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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of the Organization:** | | |  | | | | | | | | | | | | | | | | | | | | |
| **CERT ID Project No.:** | | |  | | | | | | | | **Tracenet Reg. No.:** | | | | | |  | | | | | | |
| **Mailing Address:** | | |  | | | | | | | | | | | | | | | | | | | | |
| **City:** | | | **State:** | | | | | | | **Country:** | | | | | | | | | | **Zip Code:** | | | |
|  | | |  | | | | | | |  | | | | | | | | | |  | | | |
| **Types of Business:** | | | | | | | | | | | | | | | | | | | | | | | |
| **Proprietorship** | | **Partnership** | | | **Corporation** | | | **Limited** | | | | | **Cooperative** | | | | | **Other specify, ……………………** | | | | | |
| **Number of Unit Requested Under Input Approval (Manufacturing & Storage):** | | | | | | | | | | | | | | | | | | |  | | | | |
| **Unit Address (Manufacturing / Storage):** | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| **Contact Person:** |  | | | | | | | | | | | | | | **Designation:** | | | | | |  | | |
| **Phone No.:** |  | | | | | **Mobile No.:** | | |  | | | | | | | **Fax No.:** | | | | | |  | |
| **Email id:** |  | | | | | | | | **Website:** | | | | |  | | | | | | | | | |
| **Pan card No.:** |  | | | | | | | | **GST no.:** | | | | |  | | | | | | | | | |
| **Unit License No. & Validity:** | | | | | | |  | | | | | | | | | | | | | | | | |
| **Manufacturing capacity (MT/Day):** | | | | | | |  | | | | | | | | | | | | | | | | |
| **Additional certifications (attach copy):** | | | | | | | ISO 9001  ISO 14000  GMP/GHP/GAP  NA  Other specify: | | | | | | | | | | | | | | | | |
| **Does your company is registered with any Regulatory agency?**  *(If yes, provide the registration number along with the registration letter).* | | | | | | | | | | | | | | | | | | | | | | | Yes  No |
| **Standard:** | NPOP | | | | | | | | | | | | | | | | | | | | | | |
| **Is your organization currently certified or previously applied for Input Approval?** | | | | | | | | | | | | | | | | | | | | | Yes  No  NA | | |
| **If YES, please share the approval details with a copy of certificate; Attached?** | | | | | | | | | | | | | | | | | | | | | Yes  No  NA | | |
| **Date OSP initially prepared:** | | | |  | | | | | | | | **Date OSP updated:** | | | | | | | | |  | | |

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| ***Please answer all questions as they pertain to all aspects of your operation, including any additional production.*** | **Yes/No/NA** | **Remarks** |
| **General Information: NPOP – Appendix 5.1** | | |
| 1. Do you have a copy of latest organic standards? | Y  N  NA |  |
| 1. List all products requested for approval this year: |  |  |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Product Name** | **Brand Name** | **Product category** | **Sub category** | **Manufacturing Processes** | **Estimated manufacturing quantity** | **Shelf life of the Product (in months)** | **Allowed / Not allowed** | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | | **Product Category** | **Sub Category** | | Manure | Vermicompost/Biodynamic compost/NADAP compost | | Bio-Fertilizer | Bacterial preparation/Bio-dynamic preparation/Plant based extract | | Bio-Pesticides | Fungal preparation/Viral preparation/Bacterial preparation/Parasites, Predators & Sterilized insects | | Herbal Preparations | Homeopathic & Ayurvedic, Bio-dynamic preparation | | Traps | Chromatic/Mechanical/Pheromone | | Manufacturing Processes | Mechanical/Physical/Enzymatic/Action of micro-organism/Chemical (as an exception and restricted) |   *Note:*  *- Attach Product list separately in case of more than 5 products.*  *- Provide Heavy Metal Test Report for each and every product from NABL accredited lab.*  *- Provide MSDS, Processes Flow Chart and Label for each and every input requested for approval.* | | |
| **Product Information:** | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Brand Name** | **Ingredient** | **Role of Ingredient (Active/Inert compound)** | **% by weight (formulation must be 100%)** | **Source Supplier Name and address** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |   *Attach separate list as annexure if there are more than 5 products.* | | |
| 1. Processing aids?   List the processing aids used in processing for the inputs manufactured in the unit:  Are the aids approved/restricted as per NPOP norms? | Y  N  NA  Y  N  NA |  |
| 1. Does the product undergo from physical, mechanical and thermal processes? | Y  N  NA |  |
| 1. Does the product undergo from enzymatic or microbial processes?   If yes, please describe the processes. | Y  N  NA |  |
| **Split & Parallel Operation NPOP – Appendix 5.1** | | |
| 1. Does the unit produce, handle, processes or pack non-approved products?   If yes, then list the name of the non-approved products:  Is there separate storage for raw materials?  Is there separate storage for finished products?  Describe the procedure followed for preventing contamination and commingling in the storage area? | Y  N  Y  N  Y  N |  |
| 1. Are the equipment used for both Organic and Non-organic production?   If yes, please describe the cleaning procedure of the equipment used in the processing unit?  Provide equipment cleaning record during onsite inspection for verification. | Y  N |  |
| 1. Does Organic and Non organic processing practiced in the same unit?   If yes, are the ingredients used for Organic and Non organic are same?  If yes, then what percentage of Organic and Non organic production processed in the unit. Mention the percentage of production along with the list of non-organic products. | Y  N  Y  N |  |
| **Environmental Aspects** | | |
| 1. Tick the products are of   Plant origin – does it affect the environment. Please specify,  Animal origin – does it affect the environment. Please specify,  Microbial origin – does it affect the environment. Please specify  Mineral origin –does it affect the environment. Please specify |  |  |
| 1. Do the products have highly toxic or mutagenic or carcinogenic properties? | Y  N  NA |  |
| **Pest Management** | | |
| 1. Check the potential pest problem in the facility |  | Flying insects  Crawling insects  Rats  Mice  Spiders  Birds  Other specify: |
| 1. How the pest control system is managed in the facility? |  | In-house.  Name of responsible person(s) at your facility:  Contract pest control service  Name, address, phone number: |
| 1. Check the management practices performed in the facility: |  | Exclusion  Ingredient inspection for pests  Good sanitation  Removal of exterior habitat/food sources  Vacuum treatments  Clean-up of spilled product  Physical barriers  Mowing  Sealed doors and/or windows  Repair of holes, cracks, etc.  Screened windows, vents, etc.  Sheet metal on sides of building exterior  Positive air pressure in facility  Inspection zones around interior perimeter  Exterior predator habitat  Other specify: |
| 1. Check the mechanical and physical methods practiced in the facility: |  | Air showers  Air curtains  Ultrasound/light devices  Release of beneficial  Sticky traps  Electrocutors  Pheromone traps  Mechanical traps  Scare eye balloons  Freezing treatments  Heat treatments  Other specify: |
| 1. Does the pest control measures are limited within the facility i.e. | Y  N | Inside only  Both inside & outside.  How far from the building do you apply pest control measures? |
| 1. Submit the Pest control map indicating all the locations along with the facility map? |  |  |
| **Storage: NPOP Appendix 5.7** | | |
| 1. Do you have storage facility?   If yes, please provide the information on storage: | Y  N  NA |  |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Use** | **Location** | **Capacity** | **Dedicated organic Y/N** | **Identification** | | **Raw Ingredients** |  |  |  |  | | **Packaging Materials** |  |  |  |  | | **In-Process Goods** |  |  |  |  | | **Finished Product** |  |  |  |  | | **Off-Site Storage** |  |  |  |  | | | |
| 1. If there is off-site storage, provide company name, address and contact person. Also submit the storage facility affidavit for each location | Y  N  NA |  |
| 1. Check the type of storage in use at your facility: |  | Dry  Cold  Frozen  Other (specify): |
| **Traceability: NPOP Appendix 5.1** | | |
| 1. Describe how the incoming ingredients are identified and verified about the organic status. |  |  |
| 1. Describe the tracking system along with the lot numbers identifying the product throughout the production cycle. Provide the record details. |  |  |
| 1. Describe the coding system of the finished product. |  |  |
| 1. Describe the typical product loss indicating ingredients, production, storage loss, etc.   How you ensure quantity of incoming and outgoing product correlate with each other? |  |  |
| **Transportation: NPOP Appendix 5.7** | | |
| 1. In what forms are the incoming products received? |  | Paper bags  Cardboard drums  Metal boxes  Containers  PE Bags  Gunny Bags  other specify |
| 1. In what forms are the finished products transported? |  | Paper bags  Containers  Cardboard drums  PE bags  Other specify, |
| 1. Who is responsible for incoming and outgoing transportation from the facility? |  |  |
| 1. How do you ensure that prior loading of the organic products, cleaning of the transportation is done?   Is this documented? | Y  N |  |
| 1. Do the transport vehicles carry any prohibited materials? | Y  N |  |
| 1. Do the transport companies been notified of handling requirements? | Y  N |  |
| 1. Does same transport used for transporting organic and non-organic products at a same time? | Y  N |  |
| 1. Check the steps followed during segregation of organic products: |  | Use of pallets  Separate area in transport unit  Dedicated to organic  Other specify, |
| **Recordkeeping: NPOP Appendix 5.1** | | |
| 1. Do you ensure that the recordkeeping system allow you to trace the ingredients of the finished product back to their source? | Y  N |  |
| 1. Do you distinguish your recordkeeping system between organic and non-organic products? | Y  N  NA |  |
| 1. Do you maintain organic records minimum for 5 years? | Y  N |  |
| 1. Check the types of records maintained at your unit: |  |  |
| - Company’s registration certificate  - Company/Owner Pan card  - Facility map  - Processes flow chart (for each input requested for approval)  - Registration/ Approval certificate from central/state govt.  - Heavy metal test report for each input requested for approval  - Label for each input requested for approval  - MSDS for each input requested for approval | Y  N  Y  N  Y  N  Y  N  Y  N  Y  N  Y  N |  |
| I affirm that all statements made in this application are true and correct. I understand that acceptance of this questionnaire in no way implies granting of certification. I agree, on behalf of the members of the committee and managers to follow the relevant standards (NPOP).I further affirm that up to date information is available at the office for all our members during the inspection. Name & Signature of Responsible person:  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **To be filled by the Certifier (Initial review)** | | | | | | | |
| **Certifier’s Decision:** | | Approved | | | Not Approved | | |
| **Any issues of concern** | | | | | | | |
|  | | | | | | | |
| **Name of the Certifier:** |  | | **Signature:** |  | | **Date:** |  |

|  |  |
| --- | --- |
| **To be filled during audit** | |
| **Applicant / Representative (Name, Signature & Date)** | **Auditor(s) (Name, Signature & Date)** |