SYSTEM PLAN FOR PRODUCTION & HANDLING OF ADDITIONAL INPUT TO ORGANIC AGRICULTURE

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| **1. General Information:** | | | | | | | |  | | | | | | | | | | | | | | | | |
| **a) Operator details.** | | | | | | | |  | | | | | | | | | | | | | | | | |
| Name of Firm/Unit (Facility) | | | | | | | |  | | | | | | | | | | | | | | | | |
| Name of Operator | | | | | | | |  | | | | | | | | | | | | | | | | |
| Father/husband Name | | | | | | | |  | | | | | | | | | | | | | | | | |
| Facility Address | | | | | | | |  | | | | | | | | | | | | | | | | |
| Contact person/Owner | | | | | | | |  | | | | | | | | | | | | | | | | |
| Address for correspondence | | | | | | | |  | | | | | | | | | | | | | | | | |
| Email: | | | | | | | |  | | | | | | | | | | | | | | | | |
| Telephone no. | | | | | | | |  | | | | | | | | | | | | | | | | |
| Fax No. | | | | | | | |  | | | | | | | | | | | | | | | | |
| Person (s) responsible for Organic production and their area of work | | | | | | | |  | | | | | | | | | | | | | | | | |
| Languages known: | | | | | | | | □ English □ Hindi □ Others (Please specify) | | | | | | | | | | | | | | | | |
| Are you aware of the organic certification procedure. | | | | | | | |  | | | | | | | | | | | | | | | | |
| **b) Certification request for products:** | | | | | | | | 1. Manufacturing  2. Handling | | | | | | | | | | | | | | | | |
| **c) Activities undertaken:** | | | | | | | | Processing/ packing Storage/Warehousing  Local trade  Export/Import | | | | | | | | | | | | | | | | |
| **d) Route Map of organic production unit with distance** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **e)** Map of Organic area with surrounding information / activities: | | | | | | | | | | | | | | | | | | | | | | | | |
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| f) **Are you already registered with another certification body:** | | | | | | | | | | | | | Yes □ No □ | | | | | | | | | | | |
| If yes : - Name of CB | | | | | | | | | | | | |  | | | | | | | | | | | |
| - Certification Programme | | | | | | | | | | | | | NPOP□ NOP□ EU□ Other□ | | | | | | | | | | | |
| - Date of first inspection | | | | | | | | | | | | |  | | | | | | | | | | | |
| - Date of cancellation | | | | | | | | | | | | |  | | | | | | | | | | | |
| - Reason for changing | | | | | | | | | | | | |  | | | | | | | | | | | |
| **g) Facility details :** | | | | | | | | | | | | |  | | | | | | | | | | | |
| **-** Year of establishment: | | | | | | | | | | | | |  | | | | | | | | | | | |
| **-** Organizational Structure: | | | | | | | | | | | | |  | | | | | | | | | | | |
| - Organizational Policy: | | | | | | | | | | | | |  | | | | | | | | | | | |
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| Storage capacity for Raw Material (Kg/ton) | | | | | Storage capacity for Finished products (Kg/ton) | | | | | | | | | | | | | | Working Space (in sq. mt.) | | | | | |
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| **2. Products details:** | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of finish product | | Registration no. underCommodities act/order | | | | | | | Form of Product Liquid/granule/powder | | | | | | | | | % of ingredients used in finished products | | | | | Validity period of product | |
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| **bl List of products to be enclosed in the format** | | | | | | | | | | | | | | | | | | | | | | | | |
| **3. Machines/Equipments details** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of Machine/Equipment** | | | | **Capacity (per hour)** | | | | | | | | **Purpose** | | | | | | | **Material of Body** | | | | | **Material of Parts** |
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| **4.Operations details** | | | | | | | | | | | | | | | | | | | | | | | | |
| Activity (Procedures & Practices) | | | | Name of responsible person for the said activity | | | | | | Time and frequency | | | | | | Action undertaken to protect/maintain/improve the organic integrity | | | | | Remarks/Annex (justification with supplementary documents) | | | |
| Cleaning /Sanitization | | | |  | | | | | |  | | | | | |  | | | | |  | | | |
| Raw material procurement | | | |  | | | | | |  | | | | | |  | | | | |  | | | |
| Separating | | | |  | | | | | |  | | | | | |  | | | | |  | | | |
| Grinding | | | |  | | | | | |  | | | | | |  | | | | |  | | | |
| Compost preparation | | | |  | | | | | |  | | | | | |  | | | | |  | | | |
| Mixing | | | |  | | | | | |  | | | | | |  | | | | |  | | | |
| Churning | | | |  | | | | | |  | | | | | |  | | | | |  | | | |
| Drying | | | |  | | | | | |  | | | | | |  | | | | |  | | | |
| Fermenting | | | |  | | | | | |  | | | | | |  | | | | |  | | | |
| Manufacturing | | | |  | | | | | |  | | | | | |  | | | | |  | | | |
| Packaging | | | |  | | | | | |  | | | | | |  | | | | |  | | | |
| Grading | | | |  | | | | | |  | | | | | |  | | | | |  | | | |
| Digestion | | | |  | | | | | |  | | | | | |  | | | | |  | | | |
| Extracting | | | |  | | | | | |  | | | | | |  | | | | |  | | | |
| Dehydration | | | |  | | | | | |  | | | | | |  | | | | |  | | | |
| Cutting | | | |  | | | | | |  | | | | | |  | | | | |  | | | |
| Freezing | | | |  | | | | | |  | | | | | |  | | | | |  | | | |
| Storage | | | |  | | | | | |  | | | | | |  | | | | |  | | | |
| Filtering | | | |  | | | | | |  | | | | | |  | | | | |  | | | |
| Heating | | | |  | | | | | |  | | | | | |  | | | | |  | | | |
| Labeling | | | |  | | | | | |  | | | | | |  | | | | |  | | | |
| **5.** Source of water and testing (please enclose test report copy) | | | | | | | | | | | | | | | | | | | | | | | | |
| **6.** Test report of products (please enclose test report copy) | | | | | | | | | | | | | | | | | | | | | | | | |
| **7. Inputs & Ingredients details:** | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Inputs & Ingredients | Purpose | | | Place of use | | | Composition | | | | Supplier/source | | | | Commercial availability | | | | | Quantity used | | | Status: approved (A) restricted (R) prohibited(P) | |
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| List to be enclosed | | | | | | | | | | | | | | | | | | | | | | | | |
| **8. Waste and Cleaning/ Sanitation details:** | | | | | | | | | | | | | | | | | | | | | | | | |
| Particulars | | | | | | Schedule | | | | | | | | Methods | | | | | | | Material used: | | | |
| Cleaning of processing house | | | | | |  | | | | | | | |  | | | | | | |  | | | |
| Cleaning of Machines | | | | | |  | | | | | | | |  | | | | | | |  | | | |
| Cleaning of Equipments / Instruments | | | | | |  | | | | | | | |  | | | | | | |  | | | |
| Waste management | | | | | |  | | | | | | | |  | | | | | | |  | | | |
| Cleaning of input production unit | | | | | |  | | | | | | | |  | | | | | | |  | | | |
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| **9. contamination points** | | | | | | | | | | | | | | | | | | | | | | | | |
| Area of Activity | | | | | | Risk Perceived | | | | | | | | Action taken to control risk | | | Frequency of monitoring | | | | | Remarks/annex | | |
| Transportation system: | | | | | |  | | | | | | | |  | | |  | | | | |  | | |
| Pest management : | | | | | |  | | | | | | | |  | | |  | | | | |  | | |
| Ingredients | | | | | |  | | | | | | | |  | | |  | | | | |  | | |
| Cleaning and Sanitation input | | | | | |  | | | | | | | |  | | |  | | | | |  | | |
| Past use of Machines/Equipments | | | | | |  | | | | | | | |  | | |  | | | | |  | | |
| Raw input collection | | | | | |  | | | | | | | |  | | |  | | | | |  | | |
| Packaging material | | | | | |  | | | | | | | |  | | |  | | | | |  | | |
| Works | | | | | |  | | | | | | | |  | | |  | | | | |  | | |
| **Confirmation:**  I hereby confirm that the above information furnished is true to the best of my knowledge and any changes in the organic processing/handling systems will be informed to ROCO accordingly. The complaints received about the organic processing/handling activities will be recorded and will be dealt in a quick and respectful manner.  I hereby also declare that I have been involved in organic production for the last-----------months/year. | | | | | | | | | | | | | | | | | | | | | | | | |
| Place | | |  | | | | | | | | | | |  | | | | | | | | | | |
| Date | | |  | | | | | | | | | | | **Name & Signature of processor / representative** | | | | | | | | | | |
| **Note:** Please ensure about the enclosures before sending the APPLICATION FORM i.e. a map of processing unit, flow chart of processing, list of collection zones/suppliers/ customer, lab test report copy, Registration letter under Commodities act/order copy and submit formats of intake, processing, packing, marketing and all relevant records etc. | | | | | | | | | | | | | | | | | | | | | | | | |