

**Client Name (Trade/Farm Name):**

**General Information**

1. Type of handling requested for certification (e.g. cleaning, re-packing, trading etc.).

2. Attach a list of organic products handled or planned to be handle.  Attached

3. Is this facility  Dedicated to Organic only  Organic and nonorganic products processed/handle here.

4. Do sub-contract the handling operation?  Yes  No

5. If yes, please provide the detail of operation or part of the operation sub-contracted and name of sub-contractor.

6. Do you handle nonorganic products in your company?  Yes  No if yes, write the name of non-organic products handle.

7. Attach map (may be hand drawn) showing organic storage areas.  Attached

8. Attach either a complete written description or a schematic product flow chart.  Attached

*Document Requirement: Submit the product list (single/multi-ingredient products), facility map and process flow chart that describes or shows where and how the product is received, stored, packaged, and warehoused. Identify all equipment, machinery, grading stations, and storage areas, and indicate where ingredients are added or processing aids are used.*

**Pest Management**

9. List the name of pests are problematic in this facility.  Not Applicable

10. Do you use in-house pest management system? What type of pest management system do you use?  
 Yes  No if yes, who is the responsible person for pest control:

11. If no, do you sub-contract the pest management services?  Yes  No, if yes, write the name of sub-contractor:

12. In the table below, check the basic preventative and mechanical control strategies used. Organic processor or handlers must use management practices to prevent pests. If those practices are not effective, a material

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consistent with the approved list may be applied. If these practices and materials are not effective, a synthetic material not on the approved list may be used after approval of GSCI Services.

Strategy: Used for which type of pests	Flying insects	Crawling insects	Rodents	Birds
<b>Preventative practices</b>				
Good sanitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Removal of habitat areas, food sources, breeding areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanup of spilled product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sealed doors and/or windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screened windows, vents, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repair of holes, cracks, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storage above ground level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sheet metal on building exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air curtains, air showers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive air pressure in facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspect ingredients for pests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspection zones around interior perimeters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound, light devices, scare tactics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control temperature, humidity, or light levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Other):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Mechanical or physical control, lures or repellents</b>				
Electrocuters, zappers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical traps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sticky traps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pheromones traps, lures may not contact organic products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repellents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Freezing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heat treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vacuum treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Other):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Do you have a system to monitor pest?  Yes  No

14. How many times do you monitor the pest in facility?

Daily     Weekly     Monthly     Yearly     As Needed

15. Are you kept the record for pest monitoring activities?  Yes  No

27. If above listed preventive and mechanical or physical control are not effective, synthetic material may be used after approval of GSCI Services List pest control material(s) used:

Substance / Brand Name	Composition	Target Pest(s)	Method of application	Location

28. Describe the measures taken to avoid the contamination with organic product (incoming to dispatch) at the time of spray of prohibited material in the facility (purging, cover of organic material etc.).

29. Are you kept the record for pesticide / prohibited substance use and measures taken (pesticide use log, purge log, cover equipment) to protect organic products or packaging?

*Note: Attach a facility map showing the location of traps and monitors, and submit MSDS and/or label information for substances used for pest control, if applicable.*

**Assurance of Organic Integrity**

30. Do you have a system or program to protect organic integrity?  Yes  No

31. List all areas of potential commingling or contamination (Organic Control Points) and describe measures implemented to prevent the commingling of organic and nonorganic products and to protect organic products from contact with prohibited substances (including cleansers, sanitizers boiler chemicals, and pest control products).

Organic Control Points	Area of Potential Contamination	Preventive Measures	Related Document Maintained

32. Do you have Quality Assurance Program in place?  HACCP  ISO  FSMS  Other:

33. Do you test the raw material, in-process product, and finished product in whole process?  
 Yes  No

34. If yes, do you kept the report of testing.  Yes  No

**Water:**

35. How is water used in this facility?  
 Ingredients  Processing Aid  Cooking  Cooling  Cleaning equipment  Cleaning organic products  
 Products Transport (flume)  Other (list):

36. What is the source of water:  Municipal  On-site well  Other (list):

37. Do you add any substances to the water?  Yes  No  
if yes, list substance and attach label or Material safety Data Sheets  Yes  No

38. If you add chlorine to wash water, indicate how you meet the following restriction: residual chlorine levels in water that contacts organic products directly may not exceed the maximum residual disinfectant limit under the Safe Drinking Water Act (4 ppm) at the point where the water last contacts the organic product.  
 Chlorine tests  Other:

39. Describe how you monitor water quality.

40. How often do you conduct water quality monitoring?  Weekly  Monthly  Annually  As needed  Other:

41. Do you use steam in whole process.  Yes  No

42. Do you add any substances to the steam?  Yes  No  
if yes, list substance and attach label or Material safety Data Sheets  Yes  No

**Equipment:**

43. List all equipment's used in processing of organic products

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Equipment Name	Where Used	Cleaning is done (Yes/No)	Cleaning Record (Yes/No)	Purged Before Organic Process (Yes/No)	Purged Record (Yes/No)

44. If equipment is purged, describe the purging procedure and quantity purged?

**Sanitation:**

45. List the cleaning and sanitation method used in facility (e.g. sweeping, manual washing etc.).

46. List each substance used as a cleanser, sanitizer, or disinfectant that may come into contact with organic ingredients or food contact surfaces.

Substance Name	Composition	Source of Substance	Cleaning Record Maintain (Yes/No)	Frequency	Where Used

*Note: Attach a copy of MSDS and label of cleaner, sanitizer or disinfectant used.*

**Storage**

47. Describe your storage location.

No organic product storage

Product Stored (Raw, Ingredient, Finished Product)	Location	Capacity (MT)	Status of Store		Organic Control Point
			Dedicated Organic	Organic & Non-organic	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

48. If organic product stored in off-site store, write the name and address of sub-contracted storage.

*Note: Off-site store must be certified organic before storage of organic products.*

49. What are the preventive measures are taken if organic and non-organic products stored in same premises?

50. How to identified organic product in non-organic store?

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51. Do you identify any pest problem in storage?

52. What are the preventive, mechanical and substance is used for control of pest problem in storage?

**Packaging:**

53. What type of packaging material used for packing of organic products?

54. Do you packed organic product in reuse packaging material or container?  Yes  No

55. If yes, how are the organic products protect from contact with possible residue?

**Transportation:**

56. How incoming and outgoing organic product transported?

57. In what forms (packing material) incoming and outgoing organic product received and dispatched?

58. Do you out sourced incoming and outgoing transport?  Yes  No

59. If you use transport companies, have they been notified of organic handling requirements?  Yes  No

60. Are transport unit used to carry nonorganic products or prohibited substances before loading of organic product?  
 Yes  No

61. If yes, how do insure that transport units are cleaned prior to loading of organic product?

62. Do you stalk raw material, in-coming material and finished product on pallets during storage and transport?  
 Yes  No

63. Is pallet used for stalking is treated with any substance  Yes  No, if yes write the name of substance

**Labeling**

64. List all products labeled or planned to be labeled as "100 % Organic", Organic (at least 95% certified organic)  
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ingredients) and Made with Organic (at least 70%-95% certified organic ingredients) check appropriate boxes.  None

Brand Name	Type of Product (Single/Multi ingredient)	Organic Label Claim:			COR and GSCIt Services Logo Mentioned		Ingredient Mentioned on Label	
		100% Organic	Organic	Made With Organic	Yes	No	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

65. List all products which contain less than 70% organic ingredients.  None

Brand Name	Organic Ingredient		Non-organic Ingredient	
	Ingredient Name	% Organic Ingredient	Ingredient Name	% Non-organic Ingredient

66. Do you labeled or sold by-products organic products?  Yes  No  Not applicable

67. If yes, list all by-products sold as organic products.

68. Do you label nonretail containers used only to ship or store raw or processed organic agricultural product?

Yes  No  Not applicable

If yes, submit a copy of label.

Label Attached

*Note: All product labels must be approved by GSCI Services before labeling of organic products.  
Added water and salt should not include in the calculation of organic ingredients.*

### Record Keeping

27. How long do you keep record?

28. Do you have a lot coding procedure?  Yes  No if yes, describe your lot coding procedure.

29. Describe audit trail including receiving of raw material to dispatch of finished products.

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30. How many persons are employed at your organic production facility(s)? Please describe your procedures ensuring personnel have appropriate training in organic handling practices and general food handling/protection.

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

- Layout Maps of all sites     Flow Charts for organic product     Storage records
- Raw material Records     Clean transport records     Sales records     Transaction Certificate
- Audit trail/tracking records     Shipping records     Scope certificate of supplier's
- Labours/Employ training record     Pest management map     Water test, if applicable     MSDS
- Residue analyses, if applicable     Commercial unavailability of substance, if applicable
- All input product labels, if applicable     All organic product labels, intended for use

**Declaration**

I do hereby affirm that all statements made in this organic plan are true and correct. I understand that acceptance of this organic plan in no way implies granting of certification by the GSCI Services Pvt. Ltd. I agree to complying standard requirements and inform about all important matters and all changes in production system.

Name of Client:

Place:

Signature of Client:

Date:

**For GSCI Services Use Only:**

Verified By:

Signature:

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