

# Organic Farm Plan Update

This form should be filled out by crop producers to update their organic farm system plans. Use additional sheets if necessary. Attach a field history sheet for current year, updated farm maps (if any changes), and other records required by the certifying agent.

SECTION 1: General Information				NOP Rule 205.406(a)(2) and 205.401(b)
Name	Farm Name	Type of Farm/Crops		
Address		City	For office use only	
St./Prov.		Postal/Zip Code	Country	
Phone		Fax	Email	
<b>Legal Status</b> <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Trust or non-profit <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative <input type="checkbox"/> Legal Partnership (federal form 1065) <input type="checkbox"/> Other-specify			Organic Certification No.	
Year first certified	List previous organic certification by other agencies	List current organic certification by other agencies	Do you understand current organic standards? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been denied certification? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, describe the reasons for denial and attach documentation of corrective actions		
<b>Preferred dates and time for inspection visit:</b> <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening				
SECTION 2: Minor Noncompliances			NOP Rule 205.406(a)(3)	
Did you have any minor noncompliances from last year's certification? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please complete the following table, listing each minor non-compliance.				
<b>Minor Noncompliance</b>	<b>Describe how you addressed the minor noncompliance</b>			
SECTION 3: Organic Plan Update			NOP Rule 205.406(a)(1)	
<b>A. Current crop plans</b>				
Please complete the following table for all current year's crops or products requested for certification.				
<b>Crops Requested for Certification</b>	<b>Field Numbers</b>	<b>Total Acres/Hectares</b>	<b>Projected Yields</b>	
<b>B. Organic Farm Plan Changes</b>				
What year did you last submit a complete Organic Farm Plan Questionnaire				
Have you reviewed your Organic Farm Plan Questionnaire? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date of review:				

Check the following categories where changes have been made in your Organic Farm Plan and summarize all changes made or planned to be made. Attach additional sheets if necessary.

No changes

Farm Plan Topic	Changes?	Summary Statement of Changes
General Information		
Newly purchased or rented fields*		
Farm maps		
Seeds and seed treatments		
Seedlings and perennial stock		
Soil fertility management		
Compost or manure use		
Conservation practices		
Water quality and use		
Crop rotation		
Weed management plan		
Pest management plan		
Disease management plan		
Adjoining land use and buffers		
Split or parallel operation		
Equipment		
Harvest plan		
Post-harvest handling		
Crop storage		
Crop transportation		
Record keeping system		
Type of marketing/product labels		

\* If you have newly purchased land or have rented land this year that is being requested for certification, attach a signed statement from the previous owner (if purchased) or current owner (if renting) attesting to previous 3 year history and inputs applied.

**C. Inputs**

List all seeds used or planned for use in the current crop season. Check the appropriate boxes and provide other information as needed. Attach additional sheets if necessary. *Have all labels and receipts available for the inspector.*

Seed/Variety/Brand	Organic	Untreated	Treated	GMO	Type/Brand of Treatment		What attempts did you make to use organic/untreated seed?
					Fungicide	Inoculant	

List all fertility inputs, soil mix ingredients, pest and disease control products, water additives, or other inputs used or intended for use in the current season on proposed organic and transitional fields. Use additional sheets if necessary. All inputs used during the current year must be listed on your Field History Sheet. *Have all labels and receipts available for the inspector.*

No inputs used

Product	Brand name/source	Status	If restricted, describe compliance with NOP Rule Annotation	GMO

**D. Monitoring Practices and Procedures** Ongoing monitoring is required by the NOP Rule Section 205.201(a)(3).

**Fertility Management Program**

Rate the effectiveness of your fertility management program  Excellent  Satisfactory  Needs improvement

Describe any changes you have made or intend to make based on the results of your monitoring program

**Natural Resource Management**

Rate the effectiveness of your soil conservation program  Excellent  Satisfactory  Needs improvement

Describe any changes you have made or intend to make based on the results of your monitoring program

Rate the effectiveness of your water quality program  Excellent  Satisfactory  Needs improvement

Describe any changes you have made or intend to make based on the results of your monitoring program

**Weed, Pest, and Disease Management**

Rate the effectiveness of your weed management program  Excellent  Satisfactory  Needs improvement

Describe any changes you have made or intend to make based on the results of your monitoring program

Rate the effectiveness of your pest management program  Excellent  Satisfactory  Needs improvement

Describe any changes you have made or intend to make based on the results of your monitoring program

Rate the effectiveness of your disease management program  Excellent  Satisfactory  Needs improvement

Describe any changes you have made or intend to make based on the results of your monitoring program

**Other Monitoring:** Indicate if you conduct monitoring in the following areas:

**Maintenance of Organic Integrity**

Adjoining land uses, buffers, notification letters, posting signs  Yes  No

Input equipment cleaning (sprayers, planters, etc.)  Yes  No

Harvest equipment cleaning  Yes  No

Crop testing for contaminants (prohibited materials, GMOs)  Yes  No

Post harvest handling  Yes  No

Crop storage cleaning  Yes  No

Transportation of organic crops  Yes  No

**Recordkeeping**

Compost production records  Yes  No

Labor records  Yes  No

Appropriate Organic Certificates or Transaction Certificates to verify purchase of organic products  Yes  No

Complaint log  Yes  No

**SECTION 4: Annual Summary of Organic Crop Yield and Sales**

NOP Section 205.103

The following organic crops/products have been sold from

to

Crops/Products	# of Acres	Actual Yield	Amount Sold	Amount Left to Sell	Remaining Crop Storage ID #

**SECTION 5: Affirmation**

I affirm that all statements made in this application are true and correct. No prohibited products have been applied to any of my organically managed fields during the three-year period prior to projected harvest. I understand that the operation may be subject to unannounced inspection and/or sampling for residues at any time as deemed appropriate to ensure compliance with the NOP Rule.

I understand that acceptance of this questionnaire in no way implies granting of certification by the certifying agent. I agree to follow the NOP Rule.

Signature of Operator \_\_\_\_\_

Date \_\_\_\_\_

I have attached the following documents:

- Maps of all parcels/fields (showing adjoining land use and field identification)
- Field history sheets
- Documentation for fields owned or rented for less than three years, if applicable
- Water test, if applicable
- Soil and/or plant tissue tests, if applicable
- Residue analyses, if applicable
- Input product labels, if applicable
- Organic product labels, if applicable
  
- I have made copies of this questionnaire and other supporting documents for my own records.