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:	•
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SECTION 1: General Information NOP					406(a)(2) and 205.401(b)		
Name		Farm Nam	ne	Type of Farm	ype of Farm/Crops		
Mailing Address			City	For office Use Only Date received			
St./Prov.	Postal/Zip Co	de	Country	Date reviewer	ewed		
Phone		Fax		E-mail			
•	Legal Status: Sole Proprietorship Trust or non-profit Corporation Organic Certification No. Cooperative Legal Partnership (federal form 1065) Other-specify:						
Do you plan to export/import organic products to/from foreign countries?							
Have you previously applied for organic certification from a certifier other than RIDEM? yes no Not applicable Previously received organic certification? yes no Withdrawn an application prior to receiving organic certification? yes no Surrendered organic certification voluntarily? yes no Received a denial, suspension or revocation of organic certification? yes 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: 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).							
Preferred dates and morning afte	<u>—</u> :	tion visit: ening					
SECTION 2: Minor	Noncompliand	es			IOP 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 Noncomp	liance		Describe how you addresse	d the minor no	oncompliance.		

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 Crops Requested for Certification	rall current year's crops or products in Field/Greenhouse Numbers	requested for certification. Total Acres/Sq. Feet	Projected Yields					
Crops Requested for Certification	Fleid/Greenillouse Numbers	Total Acres/3q. Feet	Projected fields					
Have you reviewed your Organic Farm Check the following categories where of	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 a	· · · · · · · · · · · · · · · · · · ·	☐ No cha	anges					
Farm Plan Topic General information	Summary S	tatement of Changes						
☐ 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 pu statement from the pr applied.										
C. Inputs List all seeds, seed	other inform							. Check the approprave all labels and rec		
Seed/Seedling/ Planting Stock Variety/Brand	Organic (✔)	Untreat (✓)	ted Treated (✓)	GMO (✓)	Type/Brand of Treatment Fungicide Inoculant			If non-orgar describe reason and attempts to o organic/untreated	n for use obtain an	
								o. gamo, ann care	70.0.0	
used or intended for Use additional shee	r use in the ets if necess CUMENTATION	current s ary. <i>ATT</i> ON OF IN	season on ce TACH LABELS IPUT APPLICA	rtified or S OR HAVI ATIONS AI	prop E <i>LA</i>	osed orga BELS AVAI	nic and transi	r additives, or other in itional fields and gree NSPECTION, AS WELL FOR USAGE OF REST No inputs used	nhouses. . <i>AS</i>	
Product	Brand na		Status: Ap Approved-Re Prohib			If restr	icted, describ	e compliance with nnotation	Check if GMO (✔)	
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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.							
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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 Sec	ction 205.103	
The following organic crops/products have been sold from _			(date) to	(date).		
Crops/Products	# of Acres or Sq. Feet	Actual Yield	Amount Sold	Amount Left to Sell	Remaining Crop Storage ID #	
Expand table or attach additions	al sheets as neces	ssary.				
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 questionnairs in powary implies granting of certification by the certifying agent. Lagree 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 previous year 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 ☐ Updated CSA contract, if applicable ☐ Annual continuation application fee of \$50 (fifty dollars) payable to RI DEM Other (specify): ☐ I have made copies of this questionnaire and other supporting documents for my own records.