Organic Farm Plan

Please fill out this questionnaire if you are requesting organic farm/crop certification. Use additional sheets if necessary. Sign this form. You must submit farm maps and field history sheets with this form. Attach all other supporting documents (soil, tissue or water tests, rented or recently purchased land histories, etc.) outlined in section 9 of this questionnaire. This form or an update form may be used to update certification, according to certifying agent policies.

SECTION 1: General Information

Name

Farm Name

Type of Farm/Crops

Address

City

For office use only

Date received

Date reviewed

State

Zip code

Reviewer initials

Date

Reviewer initials

Fees received

Phone

Fax

Email

Inspector

Legal status:

☐ Sole proprietorship

☐ Trust or non-profit

☐ Corporation

☐ Cooperative

☐ Legal partnership (federal form 1065)

☐ Other (specify)

Year first certified

List previous organic certification by other agencies

List current organic certification by other agencies

Year when complete Organic Farm Plan Questionnaire was last submitted

List all crops or products requested for certification.

Have you ever been denied certification? ☐ Yes ☐ No

If yes, describe the circumstances:

Do you understand the current organic standards? ☐ Yes ☐ No

Do you have a copy of current organic standards? ☐ Yes ☐ No

Do you have a copy of current OMRI Materials List? ☐ Yes ☐ No

Do you intend to certify any livestock (slaughter stock, dairy, or layers) this year? ☐ Yes ☐ No

If yes, have you filled out an Organic Livestock Plan Questionnaire? ☐ Yes ☐ No

Please note that you must have an Organic Livestock Plan Questionnaire on file to certify any livestock. Contact the certifying agent to obtain an Organic Livestock Plan Questionnaire.

Do you have any off-farm or on-farm processing done? (cleaning, bagging, bottling, etc.) ☐ Yes ☐ No

If yes, have you filled out an Organic Handling Plan Questionnaire? ☐ Yes ☐ No

Please note that you must have an Organic Handling Plan Questionnaire on file to certify the processing/handling portion of your operation. Contact the certifying agent with your questions or to obtain an Organic Handling Plan Questionnaire.

Give directions to your farm for the inspector.

When are you available to contact? ☐ Morning ☐ Afternoon ☐ Evening

When are you available for the inspection? ☐ Morning ☐ Afternoon ☐ Evening
### SECTION 2: Farm Plan Information

Please complete the table below and attach updated field history sheets that show all fields [organic (O), in transition (T) or conventional (C)], field numbers, acres, crops planted, projected yields and inputs applied. The acreages listed in this table must equal field histories and maps. Pastures are considered a crop and must be listed on each form. At least 36 months of histories are required for all fields.

<table>
<thead>
<tr>
<th>CROPS REQUESTED FOR CERTIFICATION</th>
<th>FIELD NUMBERS</th>
<th>TOTAL ACRES PER CROP</th>
<th>PROJECTED YIELDS (VOLUME)</th>
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Have you managed all fields for 3 or more years?  
☐ Yes  ☐ No  
If no, you must submit signed statements from the previous manager stating the use and all inputs applied during the previous 3 years on all newly rented or purchased fields.

Are all fields requested for certification located at the main address listed in Section 1?  
☐ Yes  ☐ No

Complete this information for main farm address and each parcel that is in a separate location from the main farm address.

<table>
<thead>
<tr>
<th>FIELD NUMBERS</th>
<th>PARCEL ADDRESS/LEGAL DESCRIPTION</th>
<th>NUMBER OF ACRES: ORGANIC (O), TRANSITIONAL (T), CONVENTIONAL (C)</th>
<th>RENTED (R) OR OWNED (O)</th>
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### SECTION 3: Seeds and Seed Treatments

NOP Rule requires the use of organically grown seeds, unless the variety is not commercially available. If using non-organic seeds, you must have records of your attempts to source organic seed. Synthetic seed treatments are prohibited unless included on the National List. Genetically engineered/modified (GMO) seeds and inoculants are prohibited in organic production. NOP Rule uses the phrase “excluded methods” to refer to GMO products. Please save all seed and inoculant labels, and documentation of commercial unavailability of organic seeds to show the inspector.

List all seeds used or planned for use in the current season. Check the appropriate boxes and provide other information as needed. Attach additional sheets if necessary.

☐ No seeds used  ☐ All seeds are organic  ☐ Some untreated seed used  ☐ No GMO seeds purchased/planted

<table>
<thead>
<tr>
<th>SEED/VARIETY/BRAND</th>
<th>ORGANIC (✓)</th>
<th>UNTREATED (✓)</th>
<th>TREATED (✓)</th>
<th>GMO (✓)</th>
<th>TYPE/BRAND OF TREATMENT</th>
<th>FUNGICIDE</th>
<th>INOCULANT</th>
<th>WHAT ATTEMPTS DID YOU MAKE TO USE ORGANIC/UNTREATED SEED?</th>
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Annual seedlings must be produced according to organic standards. Non-organic perennial plants (planting stock) must be managed organically for at least one year prior to harvest of crop or sale of the plant as certified organic planting stock. Organic planting stock must be used if commercially available. Contact the certifying agent if you need to use non-organic seedlings because of an emergency. A prohibited treatment may be used if such treatment is a Federal or State phytosanitary requirement.

A. DO YOUR PURCHASE ORGANIC SEEDLINGS?

- Yes
- No
- Not applicable

Who are the suppliers?

If certified, by which agents?

Do you purchase non-organic seedlings?

- Yes
- No

If yes, state why and describe your attempts to purchase organic seedlings.

B. IF YOU GROW ORGANIC SEEDLINGS ON-FARM:

- Not applicable

What type and size is your greenhouse?

Do you raise potted plants or plant crops directly in the ground in the greenhouse?

If treated wood is used in any part of your greenhouse, where is it used?

List all soil mix ingredients, fertility products, foliar sprays, and/or pest and disease inputs used or planned for use in your organic greenhouse operation. Attach labels or have labels available for inspection, as applicable.

<table>
<thead>
<tr>
<th>PRODUCT</th>
<th>BRAND NAME OR SOURCE</th>
<th>STATUS: APPROVED (A)</th>
<th>IF RESTRICTED, DESCRIBE COMPLIANCE WITH NOP RULE ANNOTATION</th>
<th>CHECK IF GMO (✓)</th>
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What equipment do you use in your watering system?

How do you prevent seedling diseases and/or insect problems?
C. IF YOU GROW BOTH ORGANIC AND NON-ORGANIC PLANTS IN YOUR GREENHOUSE:  

☐ Not applicable

What organic and non-organic crops are grown? List varieties if the same organic and non-organic crops are grown (parallel production).

How do you separate and identify organic and non-organic growing areas?

How do you label organic and non-organic seedlings/plants?

List all soil mix ingredients, fertility products, foliar sprays, water system additives, and/or pest and disease inputs used or planned for use in your non-organic greenhouse operation. Attach labels or have labels available for the inspector, as applicable.

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<tr>
<th>PRODUCT</th>
<th>BRAND NAME OR SOURCE</th>
<th>STATUS: APPROVED (A) RESTRICTED ® PROHIBITED (P)</th>
<th>IF RESTRICTED, DESCRIBE COMPLIANCE WITH NOP RULE ANNOTATION</th>
<th>CHECK IF GMO (✓)</th>
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How do you prevent commingling of organic and non-organic soil mixes during mixing and storage?

Where do you store inputs used for non-organic production?

How do you prevent drift of prohibited materials through ventilation and/or watering systems?

How do you clean seedling containers and equipment?

D. PLANTING STOCK: (Use additional sheets if necessary)  

☐ Not applicable

<table>
<thead>
<tr>
<th>TYPE</th>
<th>PLANTING STOCK SOURCE</th>
<th>ORGANIC (✓)</th>
<th>NON-ORGANIC (✓)</th>
<th>IF NON-ORGANIC, DATE PLANTED</th>
<th>IF NON-ORGANIC, EXPECTED HARVEST DATE</th>
<th>IF NON-ORGANIC, DESCRIBE ATTEMPTS TO OBTAIN ORGANIC PLANTING STOCK</th>
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### SECTION 5: Soil and Crop Fertility Management

#### A. GENERAL INFORMATION AND EVALUATION:

What are your general soil types?

What are your soil/nutrient deficiencies?  
☐ No deficiencies

How do you monitor the effectiveness of your fertility management program?  
☐ soil testing
☐ microbiological testing  
☐ tissue testing  
☐ observation of soil  
☐ observation of crop health  
☐ comparison of crop yields  
☐ crop quality testing  
☐ other (specify)

Attach copies of available test results.

How often do you conduct fertility monitoring?  
☐ weekly  
☐ monthly  
☐ annually  
☐ as needed  
☐ other (specify)

Rate the effectiveness of your fertility management program.  
☐ excellent  
☐ satisfactory  
☐ needs improvement

What changes do you anticipate?

What are the major components of your soil and crop fertility plan?

☐ crop rotation  
☐ green manure plowdown/cover crops  
☐ interplanting  
☐ incorporation of crop residues  
☐ subsoiling  
☐ summer fallow  
☐ compost  
☐ on-farm manure  
☐ off-farm manure  
☐ soil amendments  
☐ side dressing  
☐ foliar fertilizers  
☐ biodynamic preparations  
☐ soil inoculants  
☐ other (specify)

List all fertility inputs used or intended for use in the current season on proposed organic and transitional fields.  
All inputs used during the current year and previous three years must be listed on the Field History Sheet.  
☐ Not applicable

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<tr>
<th>PRODUCT</th>
<th>BRAND NAME OR SOURCE</th>
<th>STATUS: APPROVED (A)</th>
<th>NUMBER OF APPLICATIONS PER YEAR</th>
<th>REASON FOR USE</th>
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If you use or plan to use restricted (R) fertility inputs, how do you comply with the "annotation"?  
☐ Not applicable

If you use fertilizers with high salt content (sodium nitrate, potassium sulfate, etc.), how do you prevent salt build-up?  
☐ Not applicable

Do you burn crop residues?  
☐ Yes  
☐ No

If yes, please describe what materials are burned and why.

Do you apply sewage sludge to fields?  
☐ Yes  
☐ No

If yes, list fields where applied.
B. COMPOST USE:
NOP Rule 205.203(c)(2) requires that the composting process include a C:N ration of between 25:1 and 40:1 and maintenance of temperatures between 131°F and 170°F for a specific number of days, depending on the method of composting. Keep a compost production record to verify compliance.

List all compost ingredients/additives.  □ Not applicable

What composting method do you use?   □ in-vessel □ static aerated pile □ windrows □ other (specify)

What is your C:N ratio?

Do you monitor temperature?  □ Yes □ No
If yes, what temperature is maintained.

How long is this temperature maintained?

If compost is windrowed, how many times are materials turned?

C. MANURE USE:
NOP Rule 205.203(c)(1) requires that raw manure be fully composted unless applied to fields with crops not for human consumption or incorporated into the soil 120 days prior to harvest for crops whose edible portions has direct contact with the soil, or 90 days prior to harvest for all other crops for human consumption.

What forms of manure do you use?   □ none □ liquid □ semi-solid □ piled □ fully composted □ other (specify)

What types of crops do you grow?  Check all boxes that apply.
□ crops not used for human consumption
□ crops for human consumption whose edible portion has direct contact with the soil or soil particles
□ crops for human consumption whose edible portion does not have direct contact with the soil or soil particles

If you grow crops for human consumption and use raw manure, complete the following table. If composting manure, please fill out Section B above.

<table>
<thead>
<tr>
<th>CROP(S)</th>
<th>FIELD NUMBERS</th>
<th>DATE MANURE IS APPLIED</th>
<th>EXPECTED DATE OF HARVEST</th>
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What is the source of the manure you use?  □ on-farm □ off-farm □ Not applicable
List all sources of off-farm manure.

List all manure ingredients/additives.

If you use manure, what are the potential contaminants (pit additives, feed additives, pesticides, antibiotics, heavy metals, etc.) from these sources?  Attach residue analysis/additive specifications for manure, if available.
D. NATURAL RESOURCES:
NOP Rule 205.200 and 205.203(a) requires that production practices maintain or improve the natural resources of the operation, including soil and water quality. Practices must minimize erosion. Depending on certifying agent policy, water tests may be required for nitrate and coliform bacteria if water is used for washing/processing organic products or for organic livestock. Irrigation water should not contaminate organic crops with prohibited materials. Methods to conserve water usage should be part of the irrigation plan.

**What soil conservation practices are used?**
- terraces
- contour farming
- strip cropping
- winter cover crops
- undersowing/interplanting
- conservation tillage
- permanent waterways
- windbreaks
- firebreaks
- tree lines
- retention ponds
- riparian management
- maintain wildlife habitat
- other (specify)

**What soil erosion problems do you experience (why and on which fields)?**
- none

Describe your efforts to minimize soil erosion problems listed above.

Describe how you monitor the effectiveness of your soil conservation program.

**How often do you conduct conservation monitoring?**
- weekly
- monthly
- annually
- as needed
- other (specify)

WATER USE:

**Source of water:**
- on-site well(s)
- river/creek/pond
- spring
- municipal/county
- irrigation district
- other (specify)

Attach current water tests for nitrates and coliform bacteria, per certifying agent policy.

**Type of irrigation system:**
- drip
- flood
- center pivot
- other (specify)

**What input products are applied through the irrigation system?**
- none

**What products do you use to clean irrigation lines/nozzles?**
- none

Is the system shared with another operator?
- Yes
- No

If yes, what products do they use?

Is the system flushed and documented between conventional and organic use?
- Yes
- No

**What practices are used to protect water quality?**
- fencing livestock from waterways
- scheduled use of water to conserve its use
- tensiometer/monitoring
- laser leveling/land forming
- drip irrigation
- micro-spray
- other (specify)

List known contaminants in water supplies in your area. Attach residue analysis and/or salinity test results, if applicable.

Describe your efforts to minimize water contamination problems listed above.
- Not applicable

Describe how you monitor the effectiveness of your water quality program.

**How often do you conduct water quality monitoring?**
- weekly
- monthly
- annually
- as needed
- other (specify)
NOP Rule requires a crop rotation plan that maximizes soil organic matter content, prevents weed, pest, and disease problems, and manages deficient or excess plant nutrients. Your crop rotation may include sod, cover crops, green manure crops, and catch crops. Producers must utilize sanitation measures to remove disease vectors, weed seeds, and habitat for pests. Cultural practices, including selection of plant species and varieties adapted to site-specific conditions, must be used to enhance crop health.

Approved synthetic materials on the National List 205.601 may only be used when management practices are insufficient to prevent or control problems. All weed, pest, and disease inputs must be approved. A "restricted" input has specific annotations for its use. If you use a "restricted" material, you must provide evidence of how you address the materials' annotation.

A. CROP ROTATION PLANS: (Use one line for each rotation used)

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<th>CROP ROTATION PLAN</th>
<th>FIELD NUMBERS WHERE PLAN IS FOLLOWED</th>
<th>ANTICIPATED CHANGES</th>
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B. WEED MANAGEMENT PLAN:

What are your problem weeds?

What weed control methods do you use?  □ crop rotation □ field preparation □ prevention of weed seed set
  □ delayed seeding □ monitoring soil temperature □ soil sterilization □ use of fast emerging varieties
  □ mechanical cultivation □ use of hand tools □ hand weeding □ mowing □ livestock grazing
  □ flame weeding □ steam weeding □ electrical □ smother crops □ black fallow □ non-synthetic mulch
  □ synthetic mulch □ corn gluten □ soap-based herbicides □ other (specify)

Do you keep a record of how often you utilize these weed control methods, i.e., dates and fields when you cultivate or flame weed?  □ Yes □ No

All inputs used or intended for use during the current year and used in the previous three years must be listed on your Field History Sheet.

USE OF RESTRICTED WEED MANAGEMENT STRATEGIES:  □ none used

If you use plastic or other synthetic mulches, is the mulch removed at the end of the growing or harvest season?  □ Yes □ No
  If no, why not?

If you use corn gluten, is the corn genetically modified?  □ Yes □ No
  If no, what verification do you have?

If you use soap-based herbicides, list all areas where used.

If you use newspaper or other recycled paper for mulch, do you use paper with glossy or colored inks? □ Yes □ No

EVALUATION:

Rate the effectiveness of your weed management program:  □ excellent □ satisfactory □ needs improvement
What changes do you anticipate?

How do you monitor the effectiveness of your weed management program? □ weed counts
  □ observation of weed types □ comparison of crop yields □ records kept of observations/counts
  □ other (specify)

How often do you conduct weed monitoring? □ weekly □ monthly □ annually □ as needed
  □ other (specify)
C. PEST MANAGEMENT PLAN:

What are your problem pests? □ insects (list)
□ rodents □ gophers □ birds □ other animals (specify)

Do you work with a pest control advisor?
Yes □ No □

If yes, give name and contact information.

What strategies do you use to control pest damage to crops?
□ none used
□ crop rotation □ selection for plant species/varieties □ development of habitat for natural enemies
□ timing of planting □ companion planting □ frog ponds □ bat houses □ bird houses □ hand picking
□ monitoring □ trap crops □ physical barriers □ physical removal □ traps □ lures □ IPM
□ insect repellents □ animal repellents □ release of predators/parasites of pest species
□ use of approved products □ use of restricted products □ limited use of prohibited products
□ other (specify)

Do you keep a record of how often you utilize these pest control methods, i.e., dates when you scout or apply inputs to a specific field or crop?
Yes □ No □

List all pest control products used or intended for use in the current season on organic and transitional fields. All inputs used or intended for use during the current year and in the previous three years must be listed on your Field History Sheet.

<table>
<thead>
<tr>
<th>PEST PROBLEM</th>
<th>CONTROL PRODUCT</th>
<th>STATUS: APPROVED (A)</th>
<th>RESTRICTED (R)</th>
<th>PROHIBITED (P)</th>
<th>IF RESTRICTED, DESCRIBE COMPLIANCE WITH NOP RULE ANNOTATION</th>
<th>CHECK IF GMO (✓)</th>
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EVALUATION:
Rate the effectiveness of your pest management program?
□ excellent □ satisfactory □ needs improvement
What changes do you anticipate?

How do you monitor the effectiveness of your pest management program?
□ insect monitoring with traps
□ observation of crop health □ comparison of crop yields □ crop quality testing □ monitoring records kept
□ other (specify)

Attach copies of your test results, if applicable.

How often do you conduct pest monitoring?
□ weekly □ monthly □ annually □ as needed
□ other (specify)

D. DISEASE MANAGEMENT PLAN:

What are your problem crop diseases?

What disease prevention strategies do you use?
□ crop rotation □ field sanitation □ plant spacing
□ selection of plant species/varieties □ timing of planting/cultivating □ vector management □ soil balancing
□ solarization □ companion planting □ compost/tea use □ use of approved materials
□ use of restricted materials □ limited use of prohibited materials □ other (specify)
D. DISEASE MANAGEMENT PLAN: (continued)

List all disease management inputs used or intended for use on your organic and transitional fields/crops. All inputs used or intended for use during the current year and used in the previous three years must be listed on your Field History Sheet.  

<table>
<thead>
<tr>
<th>DISEASE PROBLEM</th>
<th>CONTROL PRODUCT</th>
<th>STATUS: APPROVED (A)</th>
<th>IF RESTRICTED, DESCRIBE COMPLIANCE WITH NOP RULE ANNOTATION</th>
<th>CHECK IF GMO</th>
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<td>RESTRICTED (R)</td>
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<td>PROHIBITED (P)</td>
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EVALUATION:

Rate the effectiveness of your disease management program?  
☐ excellent  ☐ satisfactory  ☐ needs improvement  

What changes do you anticipate?  

How do you monitor the effectiveness of your pest management program?  
☐ soil testing  ☐ microbiological testing  ☐ observation of soil  ☐ observation of crop health  ☐ comparison of crop yields  
☐ crop quality testing  ☐ monitoring records kept  ☐ other (specify)  

Attach copies of your test results, if applicable.  

How often do you conduct pest monitoring?  
☐ weekly  ☐ monthly  ☐ annually  ☐ as needed  
☐ other (specify)  

SECTION 7: Maintenance of Organic Integrity  
NOP Rule 205.201(a)(5) and 205.202(c)

A. ADJOINING LAND USE:

NOP RULE requires that organic production areas have distinct boundaries and buffer zones to prevent the unintended application of a prohibited substance or contact with a prohibited substance that is applied to adjoining land not under organic management. Adjoining land includes crop land, pastures, residential property, fallow land, etc. Buffer areas may change annually, depending on contamination potential from adjoining land uses. The width of the minimum buffer is dependent on certifying agent policy. The NOP Rule requires that the buffer must be sufficient in size or other features (windbreaks, diversion ditches) to prevent the unintended contact by prohibited substances applied to adjacent land areas. Crops within the required buffer must be left unharvested or harvested, stored, and disposed of as nonorganic crop, with records kept of crop disposition. Indicate buffer zones and show all adjoining land uses on your field maps.

List specific buffer areas you maintain. (Show all adjoining land uses on your field maps.)  

<table>
<thead>
<tr>
<th>LOCATION OR FIELD NUMBER</th>
<th>TYPE OF BUFFER (CROP LAND, TREELINE, HEDGEROW, WILDLIFE PLANTING, GRASS STRIP)</th>
<th>WIDTH OF BUFFER</th>
<th>ADJOINING LAND USE</th>
<th>IF CROP IS HARVESTED FROM BUFFER, DESCRIBE USE (SALE, NON-ORGANIC LIVESTOCK FEED, SEED, ETC.)</th>
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A. ADJOINING LAND USE: (continued)

If crops are harvested from the buffer zones with equipment used for harvesting organic crops, what safeguards do you use to protect organic crops from contact with buffer crops during harvest?

What additional safeguards do you use to prevent accidental contamination?  
☐ none

Written notification to:  ☐ highway departments  ☐ electric companies  ☐ aerial spray companies/airports  
☐ adjoining landowners  ☐ drainage commissions  ☐ farm service office  ☐ other (specify)

Have you posted "No Spray" signs along roadsides that adjoin organic fields?  
☐ Yes  ☐ No

Do any fields or portions of fields flood frequently?  (more than once every ten years)  
☐ Yes  ☐ No

If yes, list field numbers

How do you monitor for crop contamination?  
☐ visual observation  ☐ residue analysis  ☐ GMO testing  
☐ photographs  ☐ wind direction/speed data  ☐ other (specify)

How often do you conduct crop contamination monitoring?  
☐ weekly  ☐ monthly  ☐ annually  ☐ as needed  
☐ other (specify)

Do you grow the same crops organically, as well as in transition, and/or conventionally?  
☐ Yes  ☐ No

This is called ‘parallel production’. If yes, list specific crop varieties in the next table for both organic and transitional/conventional crops.

If you grow any conventional or transitional crops, please fill out the following tables.  
☐ Not applicable

<table>
<thead>
<tr>
<th>SPECIFIC CROPS/VARIETIES</th>
<th>FIELD NUMBERS</th>
<th>TRANSITIONAL (T) OR CONVENTIONAL (C)</th>
<th>CHECK IF GMO (✓)</th>
<th>TOTAL ACREAGE</th>
<th>PLANNED USE OF CROP (SALE, SEED, NONORGANIC LIVESTOCK FEED, ETC.)</th>
<th>SAME AS ORGANIC CROP? Y OR N</th>
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</table>

Prohibited soil amendments used on conventional crops:

<table>
<thead>
<tr>
<th>PRODUCT NAME</th>
<th>WHO APPLIES? SELF (S) OR CUSTOM (C)</th>
<th>FIELD NUMBERS WHERE APPLIED</th>
<th>WHERE STORED? (ON-FARM OR OFF-FARM; WHERE ON FARM?)</th>
</tr>
</thead>
</table>

Prohibited herbicides/pesticides used on conventional crops:

<table>
<thead>
<tr>
<th>PRODUCT NAME</th>
<th>WHO APPLIES? SELF (S) OR CUSTOM (C)</th>
<th>FIELD NUMBERS WHERE APPLIED</th>
<th>WHERE STORED? (ON-FARM OR OFF-FARM; WHERE ON FARM?)</th>
</tr>
</thead>
</table>
C. EQUIPMENT:
To prevent commingling and contamination, all equipment used in organic crop production must be free of non-organic crops and prohibited materials. Equipment used for both organic and non-organic farming must be cleaned and flushed prior to use on organic fields or crops. Keep records of equipment clean and flush activities.

List equipment used for planting, tillage, spraying, and harvesting.  

<table>
<thead>
<tr>
<th>EQUIPMENT NAME</th>
<th>OWNED (O), RENTED (R), OR CUSTOM (C)</th>
<th>CHECK IF USED ON BOTH ORGANIC AND CONVENTIONAL (✓)</th>
<th>HOW IS EQUIPMENT CLEANED BEFORE USE ON ORGANIC FIELDS?</th>
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Is your equipment maintained so that fuel, oil and hydraulic fluid do not leak?  

☐ Yes  ☐ No  ☐ Not applicable

If you use a sprayer:
What type? Did you purchase it new or used?  

☐ new  ☐ used

Other equipment:
Could any equipment you use have been contaminated by previous uses?  

☐ Yes  ☐ No

If yes, describe:

D. HARVEST:
NOP Rule 205.272(b)(1) and (2) requires that containers, bins, and packaging materials must not contain synthetic fungicides, preservatives, or fumigants. All reusable containers must be thoroughly cleaned and pose no risk of contamination prior to use.

How are your organic crops harvested?  ☐ mechanical  ☐ by hand

Are any organic crops custom harvested?  

☐ Yes  ☐ No

If yes, provide name and address of custom harvester.

Describe steps taken to protect organic crops from commingling and contamination during harvest.

What containers are used for harvesting?  

☐ gravity wagons/boxes  ☐ truck boxes  ☐ cardboard/waxed boxes

☐ wooden totes  ☐ plastic containers  ☐ other (specify)

Are containers new or used?  

☐ new  ☐ used

If used, what did they contain prior to organic use?

Are the containers used for organic crops only?  

☐ Yes  ☐ No

Describe potential contamination or commingling problems you have with harvest of organic crops.  

☐ none
E. POST-HARVEST HANDLING:  
NOP Rule 205.201(a)(5) requires that post-harvest handling procedures do not contaminate organic products with non-organic crops or prohibited materials. For on-farm processing, you may need to complete an Organic Handling Plan Questionnaire.

Describe your post-harvest handling procedures and equipment.

Is the processing area and equipment used for both organic and non-organic products?  
- Yes  
- No

If yes, describe steps taken to prevent commingling and contamination.

Does packaging present any contamination problems for your organic products?  
- Yes  
- No

If yes, what are they?

Check types of packaging material used:  
- bulk  
- paper  
- cardboard  
- wood  
- glass  
- metal  
- foil  
- plastic  
- waxed paper  
- aseptic  
- natural fiber  
- synthetic fiber  
- other (specify)

In what form are finished products shipped?  
- dry bulk  
- liquid bulk  
- tote bags  
- tote boxes  
- paper bags  
- foil bags  
- metal drums  
- mesh bags  
- cardboard drums  
- cardboard cases  
- plastic crates  
- other (specify)

F. CROP STORAGE:  
No organic crop storage

Operators must keep organic and non-organic crops in separate storage areas and prevent commingling and contamination. Storage records must be maintained.

Describe your storage locations.

<table>
<thead>
<tr>
<th>STORAGE ID #</th>
<th>TYPE OF CROPS STORED</th>
<th>TYPE OF STORAGE</th>
<th>CAPACITY/SIZE</th>
<th>ORGANIC (O), TRANSITIONAL (T), BUFFER (B), CONVENTIONAL (C)</th>
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Do you use the same storage areas for organic, transitional, buffer, and/or conventional crops?  
- Yes  
- No

If yes, how do you segregate organic crops from non-organic crops?

How do you clean storage units prior to storage of organic crops?

How do you prevent/control insect pests in crop storage areas?  
- No insect problems

How do you control rodents in crop storage areas?  
- No rodent problems

What stored crop inputs have you used in the last three years?  
- synthetic fumigants  
- rodenticides  
- sprouting inhibitors  
- ripeners  
- growth regulators  
- preservatives  
- oils  
- coloring agents  
- waxes  
- other (specify)

Are any stored crop inputs used or planned for use on organic crops?  
- Yes  
- No

If yes, specify input and retain labels.
G. TRANSPORTATION:

Who is responsible for arranging transportation of organic products? ☐ self ☐ buyer ☐ other (specify)

Describe how organic products are transported.

What potential contamination or commingling problems do you have with the transport of organic crops? ☐ none

What steps are taken to protect the integrity of organic products during transport?

- ☐ dedicated organic only
- ☐ inspecting transport units prior to loading
- ☐ cleaning transport units prior to loading
- ☐ use of Clean Truck Affidavits
- ☐ letter/contract with transport company stating organic requirements
- ☐ other (specify)

SECTION 8: Record Keeping System

NOP Rule 205.103 requires that records disclose all activities and transactions of the operation, be maintained for 5 years, and demonstrate compliance with the NOP Rule. Organic products must be tracked back to the field/location where they were produced/harvested. All records must be accessible to the inspector.

A. RECORDS: Please have these records available for the inspector.

Which of the following records do you keep for organic production?

- ☐ field maps
- ☐ field activity log(s)
- ☐ field history sheets (previous three years)
- ☐ documentation of previous land use for rented and/or newly purchased land
- ☐ input records for soil amendments, seeds, manure, foliar sprays, and pest control products (keep all labels)
- ☐ documentation of attempts to source organic seeds and/or planting stock
- ☐ documentation of organic seedlings
- ☐ residue analyses of inputs (i.e., manure sourced off-farm)
- ☐ compost production records
- ☐ monitoring records (soil tests, tissue tests, water tests, quality tests, observations)
- ☐ equipment cleaning records
- ☐ harvest records that show field numbers, date of harvest, and harvest amounts (including custom harvest records)
- ☐ label records
- ☐ storage records that show storage location, storage identification, field numbers, amounts stored, and cleaning activities
- ☐ clean transport records
- ☐ sales records (purchase order, contract, invoice, cash receipts, cash receipt journal, sales journal, etc.)
- ☐ shipping records (scale ticket, dump station ticket, bill of lading)
- ☐ Transaction Certificates
- ☐ audit control summary
- ☐ complaint log
- ☐ other (please specify)

How long do you keep your records?

Which of the following records do you keep for conventional production? ☐ Not applicable

- ☐ field maps
- ☐ field history sheets
- ☐ input records
- ☐ harvest records
- ☐ other (specify)
- ☐ labor records
- ☐ storage records
- ☐ sales records
- ☐ shipping records
### B. MARKETING:

**Type of Marketing:**
- [ ] farmers market
- [ ] direct to retail
- [ ] CSA/subscription service
- [ ] wholesale
- [ ] on-farm retail
- [ ] bulk commodities to processor
- [ ] contract to buyer
- [ ] other (specify)

Do you use or plan to use the USDA organic seal on product labels or market information?  
[ ] Yes  [ ] No

Do you use or plan to use the seal of the certifying agent on product labels or market information?  
[ ] Yes  [ ] No

*Attach copies of all organic product labels.*

### SECTION 9: 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 Organic Foods Production Act of 1990 and National Organic Program Rules and Regulations. I understand that acceptance of this questionnaire in no way implies granting of certification by the certifying agent. I agree to provide further information as required by the certifying agent.

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.

*Submit completed form, fees, and supporting documents to:*
**FIELD HISTORY SHEET**

*Instructions:* Fill out this Field History Sheet for all fields (organic, transitional, and conventional). You can use your own form as long as it contains the same information. List all inputs used or planned for use, including compost and/or manure. Inputs that have already been applied must include the rate and date of application unless you are keeping separate input records. Keep copies for your files. This form should accompany your Organic Farm Plan or Organic Farm Plan Update form.

Code: O = Organic; T = In Transition/Conversion to Organic; C = Conventional

<table>
<thead>
<tr>
<th>Code</th>
<th>Field No.</th>
<th>Acres/ha.</th>
<th>Year</th>
<th>Crop</th>
<th>Inputs</th>
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