**SYSTEM PLAN/ORGANIC MANAGEMENT PLAN FOR WILD COLLECTION AND HANHLING**

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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? | Yes □ No □ |
| Inspection & certification is required according to | NPOP□  |
| **b) Certification request for products:** | 1. Collection 2. Handling |
| **c) Activities undertaken:** | Collection Packaging □ Storage/Warehousing □Local trade □Export/Import □ |
| **d)** **Are you already registered with another certification body:**  | Yes □ No □ |
| If yes : - Name of the CB |  |
| Certification Programme  | NPOP□ NOP□ Others (Please specify) □ |
| - Date of first inspection  |  |
| - Date of cancellation  |  |
| - Reason to change |  |
| **e) Details of collection area:** |
| 1. Total Area (ha./Sq Km)  |  |
| 2. Organic collection/gathering area (ha.) including no. of collection zones and Collectors list (The necessary details may be annexed): |  |
| 3. Nearby conventional agriculture area (ha.): The necessary details may be annexed. |  |
| 4. Ecology of the collection area; |  |
| **f) Production details (Year Wise):** |
| **Sl. No** | **Name of the product harvested/ gathered** | **Form of product**  | **Location**  | **Area (Hac.)** | **Yield Estimation****(kg)** | **Remarks** |
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| **g)** Route Map of collection area with distance  |
| **h**) Field Map of collection area with surrounding information / activities:  |
|  |
| **3. OPERATIONAL DETAILS:**  **a) Harvest /Post harvest Procedures**  |
| **Activity** | **Method** | **Stage**  | **Frequency**  | **Action undertaken to protect/ maintain/ improve the organic integrity** |
| Harvesting/Collection |  |  |  |  |
| Threshing  |  |  |  |  |
| Drying  |  |  |  |  |
| **b) Storage Management**  |
|  **Activity for** | **Capacity of store** | **Action undertaken to protect/ maintain/ improve the organic integrity and procedure** |
| Raw product |  |  |
| Processed produce (loose/bulk) |  |  |
| Finished-unit packing |  |  |
| Pest control |  |  |
| **c) Transportation management** |
| **Activities for** | **Action undertaken to protect/ maintain/ improve the organic integrity and procedure** |
| Raw material |  |
| Packed product / finished produce |  |
| If on Site processing: Use of ingredient/processing aids;  | Yes □ No □  |
| Type of processing;  |  |
| If on Site Handling /Marketing; Type of marketing:  |  |
| **d) Record keeping by registered operators:** |
| **-** Detailed map of collection units:  | Yes □ No □ |
| **-** Incoming and outgoing records with bill and invoice  | Yes □ No □ |
| -Certification records including standards  | Yes □ No □ |
| -Activities / Procedures -manual  | Yes □ No □ |
| Approval or permission from the authorize person to harvest or gather the wild products | Yes □ No □ |
| - Is history of the area available reflecting that no prohibited substances applied to it for a period of 3 years immediately preceding the harvest?  | Yes □ No □ |
| -Date wise Operational work diary: | Yes □ No □ |
| -Training and visit records | Yes □ No □ |
| - Collector's List | Yes □ No □ |
| **4 RISK MANAGEMENT;** |
| **Area of activity** | **Risk Perceived** | **Frequency of monitoring**  | **Action taken to control risk** | **Remarks** |
| Site selection(Is it affected by presence of Human Settlements, Agriculture, Industry, Landfills and Rubbish Dumps, Traffic, Radioactivity) |  |  |  |  |
| Method of collection |  |  |  |  |
| Equipments |  |  |  |  |
| Processing  |  |  |  |  |
| Packing material  |  |  |  |  |
| Storage |  |  |  |  |
| Transportation  |  |  |  |  |
| **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 Collector/Organizer/Representative** |
| ***Note:*** Please ensure about the enclosures before sending the APPLICATION FORM i.e. *a map of collection unit, list of wild collections, and* submit formats of intake, processing, packing, marketing and all relevant records along with collector's list etc. |