

# Rhode Island Certified Organic History Report

Year \_\_\_\_\_

*Complete this form for the previous three years, or one year for fields currently certified. Use additional sheets if necessary. Reports for fields and greenhouses purchased or rented within the past three years must be signed by the previous manager.*

Return this form to: RI DEM Division of Agriculture and Resource Marketing  
 Organic Certification Program  
 235 Promenade Street  
 Providence, RI 02908  
 Tel: (401) 222-2781

## SECTION 1: General Information

Name	Farm	Field and Greenhouse Numbers
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## SECTION 2: Farm Plan Information NOP Rule 205.201(a) and 205.202(a) and (b)

**A. Please complete the table below that shows all fields, [organic (O), in transition (T) or conventional (C)], field numbers, acres, crops planted, and yields. Pastures are considered a crop and must be listed on each form.**

CROPS PRODUCED FOR CERTIFICATION	FIELD OR GREENHOUSE NUMBER	TOTAL AREA PER CROP	ACTUAL YIELD

**B. GREENHOUSE MANAGEMENT AND SEEDLING PRODUCTION**

Not applicable

Was any treated wood replaced in any part of your greenhouses?

List all soil mix ingredients, fertility products, foliar sprays, pest and disease inputs used in your organic greenhouse or seedling production operation.

GREENHOUSE NUMBER	PRODUCT	BRAND NAME OR SOURCE	STATUS: APPROVED (A) RESTRICTED (R) PROHIBITED (P)	IF RESTRICTED, DESCRIBE COMPLIANCE WITH NOP RULE ANNOTATION	CHECK IF GMO (✓)	RATE APPLIED	FREQUENCY OF APPLICATION)

**C. IF YOU GROW BOTH ORGANIC AND NON-ORGANIC PLANTS IN THE SAME GREENHOUSE:**

Not applicable

List all soil mix ingredients, fertility products, foliar sprays, water system additives, pest and disease inputs used in your non-organic greenhouse operation.

GREENHOUSE NUMBER	PRODUCT	BRAND NAME OR SOURCE	STATUS: APPROVED (A) RESTRICTED (R) PROHIBITED (P)	IF RESTRICTED, DESCRIBE COMPLIANCE WITH NOP RULE ANNOTATION	CHECK IF GMO (✓)	RATE APPLIED	FREQUENCY OF APPLICATION)







**C. DISEASE MANAGEMENT PLAN:**

No disease problems

List all disease management inputs used on your organic and transitional fields/crops.

Not applicable

FIELD NUMBER	DISEASE PROBLEM	CONTROL PRODUCT OR METHOD	STATUS: APPROVED (A) RESTRICTED (R) PROHIBITED (P)	IF RESTRICTED, DESCRIBE COMPLIANCE WITH NOP RULE ANNOTATION	CHECK IF GMO (✓)	RATE APPLIED	FREQUENCY OF APPLICATION

**SECTION 5: Affirmation**

I affirm that all statements made in this report 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 organic 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.

Signature of Operator \_\_\_\_\_ Date \_\_\_\_\_

Signature of Previous Manager, if required \_\_\_\_\_ Date \_\_\_\_\_