The grower group convert the crop production and intending to sell, label, or represent agricultural products as organic must develop Organic Management Plan (OMP) that is agreed to by the grower group and Imperial Bio Solutions Pvt. Ltd. (IBSPL). The OMP must be submitted along with the application and reviewed by and IBSPL for compliance with organic regulations. If required, the OMP can be updated annually to include any deviations from, or changes to the previous year’s OMP, and any additions or deletions intended to be undertaken in the coming year. Please fill all sections of this OMP, if you are requesting group certification. Use additional sheets if necessary.

**Part -A: General Information (Chapter 5, 5.1, 5.2 )**

|  |  |  |
| --- | --- | --- |
| **S.no.** | **Particulars** | **Reviewer comment** |
| **1.** | Name of Organization: -  |  |
| **2.** | Client ID: - |  |
| **3.** | Registered address of Organization: -  |  |
| **4.** | Corresponding Address: -  |  |
| **5.** | Legal Status & Registration Number (If Any): -  |  |
| **6.** | Pan Card Number: -  |  |
| **7.** | Name of ICS: - |  |
| **8.** | Address of the ICS: - |  |
| **9.** | Responsible Person Name: - |  |
| **10.** | Contact Person Name: - |  |
| **11.** | Mobile Number: - |  |
| **12.** | Landline Number: - |  |
| **13.** | E. Mail: - |  |
| **14.** | Website: - |  |
| **A.1** | **ICS Details: -** |  |
| **1** | Total Number of Farmers in the ICS: - |  |
| **2** | Total Number of Farm with 4 or above 4Ha land holding: - |  |
| **3** | Total Land Under Certification Ha: -  |  |
| **4** | Total Land Under Organic Status (Ha): - |  |
| **5** | Total Land Under C1Status (Ha): - |  |
| **6** | Total Land Under C2Status (Ha): - |  |
| **7** | Total Land Under C3 Status (Ha):- |  |
| **8** | Total Conventional Land (Ha): - |  |

**A.2- Introduction** ( Brief Introduction of your company / organization)

**REVIEWER COMMENT**

**A.3- Organic Policy** (Kindly describe the organic policy of your company/ organization as per provided guidelines for OMP)

A.3.1.- Is your organization currently certified?  **YES** **NO**

A.3.2. – If yes to which standard? …………………………………………………………..

A.3.3. – Has organization been refused or declined for certification? **YES** **NO**

A.3.4. – If Yes Please give details of declined or refused for certification. ………………………………………………………………………….

 ……………………………………………………………………………………………………………………………………………….

 ……………………………………………………………………………………………………………………………………………….

**REVIEWER COMMENT**

A.3.5. – Do you understand the current application of organic standard? **YES**  **NO**

A.3.6. – Do you have a copy of latest organic standard?  **YES** **NO**

A.3.7. – Do you have a copy of current materials list that is to be used? **YES** **NO NA**

A.3.8. – Whether do you have any on farm processing done? **YES** **NO**

A.3.9. – If yes, have you filled out an organic processing plan? **YES**  **NO**

A.3.10.- Submit the processing Flow chart. **YES**  **NO**

A.3.11.- Enlist the process equipment’s. **YES**  **NO**

**REVIEWER COMMENT**

A.3.12. Whether you have updated the data in the trace net system. **YES**  **NO**

A.3.13. List of Crops or products request for the certification. (Use separate attachments if required)

A.3.14. How many staff are there in the ICS?

1. Internal Inspectors: -
2. Filed / Extension Officer: -
3. Purchase & Distribution Officer: -
4. Warehouse In charge: -
5. Approval Committee Members: -
6. Others-

**Part B: Farm Production Details: (Chapter 3, Appendix 1, 1;2;6, Chapter 5)**

 Please provide details of the farms as per the guidelines of the NPOP standard.

**REVIEWER COMMENT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.no.** | **Crops Requested for Certification** | **Varieties** | **Farm No** | **Total Land Under this Crop (Ha)** | **Projected yield (MT)** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |

If insufficient use separate sheet.

B.1.1 – Whether organic farming is being practiced at farmer’s farm or site from last 3 years or more?

 Yes NO

B.1.2. If No then kindly submit the list of pesticides and fertilizers that were used in the farm and their last date of use.

|  |  |  |  |
| --- | --- | --- | --- |
| **S. No** | **Name of Chemical Used** | **Field Number** | **Last date/ Season of application**  |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |

**REVIEWER COMMENT**

B.1.3. Are all farms requested for certification located at the main address listed as above? Yes NO

B.1.4. If No kindly provide the details of such field which are located at seprate location from main address.

|  |  |  |
| --- | --- | --- |
| **S.No.** | **Field No** | **Physical Location & address of the field.** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |

**Part C: Seed And Planting Material : (Chapter 3. Appendix 1;1;5;6 & Chapter 5)**

 (Kindly mark at applicable following origin of seeds or planting stock used at farm)

 **C.1. Seeds:-**

1. Seed from own farm.

**REVIEWER COMMENT**

1. Conventional untreated seed.
2. Seed From organically grown but not certified seed.
3. Seed procured from the market i.e. conventional seeds.
4. Synthetic treated seed.
5. Genetically Engineered/ Modified GMO seed.
6. No seed used.

**C.2. Seedling For Perennial Crops:**

1. Do you procure organic seedling? **YES NO**
2. If yes , then please mention the source or name of supplier.

1. If organic seedlings are certified , then please provide the name of certification body.

1. If you procured non organic seedling then please provide the details attempt made

by you to procure with reason of non avilablity of same.

**REVIEWER COMMENT**

1. Do you grow seedling at your registered farm or site. **Yes**  **NO**
2. If no, then kindly provide the follwoing details
	* For soil fertility what do you use in the nursery.
	* For diseases and pest control what do you use in the nursery.
	* Equipment cleaning during the farm operations.

**Part D : Soil And Fertiliity Management : (Chapter 3. Appendix 1;1;5;6, 7 & Chapter 5)**

 (Kindly mark at applicable)

1. Which type of soil at the farm of farmers?

**REVIEWER COMMENT**

1. Is there any soil deficiencies has been observed at your farm? **YES NO**

1. If yes , please describe how the deficiency has been addressed.

1. How do you monitor the effectiveness of you fertility management program?
	* By testing soil of farm.
	* Microbial soil testing;
	* Tissue and plant testing.
	* Physical observation of the soil.
	* By tissue testing of plant or produce.
	* Physical observation of crop health.
	* Comparision of crop yield.
	* By quality test of product
2. Do you follow the crop rotation ? **YES NO NA**
3. If yes please descibe the crop rotation.

**REVIEWER COMMENT**

1. Is mulching used at the farm? **YES NO NA**
2. If yes , where is used for mulching.
3. Is compost added to the soil ? **YES NO NA**
4. Is yes please descibe
5. Are of other crop nutrients or soil ammendements added to the soil? **YES NO NA**
6. Are raw manure applcation use ? **YES NO**
7. If yes kindly describe.

**REVIEWER COMMENT**

1. Whether burning of crop has been followed . **YES NO**
2. If yes , please descibe which crops has been burned and also explain reason of burning.
3. Whether sewage sludge has been applied to field. **YES NO**
4. If Yes kindly descibe.
5. Source of the manure you use. **On farm Off farm NA**
6. Manure ingredients / Additives used.
7. List of potential contaminants in manure (Pit additives, feed additives, pesticides and antibiotics etc)

**REVIEWER COMMENT**

**Part E : Weeds, Disease & Pest Management : (Chapter 3. Appendix 1;1;5;6, 7, 8, Chapter 5)**

 (Kindly mark at applicable)

 **E.1. Weed Management:**

1. Is there a problem of weeds at farmers farm? **YES NO**
2. If yes list the name of weed?
3. How do you control weeds describe?

 **E.2. Pest Management:**

1. What are the major pests at your farm?

 **Insect Rodent Gophers Birds Other Animals**

]

]

1. Kindly provide the list of pests and their control measures.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.no.** | **Pest Identified**  | **Control Measures** | **Products Used** | **Ingredients** | **Source/ Supplier** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |

**REVIEWER COMMENT**

 **E.2. Disease Management:**

1. What are the major diseases at your farm?
2. Kindly provide the list of diseases and their control measures.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.no.** | **Disease Identified**  | **Control Measures** | **Products Used** | **Ingredients** | **Source/ Supplier** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
|  4 |  |  |  |  |  |
| 5 |  |  |  |  |  |

 **Part F: Soil and Water Management:(Chapter 3, Annexure 1; 6;10 & Chapter 5)**

 (Kindly mark at applicable)

1. Specifiy the soil conservation practices in deatils (i.e – Wind breaks, treelines etc)

**REVIEWER COMMENT**

1. Do you experince soil erosion problem at your farm or site? **Yes NO**

1. If yes , descibe the reason of soil erosion and measures taken for control.
2. What is the source of the irrigation or water at your farm? Kindly describe.
3. Type of irrigation system availabe at farm or site.

 **Part G : Sepration Measures at Farm/ transport & Storage (Chapter 3, Appendix 1; 6;10 % Chapter 5)**

 **(Kindly mark at applicable)**

**REVIEWER COMMENT**

1. Does parallel production (i.e production of both organic & conventional crop on the same farm occurs?

**REVIEWER COMMENT**

**YES NO NA**

1. If yes please describe how this is being managed to ensure that there is no cross contamaination there by

 maintaing organic integrity in operations.

1. Describe how buffer zone has been maintained at your farm to minimize the risk of contamination from adjoining

land used.

1. Descibe the neighboring area of your farm in all directions and including use of adjoining land.

5-

**REVIEWER COMMENT**

1. Describe the crop produce handling system being followed at your farm after the harvest of crop.
2. Is post harvest washing has been followed**? YES NO**





1. If Yes , whether the water used for washing is portable? **YES NO**





(Kindly attached the water test report)

1. Describe about the packing material used to pack the harvest produce.
2. Wheather the same storage area for organic , in conversion, buffer and conventional crop is being used.

 **YES NO**





1. If Yes describe the segregation procedure at storage.

**REVIEWER COMMENT**

1. Describe the pest control measures being followed at your storage facility.
2. Describe the cleaning procedure being followed in the storage area, including methods,

product used for cleaning.

1. Are the farm equipments shared / rented by the farmer describe.

**REVIEWER COMMENT**

1. Are identification measures implement to identified the organic product during harvesting ,

Storage and transportation. Describe the lot numbering system.

 **Part H: Record keeping ( Chapter 3. Annexure 1;6 & Chapter 5)**

 **(Kindly mark at applicable)**

1. Are the records maintained for a minimum period as per the standard?
2. Is farm diary maintained by the farmer mentioning the details like land

preparation, crop detail, seed and planting material detail, soil fertility

management, inputs detail, disease, insect, pest, weed management detail

, measures for contamination control, estimated production, harvest detail,

 sales record, transportation and other etc.?

**REVIEWER COMMENT**

 **Part I : ICS System , monotoring and frequency system. (Chapter 5):-**

 (Kindly mark at applicable)

1. Have you develop the ICS manual containing policies & procedures? **YES NO**





1. If yes , then please describe ICS follows the NPOP chapter 5 requirements.

1. Have you appoint the ICS Manager ? **YES NO**





1. If, yes then please descibe the roles and responsiblilty.

**REVIEWER COMMENT**

1. Is the ICS regisered under legal entity? **YES NO**





1. If Yes , kindly descibe the legal entity.
2. Do you appoint ICS manager? **YES NO**





1. If yes kindly describe the name , roles and responsiblility.
2. Are the sufficient number of staff has been appointment by the ICS? **YES NO**





1. If yes descibe the name of staff with designation.
2. Is farmer approval committee has been formed ? **YES NO**

**REVIEWER COMMENT**





1. If yes please descibe the names and frequency.

1. Is Sufficient training provided to the staff? **YES NO**





1. If yes please describe the frequency and effectiveness.
2. Is sufficient training provided to the farmers? **YES NO**





1. If yes please describe the frequency and effectiveness.
2. Is expert visit occurs among the farmers? **YES NO**





1. If yes please descibe there frequency of operations.

**REVIEWER COMMENT**

1. Is monitoring practices of crop production available? **YES NO**





1. If yes please describe their frequency of operations.
2. Is internal inspections carried out for each farm? **YES NO**





1. If yes please describe their frequency of operations.
2. Is risk assesment carried out for the ICS? **YES NO**





1. Is yes please describe frequency of risk assesment by the ICS.
2. Is yield estimation carried out and recorded for each farm and crop under ICS? **YES NO**





1. If yes please provide details.

**REVIEWER COMMENT**

1. Is ICS manual maintained and updated by the ICS manager? **YES NO**





1. If yes mention the frequency of operations.
2. Is the organization market through a common channel of farmer produce? **YES NO**





1. If yes kindly describe.
2. Is the frequency of each operations i.e Soil inputs, weed, disease and pest management,

fertilization management , irrigation etc describe ? **YES NO**





1. If yes kindly describe in details.
2. Are the records manintained by the ICS for a minimum period as per NPOP? **YES NO**





1. If yes please describe the procedure.

**REVIEWER COMMENT**

1. Wheather formats used by the ICS are in accordance with chapter 5, annexure 1 to 8 of NPOP.

**YES NO**





1. Name the formats is being used by the ICS and its frequency.
2. Describe the tracability system in details.

Declartion :

 I do hereby affirm that all statements made in this organic management plan are true and correct. I understand that acceptance of this organic plan in no way implies granting of certification by the Imperial Bio Solutions Pvt. Ltd. (IBSPL) . I agree to complying standard requirements and inform about all important matters and all changes in production system. I accept, in the event of infringement or irregularities, the enforcement of the measures of the organic production rules. I am agreed, to inform IBSPL in writing the buyers of the product in order to ensure that the indications referring to the organic production method are removed from this production

|  |  |
| --- | --- |
| Name of Operator:  | Date:  |
| Signature: | Place:  |

|  |
| --- |
| **For Initial Reviewer use only** |
| **Declaration:**The Organic Management Plan – OGG has been reviewed and complying with organic regulations. The OMP is approved/ not approved/ partial approved. |
| Name of Reviewer: | Date:  |
| Signature: | Place:  |

|  |
| --- |
| **For Inspector use only** |
| **Declaration:**The information mentioned in the Organic management Plan – OGG has been verified by me and compliance with organic regulations.  |
| Name of Inspector:  | Date:  |
| Signature:  | Place:  |