The producer convert the crop production and intending to sell, label, or represent agricultural products as organic, operator must develop Organic Management Plan (OMP) , that is agreed to by the producer and Imperial Bio Solutions Pvt. Ltd. (IBSPL) . The OMP must be submitted with the application and reviewed by and IBSPL , for compliance with organic regulations . 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 organic farm/crop certification. Use additional sheets if necessary.

**Part -A: General Information (Chapter 3, Appendix -1;1)**

|  |  |  |
| --- | --- | --- |
| **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.** | Farmer Name: -  |   |
| **8.** | Responsible Person Name: -  |   |
| **9.** | Contact Person Name: -  |   |
| **10.** | Mobile Number: -  |   |
| **11.** | Landline Number: -  |   |
| **12.** | E. Mail: -  |   |
| **13.** | Website: -  |   |
| **A.1** | **Farm Details**  |  |
| **1** | Total Number of Farms: -  |   |
| **2** | Total Land Under Certification (Ha): -  |   |
| **3** | Total Land Under Organic Status (Ha): -  |   |
| **4** | Total Land Under C1 Status (Ha): -  |   |
| **5** | Total Land Under C2 Status (Ha): -  |   |
| **6** | Total Land Under C3 Status (Ha): -  |   |
| **7** | Total Conventional Land (Ha): -  |   |

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

**A.3- Organic Policy** (Kindly describe the organic policy of your company/ organization)

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 of 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? **YES** **NO**

A.3.9. – If yes kindly 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**

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

A.4.13. List of crops or products request for the certification. (Use separate attachments if required)

**Part B: Farm Production Details: (Chapter 3, Appendix 1, 1;2;3;4;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 your 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.

**REVIEWER COMMENT**

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

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)**

**REVIEWER COMMENT**

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

**C.1. Seeds:-**

1. Seed From own farm.
2. Conventional untreated seed.
3. Seed From organically grown but not certified seed.
4. Seed procured from the market i.e. conventional seeds, 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.

**REVIEWER COMMENT**

1. If you procured non organic seedling then please provide the details attempts made by you to procure with reason of non avilablity of same.
2. Do you are grow seedling at your registered farm or site. **Yes**  **NO**
3. 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)**

**REVIEWER COMMENT**

(Kindly mark at applicable)

1. Which type of soil at the farmer’s farm.

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.

**REVIEWER COMMENT**

* + By quality test of product
1. Do you follow the crop rotation ? **YES NO NA**
2. If yes please descibe the crop rotation.
3. Is mulching used at the farm? **YES NO NA**
4. If yes , where is used for mulching.
5. Is compost added to the soil ? **YES NO NA**
6. Is yes please descibe
7. Are of other crop nutrients or soil ammendements added to the soil? **YES NO NA**

**REVIEWER COMMENT**

1. Are raw manure applcation use ? **YES NO**
2. If yes kindly describe.
3. Whether burning of crop is being followed . **YES NO**
4. If yes , please descibe which crop has been burned and explain the reason of burning.
5. Whether sewage sludge has beeen applied in the field. **YES NO**
6. If Yes kindly descibe.
7. Source of the manure you use. On farm Off farm NA

**REVIEWER COMMENT**

1. Manure ingredients / Additives used.
2. List of potential contaminants in manure (Pit additives, feed additives, pesticides and antibiotics etc)
3. Please mention the C & N ratio :

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

(Kindly mark at applicable)

**E.1. Weed Management:**

1. Is there a problem of weeds at your farm? YES NO

2. If yes list the name of weed?

How do you control weeds describe?

**REVIEWER COMMENT**

**E.2. Pest Management:**

What are the major pests at your farm? **Insect Rodent Gophers Birds Other Animals**

(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 |  |  |  |  |  |

**E.2. Disease Management:**

What are the major diseases at your farm? (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 |  |  |  |  |  |

**REVIEWER COMMENT**

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

(Kindly mark at applicable)

1. Specifiy the soil conservation practices in deatils (i.e – Wind breaks, treelines etc)
2. Do you experince soil erosion problem at your farm or site? **Yes NO**
3. If yes , descibe the reason of soil erosion and measures taken for control.
4. What is the source of the irrigation or water at your farm? Kindly describe.
5. Type of irrigation system availabe at your farm or site.

**REVIEWER COMMENT**

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

**(Kindly mark at applicable)**

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

**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.
2. Describe how buffer zone has been maintained at your farm to minimize the risk of contamination from adjoining land used.

**REVIEWER COMMENT**

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

5-

1. Describe the produce handling system being followed at your farm after the harvest of crop.
2. Is post harvest washing has been followed**? YES NO**
3. If Yes , whether the water used for washing is portable? **YES NO**

 (Kindly attached the water test report)

1. Describe the packing material used to pack the harvest produce.

**REVIEWER COMMENT**

1. Wheather the same storage area of organic , in conversion, buffer and conventional crops has been used. **YES NO**
2. If Yes describe the segregation procedure at storage.
3. Describe the pest control measures being followed at your storage facility.
4. Describe the cleaning procedure being followed in the storage area, including methods, product used for cleaning.

**REVIEWER COMMENT**

1. Are the farm equipments shared / rented by the farmer describe.
2. 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)**

**REVIEWER COMMENT**

**(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.?

**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 – Crop Production has been reviewed and complying with organic regulations. The Organic Plan – Crop Production 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 – Crop Production has been verified by me and compliance with organic regulations.  |
| Name of Inspector:  | Date:  |
| Signature:  | Place:  |