



Handler: Production Operation Profile/OSP

Electronic versions available at agrorganic@mt.gov

Section
A

Handler Name(s):

Date:

1. Provide directions to the handling/processing facilities:



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 change or update your plan throughout the year. Changes must be submitted the Department prior to implementation. Plan updates may be submitted by phone, fax, email or letter.

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

☐ Organic

☐ Organic and Non-Organic

3. Provide a brief description of the handling and processing facility:

4. A flow chart of the handling facility & product(s) must be submitted as an attachment. (May be hand drawn)

Flow Chart Included?

Yes

No

Submitted Previously

N/A

5. Are applicable State and county licenses available on site?

☐ Yes

☐ No

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

☐ Yes

☐ No, visit <http://agr.mt.gov>

☐ [USDA NOP Website](http://www.usda.gov/nop)



Handler: Production Operation Profile

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Section
A

Handler Name(s):

Date:

Department Use Only	Initial Reviewer	Inspector	Final Reviewer
Is it Complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Verified & Accurate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Comment:	<ul style="list-style-type: none">➤ Verify if flow chart(s) are current➤ Review all applicable state and county licenses➤ Describe the size and/or "foot print" of the operation. Example: This is a small, one room, facility with one product.		



Handler: Production Operation Profile New Applicant/OSP

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Section A1

Handler Name(s):

License Number (Office Use Only):

Section A1: New Applicant Section

1. Are you a new applicant?

☐ Yes ☐ No, go to Section B

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

3. 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:

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

☐ Yes ☐ No

If Yes, please describe the circumstances:



Handler: Production Operation Profile New Applicant

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Section
A1

Handler Name(s):

Date:

Department Use Only	Initial Reviewer	Inspector	Final Reviewer
Is it Complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Verified & Accurate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Comment:	<div>➤ Contact previous certifier, if applicable</div> <div>➤ Verify if noncompliance has been resolved</div> <div><input type="checkbox"/> N/A</div>	<input type="checkbox"/> N/A	



Handler: International Market Requirements

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Section

B

Handler Name(s):

Date:

Section B: International Market Requirements

NOP §205.103

1. Do you plan to Export out of the U.S.?

☐ Yes, please complete this form as applicable

☐ No, Go to Section C

1a. Do you plan to export raw products?

☐ Yes

☐ No

If Yes:

- a) Prohibited to ship to Korea
- b) To Taiwan and Japan: Product must be of US Origin and need to apply for a form TM-11
- c) To Switzerland and the EU: Product must be of US Origin and need to apply for electronic certificate of inspection (eCOI) issued through the TRADE Control and Expert System (TRACES)
- d) To Canada: Certifier certificate with "Certified in accordance..." statement on the certificate.
- e) UK/Great Britain: Needs a GB COI.

1b. Do you plan to export processed products?

☐ Yes

☐ No

If Yes:

i.) What country do you plan to export to? _____

ii.) Where is the final processing or packaging of the exported product? _____

- a) To Canada: If final processing/packaging in a third country, then must be US or COR certified entity directly.
- b) To EU: Must have final processing/packaging in US.
 - i) Wine has special labeling controls
- c) To Taiwan: Need TM-11 and must have final processing/packaging in US
- d) To Japan: Need TM-11 and must have final processing/packaging in US
- e) To Korea: Need an NAQS certificate and must have final processing/packaging in US
- f) To Swiss: Final processing/packaging in the US, needs Swiss import certificate.
 - i) Wine has special labeling controls.
- g) To UK/Great Britain: Final processing/packaging in the US and needs a GB Cert Of Inspection.
 - i) Wine has special labelling controls
 - ii) UK/N. Ireland: Use TRACES

2. If Yes, which countries?

☐ Europe ☐ Canada ☐ Japan ☐ Republic Of Korea ☐ Switzerland ☐ Taiwan ☐ Other:

2a. If yes, list products below.

Product	Country of Origin	Certifier

3. Do you warehouse or broker raw or processed commodities for export?

☐ Yes

☐ No



Handler: International Market Requirements

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Section

B

Handler Name(s):

Date:

Import Requirements		NOP 205.273 Requirements
6. <u>Do you plan to import product(s)?</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<ul style="list-style-type: none">• NOP Import Certificate Form• NOP Label Requirements• Declaration to U.S. Customs and Border Protection Automated C.E.system
7. If you are importing product(s), please list them below:		
Product	Country of Origin	Certifier
8. Do you warehouse, distribute, or broker organic imported commodities? <input type="checkbox"/> Yes <input type="checkbox"/> No		



Handler: International Market Requirements

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**Section
B**

Producer Name(s):

Date:

Department Use Only	Initial Reviewer	Inspector	Final Reviewer
Is it Complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Verified & Accurate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Comments	<ul style="list-style-type: none">➤ Verify exports by certificates on hand and applicable invoices➤ Verify imports by process, records, and certification➤ Verify imports through traceability process		



Handler: Organic System Plan and General Requirements for Certification

Section
C

Electronic versions available at agrorganic@mt.gov

Handler Name(s):

Date:

Section C: Company Description

NOP §205.201,205.270 205.401

1. Check all handling/processing categories that apply to the facility:

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Packer of Raw agricultural products | <input type="checkbox"/> Re-packer of previously packaged products | <input type="checkbox"/> Broker |
| <input type="checkbox"/> Processor of Raw agricultural products | <input type="checkbox"/> Handler, no re-packing | <input type="checkbox"/> Distributor |
| <input type="checkbox"/> Processor of multi-ingredient products | <input type="checkbox"/> Other: | |

2. What specific types of organic and non-organic processing and handling occurs at this facility?

- | | | | |
|-----------------------------------|--------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Milling | <input type="checkbox"/> Fermenting | <input type="checkbox"/> Separation | <input type="checkbox"/> Frying |
| <input type="checkbox"/> Roasting | <input type="checkbox"/> Cooking | <input type="checkbox"/> Distilling | <input type="checkbox"/> Slaughtering |
| <input type="checkbox"/> Heating | <input type="checkbox"/> Baking | <input type="checkbox"/> Cutting | <input type="checkbox"/> Grinding |
| <input type="checkbox"/> Freezing | <input type="checkbox"/> Curing | <input type="checkbox"/> Extracting | <input type="checkbox"/> Churning |
| <input type="checkbox"/> Mixing | <input type="checkbox"/> Dehydration | <input type="checkbox"/> Jarring | <input type="checkbox"/> None-Broker STOP, See Broker OSP Form |
| <input type="checkbox"/> Other: | | | |

3. Indicate how the organic products will be marketed:

- ☐ Wholesale ☐ Retail ☐ Broker ☐ Distributor ☐ Other:

4. During what time period do you estimate you will be processing or handling organic products during the upcoming year?

- ☐ Daily ☐ Monthly ☐ Seasonally ☐ Annually ☐ Other:

5. Indicate the estimated percent of annual production:

Percent Organic

Percent Non-Organic

6. Does the company handle the same product in both an organic and a non-organic form?

- ☐ Yes ☐ No

If Yes, please list the product(s):

6a. If yes, how is commingling prevented?

Describe:

7. Does the company own the organic products handled and processed at this facility?

- ☐ Yes ☐ No



Handler: Organic System Plan and General Requirements for Certification

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Section C

Handler Name(s):

Date:

Department Use Only	Initial Reviewer	Inspector	Final Reviewer
Is it Complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Verified & Accurate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Comment:	<ul style="list-style-type: none">➤ Verify type of handling occurring at facility➤ Verify if product(s) is(are) handled as organic & non-organic and how is commingling prevented		



Handler: Organic Handling Requirements

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Section
D

Handler Name(s):

Date:

Section D: Organic Handling Requirements

NOP §205.103 – Recordkeeping by certified operations

NOP §205.270 – Handling Requirements

NOP §205.272 – Commingling & contents with prohibited substance prevention

NOP §205.601 – Synthetic substances

NOP §205.605 – Non Agricultural organic substances allowed as ingredients

1. Is the company responsible for any portion of harvest of an organic product?

☐ Yes ☐ No **If no go to #4**

1a. If Yes, how is commingling and contamination prevented and documented?

- | | |
|---|---|
| <input type="checkbox"/> Equipment is used for organic crops only | <input type="checkbox"/> Clean truck/equipment affidavits |
| <input type="checkbox"/> Equipment is cleaned prior to harvest | <input type="checkbox"/> Clean out records |
| <input type="checkbox"/> Other: | |

2. Does the company provide harvest containers to farms for organic products that are handled or processed?

☐ Yes ☐ No, **Go to #4**

2a. If Yes, check all that apply regarding containers:

- ☐ Only new containers or those that have not been in contact with prohibited substances are used for organic crops.
- ☐ Containers were used for nonorganic products in the past. Cleaned and now dedicated to organic only.
- ☐ Containers are used for both nonorganic and organic crops and are cleaned prior to each organic use.
- ☐ Containers are used for both nonorganic and organic crops and are lined prior to each organic use.

2b. Containers are:

Wood Plastic Other:

3. Describe how organic harvest containers are distinguished from any nonorganic containers that you may also provide.

N/A

3a. If applicable, how are organic harvest containers distinguished from any nonorganic containers that you may also provide?

4. Is the company responsible for the transportation of organic products?

☐ Yes ☐ No, **Go to #5**

4a. If Yes, how is commingling and contamination prevented and documented?

- | | |
|---|---|
| <input type="checkbox"/> Containers are used for organic crops only | <input type="checkbox"/> Clean truck/equipment affidavits |
| <input type="checkbox"/> Containers are cleaned prior to harvest | <input type="checkbox"/> Clean out records |
| <input type="checkbox"/> Other: | |



Handler: Organic Handling Requirements

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Section
D

Handler Name(s):

Date:

Receiving:

5. How are organic crops, products, and ingredients received at your facility?

- | | | |
|---------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Bins | <input type="checkbox"/> Burlap Bags | <input type="checkbox"/> Wholesale Boxes |
| <input type="checkbox"/> Bulk Trailer | <input type="checkbox"/> Totes | <input type="checkbox"/> Retail Packages |
| <input type="checkbox"/> Drums | <input type="checkbox"/> Other: | |

6. What receiving/shipping documents accompany incoming organic products?

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Organic Certificate | <input type="checkbox"/> Certificates of Analysis | <input type="checkbox"/> Transaction Certificate | <input type="checkbox"/> Import Declaration
US Customs & Border
Protection |
| <input type="checkbox"/> Invoice | <input type="checkbox"/> Contracts | <input type="checkbox"/> Clean truck/equipment affidavits | |
| <input type="checkbox"/> Bill of Lading | <input type="checkbox"/> Purchase Order | <input type="checkbox"/> Field Ticket | <input type="checkbox"/> Import Certificate |
| <input type="checkbox"/> Scale Ticket | <input type="checkbox"/> Other: | | |

7. How are organic crops, products, and ingredients distinguished from non-organic products on receiving documents? If applicable, describe:

☐ N/A

8. Is an internal lot code assigned at the time of receipt of organic crops, products, or ingredients?

☐ Yes ☐ No

8a. If Yes, describe the lot code system:

9. Are incoming organic products or ingredients stored before processing or packaging?

☐ Yes ☐ No ☐ N/A Go to #10

9a. If Yes, check all that apply:

- | | | | |
|------------------------------------|----------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Warehouse | <input type="checkbox"/> Pallets | <input type="checkbox"/> Shelving | <input type="checkbox"/> Totes |
| <input type="checkbox"/> Rail Car | <input type="checkbox"/> Bins | <input type="checkbox"/> Tanks | <input type="checkbox"/> Bins |
| <input type="checkbox"/> Boxed | <input type="checkbox"/> Other: | | |

Water:

10. How is water used at the facility?

- | | | |
|---|---|---|
| <input type="checkbox"/> Not used, Go to #19 | <input type="checkbox"/> Cleaning Equipment | <input type="checkbox"/> Product Transport (Fruit Floating) |
| <input type="checkbox"/> Ingredient | <input type="checkbox"/> Cooking | <input type="checkbox"/> Cleaning organic products |
| <input type="checkbox"/> Cooling | <input type="checkbox"/> Other: | |

11. Source of water:

☐ Municipal ☐ On-site well ☐ Other:

12. Is water treated/filtered on-site?

☐ Yes ☐ No



Handler: Organic Handling Requirements

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Section D

Handler Name(s):

Date:

12a. If Yes, indicated what water treatment process and/or type of filter:

13. Describe how water quality is monitored at the facility:

14. Is calcium hypochlorite, chlorine dioxide, or sodium hypochlorite used in crop washing/ingredient prep, or flume water at your facility?

☐ Yes ☐ No, **Go to # 15**

14a If Yes, describe how you monitor or test that the residual chlorine level is at or below 4ppm for final rinse water in contact with Organic products?

14b. How often do you monitor or test for residual chlorine levels? ☐ Annually
☐ Multiple times per day ☐ Daily ☐ Weekly ☐ Monthly ☐ Other:

14c. Please describe how you document the results of your monitoring or testing:

Steam:

15. Is boiler steam used in the processing or packaging of food products?

☐ Yes ☐ No, **Go to #19**

15a If Yes, does the steam have direct contact with organic products?

☐ Yes ☐ No, **Go to #19**

16. Are boiler water additives used during food handling or processing?

☐ Yes ☐ No, **Go to #19**

16a If Yes, please list all products used as boiler additives at your facility in the table below. Indicated which boiler water additives will be used during handling and processing of organic food products.

Name of Boiler Water Additive	Used During Organic Handling or Processing?	Source Name and Phone #

Attach MSDS and/or label information for boiler additives you plan to use during organic handling or processing.

17. If Yes, boiler additives are in use, are there any the following? Check all that apply

☐ Steam Filters ☐ Testing of condensate ☐ Condensate traps
☐ Testing of finished products ☐ Other:



Handler: Organic Handling Requirements

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Section D

Handler Name(s):

Date:

18. If boiler water additives are used during organic processing, describe how you prevent prohibited volatile boiler additives from contaminating organic ingredients or products:

Production:

19. How is organic production designated on production documents?

20. Are the packing or processing lines and/or equipment dedicated for use with organic products only?

☐ Yes ☐ No

20a. If No, describe how you ensure separation of organic and nonorganic processing:

21. Is equipment purged with organic product prior to processing?

☐ Yes ☐ No

21a. If Yes, complete the table below:

Equipment	Capacity of Equipment	Quantity of Purge	Where does the purged product go?	Name of document purge is recorded on
			<input type="checkbox"/> Sold as Non-Organic <input type="checkbox"/> Waste Stream	
			<input type="checkbox"/> Sold as Non-Organic <input type="checkbox"/> Waste Stream	
			<input type="checkbox"/> Sold as Non-Organic <input type="checkbox"/> Waste Stream	
			<input type="checkbox"/> Sold as Non-Organic <input type="checkbox"/> Waste Stream	

22. How are partial pallets/boxes/drums/totes of organic products handled?

23. How are organic products protected from commingling with non-organic products during production, processing? Include details regarding storage of partial containers.



Handler: Organic Handling Requirements

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Section
D

Handler Name(s):

Date:

Storage:

24. Are processed and packed organic products stored before shipping?

☐ Yes ☐ No

24a. If Yes, complete the table below and note off site storage if applicable:

Processed Organic Product	Location and Name of Storage Area	Type and Capacity of Storage	Is the area dedicated to only organic products?
Example: Cheese Rounds	Curing Shed	100ft of shelving	Yes

Sanitation:

25. Check all cleaning methods used prior to handling or processing organic products:

☐ Sweeping ☐ Soap and Water ☐ Steam Cleaning ☐ Scraping
☐ Manual Washing ☐ Vacuuming ☐ Clean in place (CIP) ☐ Purging of equipment
☐ Compressed Air ☐ Sanitizing ☐ Other:

26. List cleaning and/or sanitation materials that come into contact with the equipment used to process and/or package organic products in the table below.

Provide information on your cleaning program and products used:

Area/ Equipment	Type of Cleaning	Frequency	Is Cleaning Documented? (Y/N)	Cleaning Products Used	Contact/ Organic Product? (Y/N)
Receiving					
Ingredient Storage					
Product Transfer					
Production					
Packaging					
Finished Product Storage					
Loading Dock					
Building Exterior					
Accidental Spills					
Other (specify):					

27. Are quaternary ammonia sanitizers in use? ☐ Yes ☐ No

27a. If yes, what testing methods are used to determine there is no residual?

28. Describe what intervening steps are taken to ensure no residues from cleansers or sanitizers remain on equipment. (These steps may include, but are not limited to, use of non-residual materials, potable water rinses, evaporation, residue testing.)

☐ **N/A**



Handler: Organic Handling Requirements

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Section
D

Handler Name(s):

Date:

29. Please provide labels, fact sheets, MD/or MSDS for cleaning products used. Identify if they are OMRI/WSDA approved or 205.605 approved.

☐ I have attached all labels and fact sheets for cleaning products used. ☐ **N/A**

Examples include citric acid and peracetic acid.



Handler: Organic Handling Requirements

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Section D

Handler Name(s):

Date:

Department Use Only	Initial Reviewer	Inspector	Final Reviewer
Is it Complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Verified & Accurate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Comment:	<ul style="list-style-type: none"> ➤ Verify product receiving ➤ Verify and observe production steps ➤ Verify and observe for commingling points in product flow ➤ Verify if changes in cleaners and sanitizers listed ➤ Is the above information current for non-organic products? ➤ Verify Product Flow on file is in agreement with this section. 		



Handler: Facility Pest Management

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Section
E

Handler Name(s):

Date:

Section E: Facility Pest Management

NOP §205.271

The producer or handler of an organic facility must use management practices to prevent pests.

Use of pest control products must be documented and included as part of the organic system plan.

1. What type of pest management system does the facility use?

☐ N/A

- ☐ In house. Name of responsible person: _____
- ☐ Contract pest control service. Business name: _____
- ☐ Other: _____

2. Check all pest problems that are applicable at the facility:

- ☐ No pest problems ☐ Flying insects ☐ Birds ☐ N/A
- ☐ Crawling insects ☐ Rodents ☐ Other: _____

3. Describe your system for monitoring pest populations, including frequency and monitoring documentation maintained:

4. Check all pest management practices used at the facility:

Preventative:

- | | | |
|--|---|---|
| <input type="checkbox"/> Sanitation and clean up | <input type="checkbox"/> Clean up spilled products | <input type="checkbox"/> Sealed doors and/or windows |
| <input type="checkbox"/> Monitoring | <input type="checkbox"/> Screened windows/vents | <input type="checkbox"/> Incoming ingredient inspections |
| <input type="checkbox"/> Air Curtains | <input type="checkbox"/> Air Shower | <input type="checkbox"/> Removal of exterior habitat/food sources |
| <input type="checkbox"/> Physical Barriers | <input type="checkbox"/> Positive Air Pressure System | <input type="checkbox"/> Other: _____ |

Mechanical:

- | | | |
|---|---|---|
| <input type="checkbox"/> Mechanical Traps | <input type="checkbox"/> Ultrasound/light devices | <input type="checkbox"/> Release of beneficials |
| <input type="checkbox"/> Sticky Traps | <input type="checkbox"/> Electrocutors | <input type="checkbox"/> Freezing Treatments |
| <input type="checkbox"/> Heat Treatments | <input type="checkbox"/> Vacuum Treatments | <input type="checkbox"/> CO2 |
| <input type="checkbox"/> Nitrogen | | |

Pest Control Materials – On National List

- | | | |
|--|--|---|
| <input type="checkbox"/> Pheromone Traps | <input type="checkbox"/> Vitamin Baits | <input type="checkbox"/> Diatomaceous earth |
| <input type="checkbox"/> Pyrethrum | <input type="checkbox"/> Other | <input type="checkbox"/> Boric Acid |

Pest Control Materials – Not on National List*

- | | | |
|--|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Crack and Crevice Spray | <input type="checkbox"/> Fumigation | <input type="checkbox"/> Fogging |
| <input type="checkbox"/> Other: | | |

5*If you noted use of any pest control material not on the National List, identify if this is an inside or outside material and explain why this material must be used and include details about why preventative and allowed methods are not proving effective (Please note that approval is required, prior to synthetic substance use):

☐ None used _____



Handler: Facility Pest Management

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Section
E

Handler Name(s):

Date:

6. Submit details on fumigation, fogging, or sprays used at the facility in the table below:

☐ None Used, **Skip to Section F**

Generic and Brand Name of Substance	Where is the Substance used?	Frequency of use	Method of application	Name of document use is recorded on

6a. Explain how organic products and packaging are protected from exposure to the above prohibited materials:



Handler: Facility Pest Management

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Section
E

Handler Name(s):

Date:

Department Use Only	Initial Reviewer	Inspector	Final Reviewer
Is it Complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Verified & Accurate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Comment:	<ul style="list-style-type: none">➤ Verify pest control➤ Observe pest control records➤ Observe pest control materials as applicable and as noted in records		



Handler: Use of Term "Organic"/Product Composition

Section
F

Electronic versions available at agrorganic@mt.gov

Handler Name(s):

Date:

Section F: Use of Term "Organic" Product Composition

NOP §205.300 & 301

1. What category are the product(s) ingredient(s) handled/processed under?

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> 100% Organic | <input type="checkbox"/> Organic
(95% of the product must
be certified organic ingredients) | <input type="checkbox"/> "Made With"
(At least 70% of the product must
be certified organic ingredients) |
|---------------------------------------|---|--|

2. How are organic certificates obtained for ingredients? (check all that apply):

- | | | |
|---|-----------------------------------|--|
| <input type="checkbox"/> With each incoming order | <input type="checkbox"/> Annually | <input type="checkbox"/> Semi Annually |
| <input type="checkbox"/> Other: | | |

3. How do you verify that ingredients for "Organic" and "Made With" products have not been produced with excluded methods (GMOs), ionizing radiation, or sewage sludge?

- | | | |
|--|--|--|
| <input type="checkbox"/> Obtain letter from source | <input type="checkbox"/> OMRI registered | <input type="checkbox"/> WSDA Brand Name Material List |
| <input type="checkbox"/> N/A | | |
| <input type="checkbox"/> Other: | | |

4. How often are these ingredient attestations updated?

5. Is salt an ingredient used in handling or processing?

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A, Go to Section G |
|------------------------------|-----------------------------|---|

6. If Yes, is there verification that it does not contain a prohibited flow or anticaking agent?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|



Handler: Use of Term “Organic”/Product Composition

Section
F

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Handler Name(s):

Date:

Department Use Only	Initial Reviewer	Inspector	Final Reviewer
Is it Complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Verified & Accurate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Comment:	<ul style="list-style-type: none">➤ Verify organic certificates for incoming products and ingredients are current➤ Verify Big 3 letters/statements provided to handler as applicable in each ingredient➤ Verify and review product profiles➤ Verify non-organic product(s) are not produced by: excluded methods, ionizing radiation, sewage sludge		



Handler: Organically Produced Ingredients

Electronic versions available at agrorganic@mt.gov

Section
G

Handler Name(s):

Date:

Section G: Calculating the percentage of organically produced ingredients

NOP §205.302

"The percentage of all organically produced ingredients in an agricultural product sold, labeled, or represents as, "100% organic" "Organic" or "Made with organic" (Specified ingredients or food groups), or that include organic ingredients must be calculated by...."

1. A product profile is required for each product.

Form available at:

<https://agr.mt.gov/docs/organicprogram-docs/Product-Profile-Form.V20.D1.pdf>

- ☐ Product profiles attached
- ☐ No changes, product profiles current on file with MTDA
- ☐ Revised product profile attached
- ☐ New product profile attached
- ☐ N/A

Packaged Products

NOP §205.103 Recordkeeping by certified operations

NOP §205.300 Use of the term "Organic"

NOP §205.303 Packaged products labeled "100 percent organic or organic"

NOP §205.304 Packaged products labeled "made with organic"

NOP §205.305 Multi-ingredient packaged products with less than 70 percent organically produced ingredients

2. A Product Profile Summary is required annually to ensure accuracy of your certificate:

- ☐ Product Profile Summary attached
- ☐ No changes, Product Profile Summary current
- ☐ Revised Product Profile Summary attached
- ☐ N/A



Handler:Organically Produced Ingredients

Electronic versions available at agroorganic@mt.gov

Section
G

Handler Name(s):

Date:

Department Use Only	Initial Reviewer	Inspector	Final Reviewer
Is it Complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Verified & Accurate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Comment:	<ul style="list-style-type: none">➤ Verify product profiles are accurate and current➤ Verify product summary and the organic certificate are accurate and current➤ Has commercial availability of non-organic ag products been verified?		



Handler: Packaged Products

Electronic versions available at agrorganic@mt.gov

Section
H

Handler Name(s):

Date:

Section H: Packaged Products

NOP §205.303 – 205.305

Labeled as "100% organic", "organic", "made with organic", or multi-ingredient products with less than 70 percent organically produced ingredients.

1. What labeling categories are used on final products?

N/A

☐ 100% Organic ☐ Organic ☐ "Made With Organic"

2. A label review is required for each product.

A label review is required for each product. Be sure all product labels have been submitted and approved before use.

Private Labels – Products manufactured or provided by one company for offer under another company's brand.

3. Does your handling facility pack and label product for another company with that company's branded label?

☐ Yes ☐ No

3b. If Yes, please list the branded (private) labels and their organic certifier:

Contract farm or Company Name	Address	Certification Agency of the Contract Company	Service Provided

3c. Does the facility process/handle bulk organic product for another company that will pack and label with their own brand? ☐ Yes ☐ No

If you are handling organic product for another company you must submit the product information and labels prior to distribution. If a contractor provides you with new or revised labels, those labels need to be approved prior to use.

4. Does the facility contract with any producers or handlers to produce, process, package, or store organic products.

☐ Yes ☐ No



Handler: Packaged Products

Electronic versions available at agrorganic@mt.gov

Section
H

Handler Name(s):

Date:

4b. If Yes, please complete the table below:

Contract farm or Company Name	Address	Certification Agency of the Contract Company	Service Provided

Packaging:

Organic Handling Requirements & comingling and contact with prohibited substance prevention

NOP §205.270 & 205.272

Packing materials, bins, and storage containers must not contain synthetic fungicides, preservatives, or fumigants. Reusable bags or containers that have been in contact with any prohibited substance in the past must be thoroughly cleaned before use. Procedures used to maintain the organic integrity of products must be documented.

5. What type(s) of packaging materials or storage/shipping containers are used? Check all that apply

- | | | | | |
|--|----------------------------------|--------------------------------|------------------------------------|------------------------------|
| <input type="checkbox"/> Paper | <input type="checkbox"/> Foil | <input type="checkbox"/> Poly | <input type="checkbox"/> Cardboard | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Waxed Paper | <input type="checkbox"/> Aseptic | <input type="checkbox"/> Wood | <input type="checkbox"/> Glass | |
| <input type="checkbox"/> Natural Fiber | <input type="checkbox"/> Plastic | <input type="checkbox"/> Metal | <input type="checkbox"/> Other: | |

6. Are all packaging materials and/or storage and shipping containers food grade?

- ☐ Yes ☐ No ☐ Other:

7. Have any packaging and/or storage and shipping containers been exposed to synthetic fungicides, preservatives, or fumigants?

- ☐ Yes ☐ No

7a. If yes, please describe:

8. Are packaging materials and/or storage and shipping containers re-used?

- ☐ Yes ☐ No

9. If Yes, describe how organic products are protected from contamination when placed in the re-used container:



Handler: Packaged Products

Electronic versions available at agrorganic@mt.gov

Section
H

Handler Name(s):

Date:

10. Describe how packages or containers are identified as organic:

11. Is all packaging and labeling equipment cleaned and/or purged prior to subsequent organic runs?

☐ Yes ☐ No ☐ N/A

12. Complete the table below with the details regarding storage of all packaging materials and containers.

Packing Materials	Location and Name of Storage Area	Is Area Dedicated to Organic Packaging Only?

13. Are any oxygen displacers (e.g. nitrogen gas) or moisture absorbers used in your packaging?

☐ Yes ☐ No

14. If Yes, please list:

15. Are there additional locations where ingredients and products are stored?

☐ Yes ☐ No

15a. If Yes, provide the address of other locations and use:

Location Name:	Address	Purpose

REMINDER: These off-site locations will be inspected annually



Handler: Packaged Products

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Section H

Handler Name(s):

Date:

Department Use Only	Initial Reviewer	Inspector	Final Reviewer
Is it Complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Verified & Accurate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Comment:	<ul style="list-style-type: none">➤ Verify labels on file➤ Verify labels on-site➤ Verify labels with prior year organic certificate if applicable➤ Observe & verify packaging➤ Check for off-site storage		



Handler: Labeling/USDA Seal

Electronic versions available at agrorganic@mt.gov

Section

I

Handler Name(s):

Date:

Section I:

NOP §205.307 - 311

Labeling and USDA Seal of non-retail containers used only for shipping or storage

1. How do organic products leave the facility? Check all that apply

- | | | | | |
|--------------------------------|--|--|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Bins | <input type="checkbox"/> Bulk bags | <input type="checkbox"/> Wholesale boxes | <input type="checkbox"/> Bulk trailer | <input type="checkbox"/> Railcar |
| <input type="checkbox"/> Totes | <input type="checkbox"/> Retail packages | <input type="checkbox"/> Drums | <input type="checkbox"/> Other: | |

2. Indicate what shipping or sales documents are maintained by the company. Check all that apply

- | | | | |
|---|---|---------------------------------------|---|
| <input type="checkbox"/> Certificates of Analysis | <input type="checkbox"/> Bill of lading | <input type="checkbox"/> Contracts | <input type="checkbox"/> Pallet/tote ticket |
| <input type="checkbox"/> Clean truck affidavit | <input type="checkbox"/> Sales Invoice | <input type="checkbox"/> Scale ticket | <input type="checkbox"/> Purchase order |

3. Do all documents clearly identify products as organic?

- ☐ Yes ☐ No

4. Does the company arrange outgoing product transport?

- ☐ Yes ☐ No

5. How does your company ensure outgoing transport units are cleaned prior to loading?

- | | |
|---|--|
| <input type="checkbox"/> Not applicable, only packaged products are shipped | <input type="checkbox"/> Clean out records |
| <input type="checkbox"/> Clean truck and equipment affidavits | <input type="checkbox"/> Other: |

6. Are organic products shipped in the same transport units as non-organic products?

- ☐ Yes ☐ No

7. If Yes, indicate what steps are taken to segregate organic products:

- | | |
|---|--|
| <input type="checkbox"/> Organic product sealed in impermeable containers | <input type="checkbox"/> Use of separate pallets |
| <input type="checkbox"/> Separate area in transport unit | <input type="checkbox"/> Sealed Bulk/Boxed Product |
| <input type="checkbox"/> Organic product shrink wrapped | <input type="checkbox"/> Other: |

7a. Is the USDA seal used?

- ☐ Yes ☐ No ☐ N/A

8. Do you use security seals on outbound loads?

- ☐ Yes ☐ No ☐ N/A



Handler: Labeling/USDA Seal

Electronic versions available at agrorganic@mt.gov

Section

I

Handler Name(s):

Date:

Department Use Only	Initial Reviewer	Inspector	Final Reviewer
Is it Complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Verified & Accurate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Comment:	<ul style="list-style-type: none">➤ Verify & observe shipping procedures, and records➤ Organic product traceability		



Handler: National List Allowed/Prohibited Substances

Section
J

Electronic versions available at agrorganic@mt.gov

Handler Name(s):

Date:

Section J: National List Allowed/Prohibited Substances

NOP §205.105, 205.272, 205.600 - 606

- **Direct Food Contact** – A Post harvest material is a substance that is used on raw organic crop prior to packaging or processing of the crop. These direct food contact materials include sanitizers, flotation agents, waxes and sprouting inhibitors. In order to use a direct contact material with an organic crop, the material must be an approved natural product or must be listed in the National Organic Standards.
- **Processing Aids** – A processing aid is 1) added during processing, but removed from product before it is packaged in its finished form; 2) a substance that is added during processing, converted into constituents normally present in, and does not significantly increase the amount of constituents naturally found in the food; and 3) a substance that is added to for its technical or functional effect in the processing, but is present in the finished food at insignificant levels.
 - In order to use a processing aid in or on a product labeled “100% organic” the processing aid must be certified organic.
 - In order to use a processing aid in or on a product labeled as “organic” or “made with organic” (specific ingredients of food groups), the material must be listed in the National Organic Standards on the National List.

List food contact materials and processing aids used in direct contact with organic products in the table below:

<input type="checkbox"/> None Used Generic and Brand Name of Material	Purpose of Material?	What Organic Products is the Material Used With?	Disclosure of Ingredients and compliance with Organic Standards	
			submitted?	Office Use Only
Ex: Rise Up - Yeast	Promote fermentation	All organic breads	Yes	
Ex: Chlorine Bleach	Sanitation	Vegetables	Yes	



Handler: National List Allowed/ Prohibited Substances

Electronic versions available at agrorganic@mt.gov

Section
J

Handler Name(s):

Date:

Department Use Only	Initial Reviewer	Inspector	Final Reviewer
Is it Complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Verified & Accurate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Comment:	<ul style="list-style-type: none">➤ Observe & verify materials in use as applicable➤ Verify actual use of material		



Handler: Record Keeping

Electronic versions available at agrororganic@mt.gov

Section K

Handler Name(s):

Date:

Section K: Record Keeping by Certified Operations

NOP §205.103

- An audit of your production records and financial records will be conducted during your annual inspection.
- All records related to the processing and handling of organic products must be made available for review and copy if necessary.
- Organic system plan changes must be approved prior to implementation. Plan updates can be submitted by phone, email or letter.
- You are required to maintain organic related records for 5 years and have them available during inspections.
- Failure to have documentation at your inspection may impact or delay your organic certification.
- Please retain a copy of this Organic System Plan for your records.

1. Does the facility have standard operating procedures for organic processing?

☐ Yes ☐ No

If Yes, these will be verified at inspection

2. Do you have a Quality Assurance program in place?

☐ Yes ☐ No ☐ N/A

3. If Yes, indicate what type of program:

☐ Total Quality Management ☐ ISO ☐ HACCP ☐ Other: ☐ N/A

4. Indicate the production & and handling records maintained by the facility: Check all that apply:

- | | | |
|--|---|---|
| <input type="checkbox"/> Purchase Orders | <input type="checkbox"/> Batch recipes | <input type="checkbox"/> Finished product inventory reports |
| <input type="checkbox"/> Bill Of Lading | <input type="checkbox"/> Packaging log | <input type="checkbox"/> QC reports |
| <input type="checkbox"/> Load Tickets | <input type="checkbox"/> Equipment clean-out logs | <input type="checkbox"/> Shrinkage and/or Waste log |
| <input type="checkbox"/> Ingredient Receipts | <input type="checkbox"/> Shift production log | <input type="checkbox"/> Storage |
| <input type="checkbox"/> Organic Ingredient Certificates | <input type="checkbox"/> Production Inspection Forms | <input type="checkbox"/> Inventory |
| <input type="checkbox"/> Product specification sheet | <input type="checkbox"/> Ingredient inventory reports | <input type="checkbox"/> Sales invoices |
| <input type="checkbox"/> Equipment cleaning | <input type="checkbox"/> Final amounts sold/transferred | <input type="checkbox"/> Other: |

5. Describe how you conduct traceability of products or ingredients:

6. Does the record keeping system track finished product back to all incoming products?

☐ Yes ☐ No

7. Does the record keeping system balance the value and volume of organic ingredients for products sold?

☐ Yes ☐ No

7a. How is this verified and recorded?



Section K

Handler: Record Keeping

Electronic versions available at agroorganic@mt.gov

Handler Name(s):

Date:

Department Use Only	Initial Reviewer	Inspector	Final Reviewer
<u>Is it Complete?</u> <u>Verified & Accurate?</u> <u>Observation/Comment:</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No ➤ Observe and verify all records as applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No



Livestock Transport & Slaughter

Electronic versions available at agrorganic@mt.gov

Section
L

Handler Name(s):

Date:

Section L : Livestock Transport & Slaughter

NOP §205.242

"Certified organic livestock must be clearly identified as organic, and this identity must be traceable for the duration of transport...."

1. Does your Handling/Processing facility handle livestock?

☐ Yes ☐ No, *If no, skip this section.*

2. Are animals transported for slaughter?

☐ Yes ☐ No

If yes, describe how they are transported:

3. How are livestock identified as they are received at your facility?

☐ Ear Tags ☐ Back Tag ☐ Marker ☐ Tattoo ☐ RFD Tag
☐ Other:

4. Is their identity traceable through incoming transport? Describe:

4a. Which records accompany livestock received from incoming transport?

☐ Purchase Location & Source ☐ Brand Inspection ☐ Certificate of Veterinary Inspection
☐ Trucking Documents/Scale Tickets ☐ Invoice or Receipt ☐ Monies Paid

5. Did transportation provide:

☐ Ventilation ☐ Feed ☐ Transported < 12 Hours ☐ Bedding (Required) ☐ Water (as applicable)
☐ Transport Time Records Kept ☐ Emergency Plans for Animal Welfare Issues

6. Are animals transported under your ownership?

☐ Yes ☐ No ☐ N/A

7. Are contract transporters used?

☐ Yes ☐ No ☐ N/A

7a. If yes indicate name:

7b. If no, describe:



Livestock Transport & Slaughter

Electronic versions available at agrorganic@mt.gov

Section
L

Producer Name(s):

Date:

8. Are animals directly transported to their destination?

☐ Yes ☐ No ☐ N/A

8a. If no, are they held at a holding facilities?

☐ Yes ☐ No ☐ N/A

If Yes, describe:

8b. What are the names of the holding facilities?

8c. Are the holding facilities certified organic?

☐ Yes ☐ No

8d. If transported directly to destination, describe holding and or sorting pens and identification of pens.

8e. How long are livestock held in the holding and or sorting pens?

9. Is water available at your facility?

☐ Yes ☐ No

If yes, describe:

10. Is organic feed to be provided if applicable?

☐ Yes ☐ No ☐ N/A

10. If yes, describe feed source, organic feed certificates, and organic feeding records.

11. The Federal Twenty Eight Hour Law (49USC80502) and regulations at 9CFR89.1-89.5 are specific to livestock hauling. Does the owner, employee, or contractor understand this law?

☐ Yes ☐ No ☐ N/A

12. If the animals are "contract" transported, the transportation company must be aware and abide by Organic and Federal regulations.

How does the transport company verify this? _____

☐ N/A

13. How is a slaughter animal identified with a carcass identification?

Describe carcass identification and record process.



Livestock Transport & Slaughter

Electronic versions available at agrorganic@mt.gov

Section

L

Producer Name(s):

Date:

Department Use Only	Initial Reviewer	Inspector	Final Reviewer
Is it Complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Verified & Accurate?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Comment:	<ul style="list-style-type: none"> ➤ Verify transport ➤ Verify individual animal identification ➤ Verify bill of lading ➤ Verify weight tickets ➤ Verify clean truck affidavits as applicable ➤ Verify brand inspection, Certificate of Veterinary Inspection as applicable 		