The wild collected products intending to sell, label, or represent agricultural products as organic 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.

**Part -A: General Information (Chapter 3, Appendix -1;1;4;6;11)**

|  |  |  |
| --- | --- | --- |
| **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.** | Responsible Person Name: - |  |
| **8.** | Contact Person Name: - |  |
|  | **Map Collection Area**  |  |
| **1** | State: - |  |
| **2** | Circle |  |
| **3** | Division- |  |
| **4** | Subdivision-  |  |
| **5** | Range- |  |
| **6** | Sub Range- |  |
| **7** | Beat-  |  |
| **8** | Compartment No- |  |
| **9** | Latitude- |  |
| **10** | Longitude- |  |
|  **11** | No of Collectors- |  |
| **12** | Forest Permit Number- |  |
| **13** | Mou/ Forest Permit (From to Date)- |  |
| **14** | Area (Ha)- |  |

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

**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. ………………………………………………………………………….

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

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

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

**REVIEWER COMMENT**

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

**Part B: Wild Collection Details: (Chapter 3, Appendix 1, 1;4;5;6;9;10)**

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

1. **Overview of Collection Area:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.no.** | **Collection Area** | **Area Code** | **No of collectors** | **Purchase Centre** | **Responsible person name.**  |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |
| 12 |  |  |  |  |  |
| 13 |  |  |  |  |  |
| 14 |  |  |  |  |  |

If insufficient use separate sheet.

**REVIEWER COMMENT**

1. **Overview on collected goods intended for certification:-**

(Kindly Note Plants/ Plant products menioned below is not covered under endangered species)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **S.No** | **Name of Collected Plant /Product** | **Latin Name of Collected Plant/Product** | **Part of plant** **D- Dried****Or****F- Fresh** | **Collection Area Code** | **Collected Quantities Estimation (MT) annual plan** | **Potential Collection (MT)** | **Collection Period** |
| **1** |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |  |
| **11** |  |  |  |  |  |  |  |
| **12** |  |  |  |  |  |  |  |
| **13** |  |  |  |  |  |  |  |

If insufficient use separate sheet.

**Reviewer Comment**

1. **Prevention of the Collected Plants:-**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **S.No** | **Latin Name of Plant** | **Unep-wcmc.org (Protection Level)** | **Local protection/ restrictions for collection** | **Type of reproduction** | **Are parts of the plant assuring the reproduction collector** | **Measures to assure the protecting of ecosystem** | **Possibility of cultivation of the Plant** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

If insufficient use separate sheet.

**Reviewer Comment**

1. **Collectors List:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.No.** | **Collectors Code** | **Name of Collector** | **Address of Collector** | **Collection Area** | **Purchase Centre** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |
| **7** |  |  |  |  |  |
| **8** |  |  |  |  |  |
| **9** |  |  |  |  |  |
| **10** |  |  |  |  |  |
| **11** |  |  |  |  |  |
| **12** |  |  |  |  |  |
| **13** |  |  |  |  |  |
| **14** |  |  |  |  |  |
| **15** |  |  |  |  |  |
| **16** |  |  |  |  |  |
| **17** |  |  |  |  |  |
| **18** |  |  |  |  |  |

 If insufficient use separate sheet.

1. **List of Purchase Center & Warehouses:-**

**Reviewer Comment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.NO** | **Warehouse or purchase centre (Name & Address)** | **Own/ Contracted** | **Activity**  | **Certified by** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |

1. **Summery of Purchase Quantaties :-**

**Reviewer Comment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.NO** | **Name of Product** | **Quantity Purchased (MT)** | **Purchase Centre** | **Collection Season Period** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |
| 11 |  |  |  |  |
| 12 |  |  |  |  |
| 13 |  |  |  |  |
| 14 |  |  |  |  |
| 15 |  |  |  |  |
| 16 |  |  |  |  |
| 17 |  |  |  |  |
| 18 |  |  |  |  |

If insufficient use separate sheet.

1. Is Packing material comply with Appendix 5, Annexure 2 of NPOP? **YES NO**

**REVIEWER COMMENT**

1. If yes, which type of packing material use, please describe? (Also discuss the size of packing)
2. Is quality testing performed at the time of packing material on arrival or use? **YES NO**
3. If yes, please discuses.
4. **Pest Control of Storage / Warehouse**
5. Is any pest management measures taken at the storage/ warehouse? **YES NO**
6. If yes, please describe the pest control measures.

**Reviewer Comment**

**(i.e. – Permitted in NPOP, Approved Pesticides, Synthetic Pesticides, Herbs/ Botanical preparations,**

**Biodynamic preparations, Homeopathic, Ayurveda, Mechanical chromatic trap, Sticky/ Pheromone**

**Trap, Closed proximity, Fencing, Fumigation, Ionization, Heat treatment, Repellent etc)**

1. Kindly describe the frequency of operations of above-mentioned control measures.

**(i.e.- Daily, Weekly, Monthly, Quarterly, once a year, twice a year, on regular basis, As & When required)**

1. If any other method to control the pest, please describe the methods and frequency.

**REVIEWER COMMENT**

1. **Cleaning of Storage or warehouse:**
2. Is cleaning is perform at the storage / warehouse? **YES NO**
3. If yes, please describe the mode of cleaning at storage / warehouse?

**(I.e. Dry cleaning, High pressure water Hose, Manually, Mechanical, Steaming, UV treatment,**

**Chemical treatment, Approved cleaning agent)**

1. Kindly describe the frequency of operations of cleaning methods.

 **(i.e.- Daily, Weekly, Monthly, Quarterly, once a year, twice a year, on regular basis, As & When required)**

4) If any other method of cleaning, please describe the methods and frequency.

 **Part C : Sepration Measures at Collection Area/ transport & Storage (Chapter 3, Appendix 1, 1;4;5;6;9;10)**

**REVIEWER COMMENT**

 **(Kindly mark at applicable)**

1. Does parallel production (i.e production of both organic & conventional products )on the same area of collection 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.

1. Describe to minimize the risk of contamination from adjoining land of the forest.

**REVIEWER COMMENT**

1. Describe the produce handling system being followed at your collection 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 the packing material used to pack the harvest produce.
2. Wheather the same storage area of organic and conventional product are been used.

 **YES NO**





1. If yes describe the segregation procedure at storage.
2. Are identification measures implement to identified the organic product during harvesting ,

Storage and transportation. Describe the lot numbering system.

1. Descibe the traceaility procedure in details .

**Part D Record Keeping (Chapter 3, Appendix 1, 1;4;5;6;9;10)**

Reviewer Comment

1. Are the records maintained for a minimum period as per the standard? **YES NO**
2. Are the below records maintained by the operator?
* Company Registration Documents. **YES NO NA**
* Sub contacted documents. **YES NO NA**
* List of Collected Plants **YES NO NA**
* Collectors List  **YES NO NA**
* Contract with Collectors **YES NO NA**
* Permit from Forest Department **YES NO NA**
* Map of collection Area **YES NO NA**
* Specification of collected goods **YES NO NA**
* Processing record (if any) **YES NO NA**
* Sales records & stock records. **YES NO NA**
* Inward Outward book. **YES NO NA**
* Product Balance records. **YES NO NA**
* Valid scope and TC certificates. **YES NO NA**
* Pest Control Record. **YES NO NA**
* Cleaning Records. **YES NO NA**
* Traceability Records. **YES NO NA**
* Complaint records. **YES NO NA**
1. Collectors Training

(Please describe the collectors training and also describe the frequency and contect of the training)

**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 –Wild collection has been reviewed and complying with organic regulations. The OMP of wild collection 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 – Wild collection has been verified by me and compliance with organic regulations.  |
| **Name of Inspector:**  | **Date:**  |
| **Signature:**  | **Place:**  |