



**DEMETER® ASSOCIATION, INC.**  
For Certification of BIODYNAMIC® AGRICULTURE

**Organic Handling Plan Questionnaire (OHP)**

*Please fill out this questionnaire if you are requesting Demeter Certification and DO NOT have organic certification. Use additional sheets if necessary. Sign or type your name on this form. Submit electronic applications by email as an email attachment.*

**Submit with this application:**

- 1) *an Individual Product Profile (IPP) for each product requested for certification (On Demeter Template)*
- 2) *a current schematic product flow chart*
- 3) *a facility map for each facility which will handle Biodynamic® products*
- 4) *applicable fees.*

SECTION 1: General Information				NOP Rule 205.201 and 205.401	
Company Name		Entity you process for (if other than yourself):		For office use only	
Owner		Contact			
Address (physical)				Date received	
Address (mailing)				Date reviewed	
				Reviewer initials	
Phone		Email	Web site		Fees received
Fax				Evaluator	
Legal status: <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative <input type="checkbox"/> Trust or non-profit <input type="checkbox"/> Legal partnership (federal form 1065) <input type="checkbox"/> Other (specify)					
Year company began	Number of employees	Name of person overseeing production	Government permits/licenses		
Do you have a copy of current organic standards? <input type="checkbox"/> Yes Available <a href="http://www.usda.gov">www.usda.gov</a>				Do you understand the current organic standards? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a copy of the current National List? <input type="checkbox"/> Yes					
List previous years certified organic and name of certifying agent.			List current organic certification by other agents.		
Has certification ever been denied, suspended, or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe the circumstances and the actions taken to correct non-compliances.					
Give directions to your processing facility for the evaluator.					
What general categories of products are manufactured or planned to be manufactured? <i>Provide a complete list of products requested for certification in Section 2: Product Composition and Labeling.</i>					
Type of processing/handling operation,		<b>Is your operation a:</b>		Estimated annual total production	



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e.g. grain cleaning, canning, freezing	<input type="checkbox"/> Primary processor <input type="checkbox"/> Contracted processor	_____ % organic (includes Biodynamic) _____ % non-organic
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IF YOU USE CONTRACT VENDORS, GIVE THE FOLLOWING INFORMATION:			
NAME OF CONTRACT VENDOR	ADDRESS	PHONE NO.	CERTIFIED BY

List or attach a list stating the general categories of **non-organic** products produced by your company.

**List all non-compliances from last year's certification. State how the non-compliances have been addressed.**  Not applicable

Please describe the monitoring practices and procedures to be performed and maintained, including the frequency with which they will be performed, to verify that the plan is effectively implemented.

*Inspector 1:*

  
  

*Evaluator 1:*

**SECTION 2: Labeling and Product Composition** **NOP Rule 205.105, 205.270, 205.300-205.305 and 205.307-205.311**

The NOP Rule has 4 categories of products which can use the word "organic". These are "100% organic", "organic", "made with organic (specified ingredients or food group(s))", and products with less than 70% organic ingredients. The % of organic ingredients is calculated by dividing the total net weight or volume (excluding salt and water) of combined organic ingredients by the total weight or volume of all ingredients (excluding salt and water).

Products labeled "100% organic" must contain 100% organic ingredients, including processing aids. Products labeled "organic" must contain at least 95% organic ingredients; non-organic ingredients must not be commercially available in an organic form; must not include organic and non-organic forms of the same ingredient; and all synthetic ingredients and processing aids must be on the National List. Products labeled "made with organic (specified ingredients or food group(s))" must contain at least 70% organic ingredients. For "100% organic," "organic," and "made with organic..." products, both organic and non-organic ingredients must not be produced using excluded methods, sewage sludge, or ionizing radiation. Products with less than 70% organic ingredients can only identify the organic ingredients in the information panel. Refer to the National List, Section 205.605 and 205.606, to determine which nonagricultural substances and non-organically produced agricultural ingredients are allowed in products labeled "organic" or "made with organic (ingredients or food group(s))."



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The NOP Rule has specific requirements for principal display panel information relating to the use of the term "organic", depending on the % of organic ingredients in the finished product. For all products, the organic ingredients must be identified in the ingredient information panel. Up to three ingredients or food groups can be listed on the principal display panel for products labeled as "made with organic (ingredients or food group(s)). The term "organic" cannot be used to describe a non-organic ingredient in a product name. Water and salt cannot be identified as "organic". The name of the certifying agent must be identified on the information panel below the name of the handler or distributor, preceded by the statement, "Certified organic by..." or similar phrase. The address and telephone number of the certifying agent may be displayed.

The USDA seal can be used on "100% organic" or "organic" products, but not on products labeled "made with organic...". A certifying agent's seal, logo or other identifying mark can be used on "100% organic," "organic" or "made with organic...". Products with less than 70% organic ingredients cannot use either the USDA seal or the certifying agent's name, seal or logo. The certifying agent's seal cannot be displayed more prominently than the USDA seal.

**Attach an Organic Product Profile sheet and examples of all labels used for each product requested for certification.  
 The Product Profile sheet is found at the end of the document.**

**2A. PRODUCTS LABELED AS 100% ORGANIC:** All ingredients are certified 100% organic, including processing aids.

List all products labeled or planned to be labeled as **100% ORGANIC** and check appropriate boxes. = None

NAME OF PRODUCT	ORGANIC INGREDIENTS IDENTIFIED IN INFORMATION PANEL (✓)	CERTIFYING AGENT NAME IDENTIFIED ON LABEL (✓)	USE USDA SEAL ON LABEL (✓)	USE CERTIFYING AGENT SEAL/LOGO ON LABEL (✓)
	= YES = NO	= YES = NO	= YES = NO	= YES = NO
	= YES = NO	= YES = NO	= YES = NO	= YES = NO
	= YES = NO	= YES = NO	= YES = NO	= YES = NO
	= YES = NO	= YES = NO	= YES = NO	= YES = NO
	= YES = NO	= YES = NO	= YES = NO	= YES = NO
	= YES = NO	= YES = NO	= YES = NO	= YES = NO

*Inspector 2A:*

*Evaluator 2A:*

**2B. PRODUCTS LABELED AS ORGANIC:** At least 95% ingredients are certified organic, including processing aids

List all products labeled or planned to be labeled as **ORGANIC** and check appropriate boxes. = None

NAME OF PRODUCT	ORGANIC INGREDIENTS IDENTIFIED IN INFORMATION PANEL (✓)	CERTIFYING AGENT NAME IDENTIFIED ON LABEL (✓)	USE USDA SEAL ON LABEL (✓)	USE CERTIFYING AGENT SEAL/LOGO ON LABEL (✓)
	= YES = NO	= YES = NO	= YES = NO	= YES = NO
	= YES = NO	= YES = NO	= YES = NO	= YES = NO
	= YES = NO	= YES = NO	= YES = NO	= YES = NO
	= YES = NO	= YES = NO	= YES = NO	= YES = NO
	= YES = NO	= YES = NO	= YES = NO	= YES = NO
	= YES = NO	= YES = NO	= YES = NO	= YES = NO
	= YES = NO	= YES = NO	= YES = NO	= YES = NO

**Are any non-organic agricultural ingredients used?** = Yes = No

If yes, list all organic products which contain non-organic agricultural ingredients.



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If yes, describe your attempts to source organic ingredients.

**Are sulfites, nitrates, or nitrites added during the production or handling process?**     Yes     No

If yes, list all organic products produced with sulfites, nitrates, or nitrites.

**Do any products labeled ORGANIC show the percentage of organic ingredients on the label?**     Yes     No

If yes, list all products so labeled.

Does the size of the percentage statement exceed one-half the size of the largest type size on the panel on which the statement is displayed?     Yes     No

Does the percentage statement appear in its entirety in the same type size, style, and color without high lighting?     Yes     No

Is the percentage rounded down to the nearest whole number?     Yes     No

*Inspector 2B:*

*Evaluator 2B:*

**2C. PRODUCTS LABELED AS MADE WITH ORGANIC (SPECIFIED INGREDIENTS/FOOD GROUPS)** : At least 70% of all ingredients are certified organic ingredients, including processing aids. Up to 3 ingredients or food groups can be listed.

**List all products to be labeled MADE WITH ORGANIC(SPECIFIED INGREDIENTS/FOOD GROUPS)**     None

NAME OF PRODUCT	HOW MANY INGREDIENTS OR FOOD GROUPS ARE LISTED ON THE LABEL?	LIST EACH INGREDIENT OR FOOD GROUP <sup>1</sup> SHOWN ON THE PRINCIPAL DISPLAY PANEL	ORGANIC INGREDIENTS IDENTIFIED IN INFORMATION PANEL (✓)	CERTIFYING AGENT NAME IDENTIFIED ON LABEL (✓)	CERTIFYING AGENT SEAL/LOGO ON LABEL (✓)
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Does the MADE WITH ORGANIC INGREDIENTS statement on the principal display panel exceed one-half the size of the largest type size on the panel?     Yes     No

Does the MADE WITH ORGANIC INGREDIENTS statement on the principal display panel appear in its entirety in the same type size, style, and color without highlighting?     Yes     No

Do any products labeled MADE WITH ORGANIC INGREDIENTS show the percentage of organic ingredients in the product?     Yes     No

If yes, does the size of the percentage statement exceed one-half the size of the largest type size on the panel on which the statement is displayed?     Yes     No

Does the percentage statement appear in its entirety in the same type size, style, and color without highlighting?     Yes     No

Is the percentage rounded down to the nearest whole number?     Yes     No

<sup>1</sup> Choose from the following food group listings: beans, fish, fruits, grains, herbs, meats, nuts, oils, poultry, seeds, spices, sweeteners, vegetables, or processed milk products.



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**2D. PRODUCTS WITH LESS THAN 70% ORGANIC INGREDIENTS:** All organic ingredients listed only on the information panel)  
List all products which contain less than 70% organic ingredients.

None

**2E. BY-PRODUCTS**

**Will any by-products from certified organic products be sold as certified organic?**  Yes  No  Not applicable

If yes, list all organic products manufactured from by-products:

*Include information on organic by-products as applicable on this Organic Handling Plan.*

*Attach an Organic Product Profile sheet for each product.*

*Inspector 2C, 2D, 2E:*

*Evaluator 2C, 2D, 2E:*

**2F. WATER**

**Check ways water is used in processing:**  None used

ingredient  processing aid  cooking  cooling  product transport  cleaning organic products  
 cleaning equipment  other (specify)

**Source of water:**  municipal  on-site well  other, specify

**Does the water meet the Safe Drinking Water Act?**  Yes  No

*Attach copy of water test, if applicable.*

**What on-site water treatment processes are used?**  None

**Is steam used in the processing or packaging of organic products?**  Yes  No

If yes, describe how steam is used.

**If steam has direct contact with organic products, do you use:**  No direct contact

steam filters  condensate traps  testing of condensate  testing of finished products  
 other (specify)

**List products used as boiler additives.**  No boiler additives used

*Attach MSDS and/or label information for boiler additives, if applicable.*

**Describe how you monitor water quality.**

**How often do you conduct water quality monitoring?**  weekly  monthly  annually  as needed

other (specify)

*Inspector 2F:*

*Evaluator 2F:*



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**SECTION 3: Assurance of Organic Integrity** **NOP Rule 205.201(a), 205.270 and 205.272**

NOP Rule requires that handling practices and procedures present no contamination risk to organic products from commingling with non-organic products or contact with prohibited substances. Packaging materials, bins, and storage containers must not have contained synthetic fungicides, preservatives, or fumigants. Reusable bags or containers must be clean and pose no risk to the integrity of organic products. Procedures used to maintain organic integrity must be documented.

**3A. PRODUCT FLOW**  
 \_\_\_ *Attach a complete written description or schematic product flow chart which shows the movement of all organic products, from incoming/receiving through production to outgoing/shipping.* Indicate where ingredients are added and/or processing aids are used. All equipment and storage areas must be identified.

**3B. ORGANIC INTEGRITY**  
**Do you have an organic integrity program in place to address areas of potential commingling? and/or contamination?**      \_\_\_ Yes   \_\_\_ No  
 If yes, list specific control points you have identified in your process and state how you have addressed them to protect organic integrity or *attach a copy of your organic integrity program.*  
  
 If no, do you have plans to implement an organic integrity program?      \_\_\_ Yes   \_\_\_ No

**3C. MONITORING**  
**Do you have a Quality Assurance program in place?**      \_\_\_ Yes   \_\_\_ No  
 If yes, what program do you use? \_\_\_ ISO   \_\_\_ HACCP   \_\_\_ TQM   \_\_\_ other (specify)  
**Are any outside quality assessment services used (e.g. AIB)?**      \_\_\_ Yes   \_\_\_ No  
 If yes, name of company  
  
**Product testing:** (Check all that apply)  
 \_\_\_ ingredients tested prior to purchase   \_\_\_ ingredients tested upon receipt   \_\_\_ products tested during production  
 \_\_\_ finished products tested   \_\_\_ other (specify)  
  
**How do you prevent the use of ingredients produced using excluded methods (genetic engineering), sewage sludge, or ionizing radiation?** (Check all that apply)  
 \_\_\_ GE testing   \_\_\_ letters from manufacturers   \_\_\_ other (specify)  
  
**Are ingredient samples retained?**      \_\_\_ Yes   \_\_\_ No  
 If yes, how long?  
**Are finished product samples retained?**      \_\_\_ Yes   \_\_\_ No  
 If yes, how long?  
**Do you have a product recall system in place?**      \_\_\_ Yes   \_\_\_ No

*Inspector 3A, 3B, 3C:*  
  
*Evaluator 3A, 3B, 3C:*

**3D. EQUIPMENT**  
**List all equipment used in processing.**

EQUIPMENT NAME	CAPACITY	CHECK IF EQUIPMENT IS CLEANED PRIOR TO ORGANIC PRODUCTION (✓)	CHECK IF CLEANING IS DOCUMENTED (✓)	CHECK IF THE EQUIPMENT IS PURGED PRIOR TO ORGANIC PRODUCTION (✓)
		___ YES ___ NO	___ YES ___ NO	___ YES ___ NO



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		= YES = NO	= YES = NO	= YES = NO
		= YES = NO	= YES = NO	= YES = NO
		= YES = NO	= YES = NO	= YES = NO
		= YES = NO	= YES = NO	= YES = NO
		= YES = NO	= YES = NO	= YES = NO
		= YES = NO	= YES = NO	= YES = NO

**If equipment is purged, list and describe purge procedures, quantities purged, and documentation.**

*Inspector 3D:*

*Evaluator 3D:*

**3E. SANITATION**

*Attach MSDS and/or label information for cleaning and sanitizing products, if applicable.*

**Check all cleaning methods used:**

- sweeping  
  scraping  
  vacuuming  
  compressed air  
  manual washing  
  clean in place (CIP)  
 steam cleaning  
  sanitizing  
  other (specify)

**Provide information on your cleaning program and products used.**

AREA	TYPE OF CLEANING	CLEANING EQUIPMENT USED	PRODUCTS USED	FREQ	CHECK IF CLEANING IS DOCUMENTED (✓)
Receiving area					= YES = NO
Ingredient storage					= YES = NO
Product transfer					= YES = NO
Production area					= YES = NO
Production equipment					= YES = NO
Packaging area					= YES = NO
Finished product storage					= YES = NO
Loading dock					= YES = NO
Building exterior					= YES = NO
Accidental spills					= YES = NO
Other (specify)					= YES = NO



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Are all surfaces which contact organic products food grade?  Yes  No

Do you test food contact surfaces or rinsate for cleaner/sanitizer residues?  Yes  No How?

Where are cleaning/sanitizing materials stored?

*Inspector 3E:*

*Evaluator 3E:*

**3F. PACKAGING**

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

Where are packaging materials stored?

Are any fungicides, fumigants, or pest control products used in this storage area?  Yes  No

If yes, describe use and list specific products.

Have any packaging materials been exposed to synthetic fungicides, preservatives, or fumigants?  Yes  No

If yes, describe exposure, including name of products used.

Are packaging materials reused?  Yes  No

If yes, describe how reusable packaging materials are cleaned prior to use.





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*Inspector 3F:*

*Evaluator 3F:*

**3G. STORAGE**

Provide information on your storage areas by completing the following table.

USE	LOCATION	TYPE/CAPACITY	IDENTIFICATION NAME OR NUMBER	IS STORAGE UNIT DEDICATED ORGANIC ? (✓)	COMMENTS ON POTENTIAL FOR CONTAMINATION OR COMMINGLING PROBLEMS
Ingredient storage				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Packaging material storage				<input type="checkbox"/> YES <input type="checkbox"/> NO	
In-process storage				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Finished product storage				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Off-site storage*				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Other (specify)				<input type="checkbox"/> YES <input type="checkbox"/> NO	

**\*If there is OFF-SITE STORAGE, complete the following:**

**Facility Name:**

**Address:**

**Contact Person:**

**Phone Number:**

**Type of products stored at this off-site facility:**

*Inspector 3G:*

*Evaluator 3G:*

**3H. TRANSPORTATION OF PRODUCTS**

**Incoming:**

**In what forms are incoming products received?**

- dry bulk    liquid bulk    tote bags    tote boxes    metal drums    cardboard drums    paper bags  
 foil bags    other (specify)

**How are incoming products transported?**

**Do you arrange incoming product transport?**    Yes    No

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



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**Are transport units used to carry non-organic products or prohibited substances?**  Yes  No

If yes, how do you ensure that inbound transport units are cleaned prior to loading organic products?

Is the inspection/cleaning process documented?  Yes  No

How is it documented?

**Are organic products shipped at the same time as non-organic in the same transport units?**  Yes  No

If yes, check all steps taken to segregate organic products:

use of separate pallets  pallet tags identifying "organic"  organic product shrink wrapped

separate area in transport unit  organic product sealed in impermeable containers

other (specify)

**In-Process:**

**How are in-process products transported?**

**How do you insure that in-process transport units are cleaned prior to loading organic products?**

Is the inspection/cleaning process documented?  Yes  No

**Outgoing Finished Product:**

**In what form are finished products shipped?**

dry bulk  liquid bulk  tote bags  paper bags  foil bags  metal drums  cardboard drums

mesh bags  cardboard cases  plastic crates  other (specify)

**How do you ensure that the packaging in contact with the product is not contaminated (i.e. by fungicide, insecticide, petroleum, dioxin, etc)?**

**How are outgoing products transported?**

**Do you arrange outgoing product transport?**  Yes  No

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

**Are transport units used to carry non-organic products or prohibited materials?**  Yes  No

If yes, how do you ensure that outgoing transport units are cleaned prior to loading organic products?

Is the inspection/cleaning process documented?  Yes  No

**Are organic products shipped at the same time as non-organic in the same transport units?**  Yes  No

If yes, check steps taken to segregate organic products:

use of separate pallets  pallet tags identifying "organic"  organic product shrink wrapped

separate area in transport unit  organic product sealed in impermeable containers  other (specify)



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Inspector 3H:

Evaluator 3H:

**SECTION 4: Pest Management**

**NOP Rule 205.271**

NOP Rule requires management practices to prevent pests, such as removal of pest habitat, food sources, and breeding areas, and prevention of access to handling facilities. Environmental factors, such as temperature, light, humidity, atmosphere, and air circulation, may be used to prevent pests. Pests may be controlled using mechanical or physical means, such as traps, light, or sound. Lures and repellents may be used if they do not contain prohibited substances or products produced using excluded methods (genetically engineered). If these measures are not effective, a synthetic substance not on the National List may be used provided the certifying agent approves use of the substance, method of application, and measures taken to prevent contact with ingredients or organic products. Use of pest control products must be documented and included as part of the Organic Handling Plan.

***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.***

**What type of pest management system do you use?**

- In-house: Name of responsible person:
- Contract pest control service: Company Name: Contact Person:  
Phone:

**Check all pest problems you generally have:**

- flying insects  crawling insects  rats  mice  spiders  birds  other (specify)

**Check all pest management practices you use:**

- good sanitation  removal of exterior habitat/food sources  clean up spilled product  exclusion
- sealed doors and/or windows  repair of holes, cracks, etc.  screened windows, vents, etc.
- physical barriers  sheet metal on sides of building exterior  mowing  air curtains  air showers
- positive air pressure in facility  monitoring  incoming ingredient inspection for pests
- inspection zones around interior perimeter  ultrasound/light devices  release of beneficials  sticky traps
- electrocutors  pheromone traps  mechanical traps  scare eye balloons  freezing treatments
- heat treatments  vacuum treatments  carbon dioxide  nitrogen  vitamin baits  pyrethrum
- ryania  rotenone  boric acid  disodium octal tetrahydrate  diatomaceous earth
- precipitated silica  fumigation  fogging  crack and crevice spray  other (specify)



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Are records kept of your pest monitoring activities?       Yes    No

Check all aspects of your waste management system that apply:

- on-site dumpster    material recycling    daily pick-up of waste    composting    field application of waste  
 other (specify)

Does your waste management system provide habitat and/or food sources for pests?    Yes    No

If yes, please describe.



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Pesticide use information for the last 12 months:				
SUBSTANCE	TARGET PEST	LOCATION WHERE USED	METHOD OF APPLICATION	DATE OF LAST APPLICATION

**Are records kept of all pesticide applications?**     Yes     No

**If a pest control substance is used, list all measures taken to prevent contact with organic products, ingredients or packaging materials.**

**Are any substances used which are prohibited according to the National List?**     Yes     No

If yes, did you contact the certifying agent for prior approval before using?     Yes     No

If prohibited pest control products were used, what measures are you taking or planning to take to prevent their use in the future?

**Are there any substances intended for use which are not listed above?**     Yes     No

If yes, list substances intended for use:

*Inspector 4:*

  
  

*Evaluator 4:*

**SECTION 5: Record Keeping** **NOP Rule 205.103**

NOP Rule 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 from receipt of incoming ingredients to sale of finished products. Organic ingredients must be verified as certified organic. Amounts of organic finished products must balance with certified organic ingredients purchased. All relevant documents must identify products as "organic". All records must be accessible to the inspector.

**Which of the following records do you keep for organic processing/handling?**

**Incoming:**

- purchase orders     contracts     invoices     receipts     bills of lading     Customs forms     scale tickets
- quality test results     Certificates of Analysis     Transaction Certificates
- copies of Certificates of Organic Operation     verification of non-GMO ingredients
- verification of ingredients produced not using sewage sludge
- verification of ingredients produced/handled without ionizing radiation
- documentation that organic ingredients are not commercial available, when using non-organic ingredients in products labeled as "100% organic" and/or "organic"
- receiving records     receiving summary log (12 mos.)     other (specify)



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**In-Process:**

- ingredient inspection forms
- blending reports
- production reports
- equipment clean-out logs
- sanitation logs
- packaging reports
- QA reports
- production summary records (12 mos.)
- other (specify)

**Storage:**

- ingredient inventory reports
- finished product inventory reports
- other (specify)

**Outgoing:**

- shipping log
- transport unit inspection/cleaning forms
- bills of lading
- scale tickets
- purchase orders
- sales orders
- sales invoices
- phytosanitary certificates
- export declaration forms
- Transaction Certificates
- copies of Certificates of Organic Operation
- shipping summary log
- sales summary log
- audit control register
- complaint log
- other (specify)

**Describe your lot numbering system.**

**Can your record keeping system track the finished product back to all ingredients?**  Yes  No

**Can your record keeping system balance organic ingredients in and organic products out?**  Yes  No

**How long do you keep your records?**



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*Inspector 5:*

*Reviewer 5:*

*Additional comments*

*Inspector:*

*Evaluator:*



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**SECTION 6 : Affirmation**

**NOP Rule 205.100, 205.400 and 205.401**

I affirm that all statements made in this Organic Handling Plan are true and correct. I agree to comply with the Organic Foods Production Act of 1990 and National Organic Program Rules and Regulations. I understand that the facility may be subject to unannounced inspection and/or organic products may be sampled and tested for residues at any time. I agree to provide further information as required by the certifying agent.

Signature of Owner/Manager

Date

I have attached the following additional documents:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> product flow chart  | <input type="checkbox"/> facility map                 | <input type="checkbox"/> Organic Product Profiles |
| <input type="checkbox"/> pest management map of traps and monitors                                     | <input type="checkbox"/> water test, if applicable    | <input type="checkbox"/> MSDS, if applicable      |
| <input type="checkbox"/> organic product labels  | <input type="checkbox"/> labels for minor ingredients |   |
| <input type="checkbox"/> labels for other substances used (boiler additives, cleansers, or pesticides) | <input type="checkbox"/> other (specify)              |   |

I have made copies of this Organic Handling Plan and other supporting documents for my own records.

**Submit completed form by email to [info@demeter-usa.org](mailto:info@demeter-usa.org) or by mail to address below. Mail payment, terms of**

**agreements and supporting documents, including labels and maps to:**

**Demeter Association, Inc.**  
**PO Box 1390 Philomath, OR 97370**  
**Phone: (541) 929-7148**  
**Fax: (541) 929-4387**  
**[www.demeter-usa.org](http://www.demeter-usa.org) [info@demeter-usa.org](mailto:info@demeter-usa.org)**



**Disclosure of Processing Aids, Non-Agricultural Ingredients, and  
Non-Organic Agricultural Ingredients**

List all processing aids, non-agricultural ingredients, and non-OG agricultural ingredients intended for use in certified product. All inputs must be listed and approved prior to use in certified product. Submit supporting documentation disclosing all ingredients and verifying compliance to restrictions as noted in the National List. This is a general list – an Individual Product Profile (IPP) must be completed and approved for each individual product.

<b>Generic Material</b>	<b>Brand Name</b>	<b>Manufacturer</b>	<b>On National List</b>	<b>Documentation on compliance to restrictions*</b>
			= Yes = No	
			= Yes = No	
			= Yes = No	
			= Yes = No	
			= Yes = No	
			= Yes = No	
			= Yes = No	
			= Yes = No	
			= Yes = No	
			= Yes = No	
			= Yes = No	
			= Yes = No	
			= Yes = No	
			= Yes = No	
			= Yes = No	

*Inspector:*

*Evaluator:*

\*Individual materials may have a specific restriction noted on the National List.