NOSB ITEM FOR PUBLIC COMMENT

The National Organic Standards Board (NOSB) is seeking public comment on recommendations regarding the ***"Organic Farm Plan Update"*** until November 29, 2002. With respect to receipt of comments by the NOSB during the comment period, the following provisions have been established to ensure that your comment has the greatest probability of being received and reviewed by the Board:

- **Mail:** Persons may submit comments on listed Board recommendations by mail to: The National Organic Standards Board; c/o Katherine Benham; Room 4008 - South Building; 1400 and Independence Avenue, SW; Washington, D.C. 20250-0001.

- **E-mail:** Comments may be sent via internet to respective Board committees by submitting an E-mail to Board committee E-mail accounts provided with each recommendation.

- **Fax:** Comments may be submitted by fax to (202) 205-7808.

- Clearly indicate if you are for or against the Board recommendation or some part of it and why. Include recommended wording changes as appropriate.

- Include a copy of articles or other references that support your comments. Only relevant material should be submitted.

Organic Farm Plan Update

This form should be filled out by crop producers to update their organic farm system plans. Use additional sheets if necessary. Attach a field history sheet for current year, updated farm maps (if any changes), and other records required by the certifying agent.

<table>
<tr><th colspan="3">SECTION 1: General Information</th><th colspan="2">NOP Rule 205.406(a)(2) and 205.401(b)</th></tr>
<tr><td>Name</td><td colspan="2">Farm Name</td><td colspan="2">Type of Farm/Crops</td></tr>
<tr><td colspan="2">Address</td><td>City</td><td colspan="2" rowspan="2">For office Use Only
Date received
Date reviewed
Reviewer</td></tr>
<tr><td>St./Prov.</td><td>Postal/Zip Code</td><td>Country</td></tr>
<tr><td colspan="2">Phone</td><td>Fax</td><td colspan="2">E-mail</td></tr>
<tr><td colspan="3">Legal Status: ☐ Sole Proprietorship ☐ Trust or non-profit ☐ Corporation
☐ Cooperative ☐ Legal Partnership (federal form 1065) ☐ Other-specify</td><td colspan="2">Organic Certification No.</td></tr>
<tr><td>Year first certified</td><td>List previous organic certification by other agencies</td><td>List current organic certification by other agencies</td><td colspan="2">Do you understand current organic standards?
☐yes ☐ no</td></tr>
<tr><td colspan="2">Have you ever been denied Certification? ☐yes ☐ no</td><td colspan="3">If yes, describe the reasons for denial and attach documentation of corrective actions.</td></tr>
<tr><td colspan="5">Preferred dates and time for inspection visit:
☐ morning ☐ afternoon ☐ evening</td></tr>
</table>

SECTION 2: Minor Noncompliances	NOP Rule 205.406(a)(3)

Did you have any minor noncompliances from last year's certification? ☐yes ☐ no
If yes, please complete the following table, listing each minor non-compliance.

Minor Noncompliance	Describe how you addressed the minor noncompliance.

SECTION 3: Organic Plan Update **NOP Rule 205.406(a)(1)**

A. Current crop plans

Please complete the following table for all current year's crops or products requested for certification.

Crops Requested for Certification	Field Numbers	Total Acres/Hectares	Projected Yields

B. Organic Farm Plan Changes

What year did you last submit a complete Organic Farm Plan Questionnaire?
Have you reviewed your Organic Farm Plan Questionnaire? ☐yes ☐ no Date of review:

Check the following categories where changes have been made in your Organic Farm Plan and summarize all changes made or planned to be made. Attach additional sheets if necessary. ☐ No changes

Farm Plan Topic	Summary Statement of Changes
☐ General information	
☐ Newly purchased or rented fields*	
☐ Farm maps	
☐ Seeds and seed treatments	
☐ Seedlings and perennial stock	
☐ Soil fertility management	
☐ Compost or manure use	
☐ Conservation practices	
☐ Water quality and use	
☐ Crop rotation	
☐ Weed management plan	
☐ Pest management plan	
☐ Disease management plan	
☐ Adjoining land use and buffers	

☐ Split or parallel operation	
☐ Equipment	
☐ Harvest plan	
☐ Post-harvest handling	
☐ Crop storage	
☐ Crop transportation	
☐ Record keeping system	
☐ Type of marketing/product labels	

**** If you have newly purchased land or have rented land this year that is being requested for certification, attach a signed statement from the previous owner (if purchased) or current owner (if renting) attesting to previous 3 year history and inputs applied.***

C. Inputs

List all seeds used or planned for use in the current crop season. Check the appropriate boxes and provide other information as needed. Attach additional sheets if necessary. *Have all labels and receipts available for the inspector.*

Seed/Variety/Brand	Organic (✔)	Untreated (✔)	Treated (✔)	GMO (✔)	Type/Brand of Treatment Fungicide	Inoculant	Describe your attempts to use organic/untreated seed?

List all fertility inputs, soil mix ingredients, pest and disease control products, water additives, or other inputs used or intended for use in the current season on proposed organic and transitional fields. Use additional sheets if necessary. All inputs used during the current year must be listed on your Field History Sheet.

Have all labels and receipts available for the inspector. ☐ No inputs used

Product	Brand name or source	Status: Approved (A) Restricted (R) Prohibited (P)	If restricted, describe compliance with NOP Rule Annotation	Check if GMO (✔)

D. Monitoring Practices and Procedures Ongoing monitoring is required by the NOP Rule Section 205.201(a)(3).

Fertility Management Program

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

Describe any changes you have made or intend to make based on the results of your monitoring program.

Natural Resource Management

Rate the effectiveness of your soil conservation program: ☐ excellent ☐ satisfactory ☐ needs improvement

Describe any changes you have made or intend to make based on the results of your monitoring program.

Rate the effectiveness of your water quality program: ☐ excellent ☐ satisfactory ☐ needs improvement

Describe any changes you have made or intend to make based on the results of your monitoring program.

Weed, Pest, and Disease Management

Rate the effectiveness of your weed management program: ☐ excellent ☐ satisfactory ☐ needs improvement

Describe any changes you have made or intend to make based on the results of your monitoring program.

Rate the effectiveness of your pest management program: ☐ excellent ☐ satisfactory ☐ needs improvement

Describe any changes you have made or intend to make based on the results of your monitoring program.

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

Describe any changes you have made or intend to make based on the results of your monitoring program.

Other Monitoring: Indicate if you conduct monitoring in the following areas:

Maintenance of Organic Integrity

☐yes ☐ no Adjoining land uses, buffers, notification letters, posting signs
☐yes ☐ no Input equipment cleaning (sprayers, planters, etc.)
☐yes ☐ no Harvest equipment cleaning
☐yes ☐ no Crop testing for contaminants (prohibited materials, GMOs)
☐yes ☐ no Post harvest handling
☐yes ☐ no Crop storage cleaning
☐yes ☐ no Transportation of organic crops

Recordkeeping

☐yes ☐ no Compost production records
☐yes ☐ no Labor records
☐yes ☐ no Appropriate Organic Certificates or Transaction Certificates to verify purchase of organic products
☐yes ☐ no Complaint log

Section 4 Annual Summary of Organic Crop Yield and Sales — NOP Section 205.103

The following organic crops/products have been sold from _____(date) to _____(date).

Crops/Products	# of Acres	Actual Yield	Amount Sold	Amount Left to Sell	Remaining Crop Storage ID #

Expand table or attach additional sheets as necessary.

Section 5 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 NOP Rule. I understand that acceptance of this questionnaire in no way implies granting of certification by the certifying agent. I agree to follow the NOP Rule.

Signature of Operator _____ Date_____

I have attached the following documents:

- ☐ Updated maps of all parcels/fields (showing adjoining land use and field identification)
- ☐ Field history sheets for current crops
- ☐ 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.

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 Producer Name

Code	Field No.	Acres/ ha.	Year Crop	Inputs	Year Crop	Inputs	Year Crop	Inputs	Year Crop	Inputs