greenhouse or high tunnel crops grown in potting mix?**

- Yes       No

*If Yes, please list potting mix components and any other media (vermiculite, perlite, etc) in **Section J: Materials Table**.*

**5. Do you produce both organic and non-organic crops?**

- Yes       No

**6. Is your greenhouse adjacent to non-organic production areas?**

- Yes       No

*If Yes, please describe how you prevent commingling and/or contamination:*

**7. Is treated wood used in your greenhouse?**

- Yes       No

*If Yes, please describe how you prevent contact with organic soil or plants:*



# Crop Organic System Plan

## Greenhouse/High Tunnel Production

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**Section  
H**

Producer Name(s):

Date:

<b>Department Use Only</b>	<input type="checkbox"/> <b>Initial Reviewer</b>	<input type="checkbox"/> <b>Inspector</b>	<input type="checkbox"/> <b>Final Reviewer</b>
<b><u>Is it Complete?</u></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><u>Verified &amp; Accurate?</u></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><u>Observation/Comment:</u></b>			



# Crop Organic System Plan

## Natural Resources & Biodiversity Conservation

Electronic versions available at [agroorganic@mt.gov](mailto:agroorganic@mt.gov)

**Section  
K**

Producer Name(s):

Date:

**Section K: Natural Resources & Biodiversity Conservation**

**NOP §205.200, 205.202**

*Requires that an organic producer implement practices that maintain or improve the natural resources of this operation, including soil, water quality, wetlands, woodlands and wildlife.*

1. Do you have a current conservation plan with USDA Natural Resources Conservation Service (NRCS), Farm Services Agency (FSA) or other conservation agency?

NRCS:  EQIP     CSP                      FSA:  CRP                       Other                       N/A

Check the farming practices used to conserve or preserve natural resources

2a. Soil: Erosion Prevention:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Cover Crops     | <input type="checkbox"/> Green Fallow               | <input type="checkbox"/> Conservation Tillage |
| <input type="checkbox"/> Shelterbelts    | <input type="checkbox"/> Avoid Highly Erodible Land | <input type="checkbox"/> Strip Cropping       |
| <input type="checkbox"/> Wind Breaks     | <input type="checkbox"/> Cover in Natural Areas     | <input type="checkbox"/> Grassed Waterways    |
| <input type="checkbox"/> Contour Farming | <input type="checkbox"/> Avoid Steep Slopes         |   |

2b. Nutrient Cycling: Minimizing Loss/Contamination:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Crop Rotation | <input type="checkbox"/> Cover Crops   | <input type="checkbox"/> Maintain Crop Residue |
| <input type="checkbox"/> Catch Crops   | <input type="checkbox"/> Application of Compost, Manure or Other Plant Materials |  |
| <input type="checkbox"/> Other:        |  |  |

2c. Biological Diversity and Ecological Balance: Beneficial Organisms, Pollinators, Predators, Native Habitat, Wildlife, and Vegetation:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Hedgerows        | <input type="checkbox"/> Biologically Diverse Plantings    | <input type="checkbox"/> Beneficial Insectary       |
| <input type="checkbox"/> Raptor Perches   | <input type="checkbox"/> Native Trees/Shrubs/Grasses/Forbs | <input type="checkbox"/> Provision of Field Borders |
| <input type="checkbox"/> Natural Areas    | <input type="checkbox"/> Pollinator Friendly Plantings     | <input type="checkbox"/> Fenced Riparian Areas      |
| <input type="checkbox"/> Maintain Habitat | <input type="checkbox"/> Bird/Bat/Bee Houses               | <input type="checkbox"/> Other:                     |

2d. Reducing spread and impact of invasive species:

- |   |  |
|---|--|
| <input type="checkbox"/> Contain/Eradicate Invasive Species | <input type="checkbox"/> Use Weed-Free Planting Stock and Soil Amendments            |
| <input type="checkbox"/> Clean Tools and Equipment          | <input type="checkbox"/> Monitor for New Introductions of Invasive Plants or Animals |
| <input type="checkbox"/> Other:                             |  |

2e. How are you supporting wildlife during the production season?

- |   |   |
|---|---|
| <input type="checkbox"/> Corridors for Safe Passage   | <input type="checkbox"/> Niches for Wildlife that use Short, Medium, Tall habitat |
| <input type="checkbox"/> Wildlife Friendly Fences   | <input type="checkbox"/> Natural Roosting, Denning, Nesting, Foraging Sites       |
| <input type="checkbox"/> Stagger mowing/tilling practices   | <input type="checkbox"/> Manage fallow fields & unused areas for wildlife         |
| <input type="checkbox"/> Undisturbed Soil for Ground-Nesting Bees/Woody Refuges for Tunnel Nesting Bees |   |

2f. How are you restoring and/or protecting/conserving natural areas?

- |   |   |
|---|---|
| <input type="checkbox"/> Erosion Prevention | <input type="checkbox"/> Standing deadwood/fallen/rotting trees                 |
| <input type="checkbox"/> Woodlands          | <input type="checkbox"/> Native plants/wildlife historically present            |
| <input type="checkbox"/> Grasslands         | <input type="checkbox"/> Allow degraded areas to re colonized                   |
| <input type="checkbox"/> Riparian Areas     | <input type="checkbox"/> Establish legal conservation areas                     |
| <input type="checkbox"/> Wetland Areas      | <input type="checkbox"/> Have not converted High Conservation areas to Cropland |
| <input type="checkbox"/> Other:             |   |



# Crop Organic System Plan

## Natural Resources & Biodiversity Conservation

Electronic versions available at [agroorganic@mt.gov](mailto:agroorganic@mt.gov)

**Section  
K**

Producer Name(s):

Date:

**2g. Water resource management and wetland conservation :**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Grow Water-Efficient Crops              | <input type="checkbox"/> Stream Crossings/Brush Mattresses | <input type="checkbox"/> Seasonal Wetland Conservation |
| <input type="checkbox"/> Monitor Soil Moisture                   | <input type="checkbox"/> Scheduled Irrigation              | <input type="checkbox"/> Riparian Buffer Strips        |
| <input type="checkbox"/> Sediment Basins                         | <input type="checkbox"/> Drip Irrigation                   |  |
| <input type="checkbox"/> Early Termination of Green Manure Crops |  |  |

**3. Is irrigation used?**

- Yes, check all that apply       No, **go to question 7**

- Spring     Creek/River/Pond     Well/On-Site/Municipal County     Irrigation Ditch  
 Other:

**4. Check the type of irrigation system used on your farming operation:**

- None     Center Pivot     Wheel Line     Solid Set     Flood  
 Furrow     Drip     Other:

**5. Do you apply materials through your irrigation system?**

- Yes     No

**6. Does your irrigation district use herbicides or fungicides?**

- Yes     No

If Yes, how do you ensure that Organic land is not contaminated by prohibited materials?

**7. Confine/Shelter livestock:     N/A**

- |  |   |
|--|---|
| <input type="checkbox"/> Only when necessary       | <input type="checkbox"/> Area large enough to handle type/number of animals |
| <input type="checkbox"/> On well-drained rock base | <input type="checkbox"/> Rotate livestock to multiple sites                 |
| <input type="checkbox"/> On concrete               | <input type="checkbox"/> Other:   |

**8. How do you improve pasture and rangeland? If applicable**

- |  |  |
|--|--|
| <input type="checkbox"/> Prevent overgrazing   | <input type="checkbox"/> Prevent excessive manure from causing contamination |
| <input type="checkbox"/> Plant native pasture  | <input type="checkbox"/> Reseed/protect trampled or eroded areas             |
| <input type="checkbox"/> Manage the frequency/intensity/timing of grazing <input type="checkbox"/> N/A |  |

**9. Control invasive species with:**

- Biological control methods     Prescribed burning     Grazing     Other     N/A

**10. How do you provide shade for livestock?     N/A**

- Conserve/restore native trees and shrubs     Protect your trees from browsing pressure  
 Other

**11. What monitoring records do you keep for maintaining Natural Resources?**

- Calendar     Journal/Log     Test Results     Electronic     None



# Crop Organic System Plan

## Natural Resources & Biodiversity Conservation

Electronic versions available at [agroorganic@mt.gov](mailto:agroorganic@mt.gov)

**Section  
K**

*Producer Name(s):*

*Date:*

<b>Department Use Only</b>	<input type="checkbox"/> <b>Initial Reviewer</b>	<input type="checkbox"/> <b>Inspector</b>	<input type="checkbox"/> <b>Final Reviewer</b>
<b><u>Is it Complete?</u></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><u>Verified &amp; Accurate?</u></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><u>Observation/Comment:</u></b>			



# Crop Organic System Plan

## Weed Management & Monitoring

Electronic versions available at [agroorganic@mt.gov](mailto:agroorganic@mt.gov)

Section

L

Producer Name(s):

Date:

**Section L: Weed Management & Monitoring**

**NOP §205.206**

*Requires that the producer implement management practices to prevent weeds. These practices may include crop rotation, sanitation, cultural practices, mechanical methods, and physical methods.*

**1. What specific weed control practices do you use?:**

- Fallow
- Natural Mulch
- Livestock Grazing
- Cleaning Equipment between Fields
- Early Seeding
- Pre-Irrigation
- Delayed Seeding
- Stale Seedbed/Minimum Soil Disturbance
- Tillage
- Hand Weeding
- Flame Weeding
- Soap-Based, Other Allowed Herbicides
- Mowing
- Green Manure
- Mechanical Cultivation
- Use of Fast-Emerging Varieties
- Cover Crops
- Smother Crops
- Interseeding/Overseeding
- Prevention of Weed Seed Set
- Crop Rotation
- Other:

**2. What monitoring practices are implemented to determine the effectiveness of your weed management plan? (Check all that apply)**

- Observation of Weeds
- Records Kept of Observations/Counts
- Observation of Crop Health
- Comparison of Crop Yields
- NRCS Equipment Records
- Other:

**3. How often is monitoring done?**

- Daily
- Weekly
- Monthly
- Yearly
- As Needed

**4. What monitoring records are kept?**

- Calendar
- Journal/Log
- Test Results
- Electronic
- None



# Crop Organic System Plan

## Weed Management & Monitoring

Electronic versions available at [agrorganic@mt.gov](mailto:agrorganic@mt.gov)

Section

**L**

Producer Name(s):

Date:

Department Use Only	<input type="checkbox"/> Initial Reviewer	<input type="checkbox"/> Inspector	<input type="checkbox"/> Final Reviewer
<b><u>Is it Complete?</u></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><u>Verified &amp; Accurate?</u></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><u>Observation/Comments:</u></b>			



# Crop Organic System Plan

## Pest Management & Monitoring

Electronic versions available at [agrorganic@mt.gov](mailto:agrorganic@mt.gov)

Section

**M**

Producer Name(s):

Date:

### Section M: Pest Management & Monitoring

**NOP §205.206**

Requires that the producer implement management practices to prevent crop pests. These practices may include crop rotation, sanitation, cultural practices, mechanical methods, and physical methods.

**1. What specific pest control practices do you use?**

- |                                      |   |   |   |
|--------------------------------------|---|---|---|
| <input type="checkbox"/> Trap Crops  | <input type="checkbox"/> Crop Rotation  | <input type="checkbox"/> Crop Diversification | <input type="checkbox"/> Release of Predators/Parasites     |
| <input type="checkbox"/> Frog Ponds  | <input type="checkbox"/> Bat Houses     | <input type="checkbox"/> Beneficial Habitat   | <input type="checkbox"/> Use of Allowed Pesticide Materials |
| <input type="checkbox"/> Bird Houses | <input type="checkbox"/> Raptor Perches | <input type="checkbox"/> Companion Planting   | <input type="checkbox"/> Management of Field Borders        |
| <input type="checkbox"/> Traps       | <input type="checkbox"/> Shooting       | <input type="checkbox"/> Timing of Planting   | <input type="checkbox"/> Resistant Species/Varieties        |
| <input type="checkbox"/> Other:      |   |   |   |

**2. How often is monitoring done?**

- Daily       Weekly       Monthly       Yearly       As Needed

**3. What monitoring records are kept?**

- Calendar       Journal/Log       Test Results       Electronic       None



# Crop Organic System Plan

## Pest Management & Monitoring

Electronic versions available at [agrorganic@mt.gov](mailto:agrorganic@mt.gov)

**Section  
M**

Producer Name(s):

Date:

Department Use Only	<input type="checkbox"/> Initial Reviewer	<input type="checkbox"/> Inspector	<input type="checkbox"/> Final Reviewer
<b>Is it Complete?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Verified &amp; Accurate?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Observation/Comments:</b>			



# Crop Organic System Plan

## Disease Management & Monitoring

Electronic versions available at [agrorganic@mt.gov](mailto:agrorganic@mt.gov)

**Section  
N**

Producer Name(s):

Date:

**Section N: Disease Management & Monitoring**

**NOP § 205.205**

*NOP §205.206 requires that the producer implement management practices to prevent crop diseases. These practices may include crop rotation, sanitation, cultural practices, mechanical methods, and physical methods.*

**1. What specific disease control practices do you use?**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Crop Rotation        | <input type="checkbox"/> Use of Allowed Products | <input type="checkbox"/> Management of Crop Residue  |
| <input type="checkbox"/> Crop Diversification | <input type="checkbox"/> Plant Spacing           | <input type="checkbox"/> Sanitizing Equipment/Tools  |
| <input type="checkbox"/> Companion Planting   | <input type="checkbox"/> Timing of Harvest       | <input type="checkbox"/> Resistant Species/Varieties |
| <input type="checkbox"/> Timing of Planting   | <input type="checkbox"/> Vector Management       | <input type="checkbox"/> Irrigation Management       |
| <input type="checkbox"/> Other:               |  |  |

**2. Describe your disease monitoring management plan:**

**3. How often is monitoring done?**

- Daily       Weekly       Monthly       Yearly       As Needed

**4. What monitoring records are kept?**

- Calendar       Journal/Log       Test Results       Electronic       None

**5. Do you burn crop residues?**

- Yes       No

*If Yes, please list crops you burn and name specific diseases to be suppressed and/or seeds to germinate:*



# Crop Organic System Plan

## Disease Management & Monitoring

**Section  
N**

Electronic versions available at [agrorganic@mt.gov](mailto:agrorganic@mt.gov)

Producer Name(s):

Date:

<b>Department Use Only</b>	<input type="checkbox"/> <b>Initial Reviewer</b>	<input type="checkbox"/> <b>Inspector</b>	<input type="checkbox"/> <b>Final Reviewer</b>
<b><u>Is it Complete?</u></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><u>Verified &amp; Accurate?</u></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><u>Observations:/Comment</u></b>			



# Crop Organic System Plan

## Split & Parallel Production

Electronic versions available at [agroorganic@mt.gov](mailto:agroorganic@mt.gov)

Section

**O**

Producer Name(s):

Date:

### Section O: Split & Parallel Production

NOP §205.272

**Split production:** Organic and conventional crops are produced and are visually distinguishable.

**Parallel Production:** Organic and conventional crops are produced that are the same and visually indistinguishable.

- **Procedures must be in place to prevent contamination and commingling of crops. Records verifying that steps have been taken to prevent contamination of an organic crop and prevent commingling of organic and conventional crops must be available during your inspection.**

**1. Does your farm/ranch produce conventional crops?**

Yes

No, go to Section P

**1a. If Yes, do you use the same equipment (seeder, material applicators, harvester) on your organic and conventional crops?**

Yes

No

**1b. If Yes, is the equipment cleaned before use on organic crops?**

Yes

No

**1c. If Yes, do you document these steps?**

Yes

No

**2. What procedures are used to prevent the commingling of conventional and organic crops?**



# Crop Organic System Plan

## Split & Parallel Production

Electronic versions available at [agroorganic@mt.gov](mailto:agroorganic@mt.gov)

Section

**O**

Producer Name(s):

Date:

Department Use Only	<input type="checkbox"/> Initial Reviewer	<input type="checkbox"/> Inspector	<input type="checkbox"/> Final Reviewer
<b>Is it Complete?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Verified &amp; Accurate?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Observations/Comments</b>			



# Crop Organic System Plan

## Harvest

Electronic versions available at [agrororganic@mt.gov](mailto:agrororganic@mt.gov)

Section

**P**

Producer Name(s):

Date:

### Section P: Harvest

NOP §205.272

- The handler of an organic handling operation must implement measures necessary to prevent the comingling of organic and non-organic products and protect organic products from contact with prohibited substances.
- Records regarding harvest, including the cleaning of the harvest equipment, by an outside business must be available during your inspection.

#### 1. Which types of harvest occur on your Farm/Ranch?

- Custom Harvest                       Producer/Owner Harvest                       Buffer Harvest

If a buffer harvest occurs, how is it kept separate from organic crops?

#### 2. How are organic crops harvested?

- Mechanical                       By Hand                       Other:

#### 3. Is the equipment used on organic crops used on conventional crops?

- Yes                       No

If yes, is the equipment cleaned before use on organic crops?

#### 4. What type of clean out procedure is used?

- Wash                       Air                       Swept                       Purge/Clean Out                       Other:

#### 5. What type of cleaning documentation is maintained?

- Clean Truck/Equipment affidavits                       Clean Out Checklists/Records                       Invoicing/Receipt  
 Standard Operating Procedure                       Other:

#### 5a. Are buffers harvested?

- Yes                       No

#### 5b. If Yes, what happens to buffer harvest?

#### 6. If equipment requires a purge/clean out, indicate disposition of purge/clean out material? N/A

- Fed to Non-Organic Livestock                       Sold                       Discarded                       Traded/Given Away

#### 6a. What type of records are maintained for disposition of purged/cleaned out materials?

- Feed Records                       Buffer Harvest                       Invoice/Receipt                       Note of Disposal                       Note of Trade

#### 7. What types of containers are used to harvest organic crops?

- Cardboard/Waxed Boxes                       Plastic Bins                       Wooden Bins                       Picking Bags  
 Bulk Trucks/Wagons                       Other:



# Crop Organic System Plan

## Harvest

Electronic versions available at [agroorganic@mt.gov](mailto:agroorganic@mt.gov)

Section

**P**

Producer Name(s):

Date:

**8. Are the harvest containers:**

- Used for Organic Crops Only     New     Lined Prior to Use     Cleaned Prior to Use  
 Contain no Fungicide, Preservatives or Fumigants     Other:

**9. Describe how you identify harvest containers for organic use:**    N/A

- Grain Bin ID's     Boxed ID's     Lot Number     Tote Tags



# Crop Organic System Plan

## Harvest

Electronic versions available at [agroorganic@mt.gov](mailto:agroorganic@mt.gov)

Section

**P**

Producer Name(s):

Date:

Department Use Only	<input type="checkbox"/> Initial Reviewer	<input type="checkbox"/> Inspector	<input type="checkbox"/> Final Reviewer
<b>Is it Complete?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Verified &amp; Accurate?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><u>Observation:/Comments</u></b>			



# Crop Organic System Plan Storage

**Section  
Q**

Electronic versions available at [agrorganic@mt.gov](mailto:agrorganic@mt.gov)

Producer Name(s):

Date:

**Section Q: Storage**

**NOP §205.272**

Requires that handling practices and procedures present no contamination risk to organic products from commingling with non-organic products or contact with prohibited substances.

**1. Do you store organic crops at your farm?**

Yes, **List Bins or Storage Facilities**       No, **go to Section R**

Crops	Location/Name of Storage Area(s)	Type/Capacity	Dedicated Organic?
<i>Ex: Grain</i>	<i>Off Site Bin #3</i>	<i>Bin/30,000 lbs</i>	<i>Yes</i>

**2. Do you have refrigerated storage for market crops?**

Yes       No, **go to Section R**

If Yes, describe how contamination and commingling are prevented. Include details on raw product storage and finished product storage.

**If you use any products in or around storage areas (e.g. rodenticides, diatomaceous earth, etc.), list in Section J: Materials Table.**



# Crop Organic System Plan

## Storage

Electronic versions available at [agroorganic@mt.gov](mailto:agroorganic@mt.gov)

Section

Q

Producer Name(s):

Date:

Department Use Only	<input type="checkbox"/> Initial Reviewer	<input type="checkbox"/> Inspector	<input type="checkbox"/> Final Reviewer
<b>Is it Complete?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Verified &amp; Accurate?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Observation/Comments:</b>			



# Crop Organic System Plan

## Packing

Electronic versions available at [agroorganic@mt.gov](mailto:agroorganic@mt.gov)

Section

**R**

Producer Name(s):

Date:

### Section R: Packing

**NOP §205.272**

*Requires that handling practices and procedures present no contamination risk to organic products from commingling with non-organic products or contact with prohibited substances.*

**1. What sort of containers do you pack organic products into? (check all that apply)**

- Tote       Retail Package       Wholesale Package       No Container/Loose/Bulk Product

**2. Do you carry out any post-handling of crops?**

- Yes       No

**2b. If Yes, please check all that apply:**

- Seed Cleaning (Dry Process)       Seed Cleaning (Wet Process)       Sort and Grade  
 Crop Washing/Waxing/Preparation for Sale

**3. Are your organic crops processed at your farm? (Ex: Made into oil, canned, pickled)**

- Yes       No

***If Yes, you must be certified as a handler in order to sell, label and represent these value added products as organic. Contact our office for more information and an application packet.***

**4. Do you handle or pack organic crops grown by other organic crop producers?**

- Yes       No

***If Yes, please contact our office to ensure you should not be certified as a Handler of organic products.***



# Crop Organic System Plan

## Packing

Electronic versions available at [agrorganic@mt.gov](mailto:agrorganic@mt.gov)

Section

**R**

Producer Name(s):

Date:

Department Use Only	<input type="checkbox"/> Initial Reviewer	<input type="checkbox"/> Inspector	<input type="checkbox"/> Final Reviewer
<b>Is it Complete?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Verified &amp; Accurate?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Observation/Comments:</b>			



# Crop Organic System Plan

## Transport

Electronic versions available at [agrorganic@mt.gov](mailto:agrorganic@mt.gov)

Section

**S**

Producer Name(s):

Date:

### Section S: Transport

**NOP §205.272**

*Requires that handling practices and procedures present no contamination risk to organic products from commingling with non-organic products or contact with prohibited substances.*

**1. Are you hiring a trucking company for the transportation of organic crops/finished products leaving your farm/ranch?**

Yes       No

If Yes, please explain:

**2. How do you ensure organic crops or products are not contaminated during transport?**

Equipment is for organic crops only       Organic products are shipped in sealed packages or containers  
 Equipment cleaned prior to organic use       Other:

**2b. What type of cleaning procedure(s) are used?**

Air       Sweep       Purged       Other:

**3. What type of cleaning documentation is maintained?**

Clean Out Records       Clean Truck/Equipment Affidavits       Documented on Bill of Lading  
 Other:

**4. Check all marketing venues used to sell organic crops produced on your farming operation:**

Wholesale       Processor (under contract)       Community Supported Agriculture  
 Restaurants       Farmer's Market       On-Farm (u-pick, farm stand)  
 Retail       Other:

**5. List all wholesalers, packing sheds and/or processors that handle your organic products:**



# Crop Organic System Plan

## Transport

Electronic versions available at [agrorganic@mt.gov](mailto:agrorganic@mt.gov)

Section

**S**

Producer Name(s):

Date:

Department Use Only	<input type="checkbox"/> Initial Reviewer	<input type="checkbox"/> Inspector	<input type="checkbox"/> Final Reviewer
<b>Is it Complete?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Verified &amp; Accurate?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Observation/Comments:</b>			



# Crop Organic System Plan Recordkeeping

## Section T

Electronic versions available at [agrorganic@mt.gov](mailto:agrorganic@mt.gov)

Producer Name(s):

Date:

### Section T: Recordkeeping System

**NOP**

**§205.103** A certified operation must maintain records concerning the production, harvesting and handling of agriculture products that:

- Are or are intended to be sold, labeled, or represented as “100% Organic,” “Organic,” or “Made with Organic.”
- Production Planting, Field History, Harvest
- Seed invoices, delivery tickets, catalogues, and commercial unavailability documentation
- Material application records and receipts
- Sales records (pool closings, receipt books, invoices, bank deposit statements, sales reports, and purchase orders, etc.)
- Cleaning, Storage, Transport, Equipment Cleaning Records, Bin Tickets, Load Receipts, Hauling Records, Bill of Ladings, and Scale Records,)
- Records available at Inspection and Auditable

**1. Check records maintained or planned to be maintained at your operation:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Seed Invoices         | <input type="checkbox"/> Seed Planting Stock Catalogues     | <input type="checkbox"/> Bank Deposit Statements    |
| <input type="checkbox"/> Seed Delivery Tickets | <input type="checkbox"/> Seed Availability Documentation    | <input type="checkbox"/> Field History Records      |
| <input type="checkbox"/> Non-GMO Verification  | <input type="checkbox"/> Input Material Application Records | <input type="checkbox"/> Storage                    |
| <input type="checkbox"/> Receipt Books         | <input type="checkbox"/> Equipment Cleaning Records         | <input type="checkbox"/> Sales Invoices             |
| <input type="checkbox"/> Sales Reports         | <input type="checkbox"/> Pool Closings                      | <input type="checkbox"/> Purchase Orders            |
| <input type="checkbox"/> Bin Ticket Stubs      | <input type="checkbox"/> Load Tickets                       | <input type="checkbox"/> Bill of Ladings            |
| <input type="checkbox"/> Scale Weight Tickets  | <input type="checkbox"/> Input Material Receipts            | <input type="checkbox"/> Planting Records           |
| <input type="checkbox"/> Other:                |   | <input type="checkbox"/> Records Maintained 5 Years |

**2. Do you use a lot numbering system?**

- Yes       No

If Yes, please describe:

**3. Does your operation conduct internal audits (Safe Quality Food, Good Agricultural Practices, etc.)?**

- Yes       No

**4. Can your material application records track all inputs (including fertilizers) applied to organic land?**

- Yes       No

**5. Can your record keeping system balance crops harvested with crops sold?**

- Yes       No

**6. Describe how your records can track your organic production from source to final sale. (farm, field, seed, materials used, quantity, post-harvest handling, transport, storage as applicable:**



# Crop Organic System Plan

## Recordkeeping

Electronic versions available at [agrorganic@mt.gov](mailto:agrorganic@mt.gov)

Section

**T**

Producer Name(s):

Date:

Department Use Only	<input type="checkbox"/> Initial Reviewer	<input type="checkbox"/> Inspector	<input type="checkbox"/> Final Reviewer
<b>Is it Complete?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Verified &amp; Accurate?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Observation/Comments:</b>			



# Crop Organic System Plan

## Record-keeping, Marketing & Labeling

Electronic versions available at [agrorganic@mt.gov](mailto:agrorganic@mt.gov)

**Section  
U**

Producer Name(s):

Date:

**Section U: Recordkeeping, Marketing and Labeling**

**NOP §205.103**

*A certified operation must maintain records concerning the production, harvesting and handling of agriculture products that:*

- *Are or are intended to be sold, labeled, or represented as “100% Organic,” “Organic,” or “Made with Organic.”*
- *Production Planting, Field History, Harvest*
- *Seed invoices, delivery tickets, catalogues, and commercial unavailability documentation*
- *Material application records and receipts*
- *Sales records (pool closings, receipt books, invoices, bank deposit statements, sales reports, and purchase orders, etc.)*
- *Cleaning, Storage, Transport, Equipment Cleaning Records, Bin Tickets, Load Receipts, Hauling Records, Bill of Ladings, and Scale Records,)*

**1. What kinds of labeling do you use?**

- No product labels used
- Retail labels, such as printed boxes or bags, produce stickers, rubber bands or twist ties.
- Non-retail labeling for storage or shipping containers, such as bin or pallet tags.
- Signage and written materials, such as: Farmers Markets, farm stands, website, brochure, etc.

**2. List the name(s), label(s) or brand(s) your product is marketed under, if applicable.**

**2b. Are labels attached for review?**

- Yes       No       N/A, New Applicant       Labels Submitted Previously

**3. Do you plan to use the USDA organic seal on product labels/market information?**

- Yes       No

**4. Do you plan to use the Montana Department of Agriculture Organic Seal?**

- Yes       No

**5. Do you plan to use any other seals or labels on your organic products?**

- Yes       No

If Yes, please describe:



# Crop Organic System Plan

## Recordkeeping, Marketing & Labeling

Electronic versions available at [agroorganic@mt.gov](mailto:agroorganic@mt.gov)

**Section  
U**

Producer Name(s):

Date:

<b>Department Use Only</b>	<input type="checkbox"/> <b>Initial Reviewer</b>	<input type="checkbox"/> <b>Inspector</b>	<input type="checkbox"/> <b>Final Reviewer</b>
<b><u>Is it Complete?</u></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><u>Verified &amp; Accurate?</u></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><u>Observation/Comments:</u></b>			