

# RI Certified Organic Farm Plan Update Questionnaire

*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 previous year, updated farm maps (if any changes), other records required by the certifying agent and the annual continuation application fee of \$50 (fifty dollars) payable to RI DEM.*

Year: \_\_\_\_\_

SECTION 1: General Information				NOP Rule 205.406(a)(2) and 205.401(b)	
Name		Farm Name		Type of Farm/Crops	
Mailing Address			City		<b>For office Use Only</b>
St./Prov.			Postal/Zip Code		Date received
Country					Date reviewed
Phone			Fax		Reviewer
Legal Status: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Trust or non-profit <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative <input type="checkbox"/> Legal Partnership (federal form 1065) <input type="checkbox"/> Other-specify: _____				Organic Certification No.	
Do you plan to export/import organic products to/from foreign countries? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, specify country(ies) and whether export and/or import: _____  And contact RIDEM for additional requirements for conducting international export and import.					Do you understand current organic standards? <input type="checkbox"/> yes <input type="checkbox"/> no
Have you previously applied for organic certification from a certifier other than RIDEM? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Not applicable Previously received organic certification? <input type="checkbox"/> yes <input type="checkbox"/> no Withdrawn an application prior to receiving organic certification? <input type="checkbox"/> yes <input type="checkbox"/> no Surrendered organic certification voluntarily? <input type="checkbox"/> yes <input type="checkbox"/> no Received a denial, suspension or revocation of organic certification? <input type="checkbox"/> yes <input type="checkbox"/> no If yes to any of the above, specify the name(s) of the certifying agent(s) to which application was made, the year(s) of application, and the outcome of the application(s) submission: _____  <i>Submit as an attachment to your application a copy of any adverse action(s) and noncompliance notice(s) you received as noted above, including a description of the actions taken to correct noncompliance(s), and evidence of correction including notice(s) of resolution of noncompliance(s).</i>					
Preferred dates and time for inspection visit: <input type="checkbox"/> morning <input type="checkbox"/> afternoon <input type="checkbox"/> evening					

SECTION 2: Minor Noncompliances		NOP Rule 205.406(a)(3)
Did you have any minor noncompliances from last year's certification? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please complete the following table, listing each minor non-compliance.		
<b>Minor Noncompliance</b>	<b>Describe how you addressed the minor noncompliance.</b>	

Return this form to: RI DEM Division of Agriculture  
 Organic Certification Program  
 235 Promenade Street  
 Providence, RI 02908

**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.

<b>Crops Requested for Certification</b>	<b>Field/Greenhouse Numbers</b>	<b>Total Acres/Sq. Feet</b>	<b>Projected Yields</b>

**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

<b>Farm Plan Topic</b>	<b>Summary Statement of Changes</b>
<input type="checkbox"/> General information	
<input type="checkbox"/> Newly purchased or rented fields*	
<input type="checkbox"/> Farm maps	
<input type="checkbox"/> Seeds and seed treatments	
<input type="checkbox"/> Seedlings and perennial stock	
<input type="checkbox"/> Soil fertility management	
<input type="checkbox"/> Compost or manure use	
<input type="checkbox"/> Conservation practices	
<input type="checkbox"/> Water quality and use	
<input type="checkbox"/> Crop rotation	
<input type="checkbox"/> Weed management plan	
<input type="checkbox"/> Pest management plan	
<input type="checkbox"/> Disease management plan	
<input type="checkbox"/> Adjoining land use and buffers	
<input type="checkbox"/> Split or parallel operation	
<input type="checkbox"/> Equipment	
<input type="checkbox"/> Harvest plan	
<input type="checkbox"/> Post-harvest handling	
<input type="checkbox"/> Crop storage	
<input type="checkbox"/> Crop transportation	
<input type="checkbox"/> Record keeping system	
<input type="checkbox"/> Type of marketing/product labels	



**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 Integrityyes no Adjoining land uses, buffers, notification letters, posting signsyes no Input equipment cleaning (sprayers, planters, etc.)yes no Harvest equipment cleaningyes no Crop testing for contaminants (prohibited materials, GMOs)yes no Post harvest handlingyes no Crop storage cleaningyes no Transportation of organic cropsRecordkeepingyes no Compost production recordsyes no Labor recordsyes no Appropriate Organic Certificates or Transaction Certificates to verify purchase of organic productsyes no Complaint log

