The processing product intending to sell, label, or represent processed 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)**

|  |  |  |
| --- | --- | --- |
| **S.no.** | **Particulars** | **Reviewer comment** |
| **1.** | Name of Organization: - |  |
| **2.** | Client ID: - |  |
| **3.** | Registered address of Organization: - |  |
| **4.** | Corresponding Address: - |  |
| **5.** | Factory Address of the Processing Unit: - |  |
| **6.** | Legal Status & Registration Number (If Any): - |  |
| **7.** | FSSAI Certificate Number: - |  |
| **8.** | FSSAI Validity: - |  |
| **9.** | Pan Card Number: - |  |
| **10.** | Responsible Person Name: - |  |
| **11.** | Contact Person Name: - |  |
| **12.** | Mobile Number: - |  |
| **13.** | Landline Number: - |  |
| **14.** | E. Mail: - |  |
| **15.** | Website: - |  |

**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 application organic standard? **YES**  **NO**

Reviewer Comment

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 have you done the processing? **YES** **NO**

A.3.9. – What is the 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 processed products request for the certification. (Use separate attachments if required)

**Part B: Processing Unit Details: (Chapter 3, Appendix 5)**

**REVIEWER COMMENT**

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Unit Name** | **Processing/Storage/Handling/**  **Exportation** | **Factory Address** | **Organic Products range** | **Frequency of Operations** | **Type Of unit. Own/ Subcontracted** | **Certification Required** |
|  |  |  |  |  |  |  |

1. How many Storage / warehouses for raw material / finished products? Describe in detail.
2. Describe the procedures of purchase and transportation of organic products.
3. Describe procedures of incoming organic products or ingredients.

**REVIEWER COMMENT**

1. Cleaning and sanitation procedures that have been adopted.
2. Describe the procedure of processing and packing.
3. (Packing size, packing material, packing methods and process flow chart)
4. Describe the quality assurance programme.

**REVIEWER COMMENT**

1. What is the Lot numbering System?
2. Describe the traceability procedures.
3. Single Ingredients Products Under Certification

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S.No** | **Product Name** | **Trade Name of Product** | **Estimation production MT/Year** | **Do the ingredients Aids/Additives listed in Appen 5, Annex 1 (A) (B) of NPOP** | **Process Flow Chart Available** | **Remarks** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |

If insufficient use separate sheet.

**REVIEWER COMMENT**

10) Multi Ingredients Products Under Certification

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S.No** | **Product Name** | **Trade Name of Product** | **Estimation production MT/Year** | **Do the ingredients Aids/Additives listed in Appen 5, Annex 1 (A) (B) of NPOP** | **Product Recipe (Including % of ingredients, Aids/Additives & its source) Submitted** | **Process Flow Chart Available** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |

If insufficient use separate sheet.

**REVIEWER COMMENT**

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

12) If yes, which type of packing material use, please describe? (Also discuss the size of packing)

**REVIEWER COMMENT**

13) Is quality testing performed at the time of packing material on arrival or use? **YES NO**

14) If yes please discuses.

**PART C: Processing Unit Pest & Cleaning Management: (Chapter3 , Appendix 5, Annexure 1(A) (B))**

**C-1 – Pest Control of Processing Unit Area: -**

1. Are any pest management measures taken at the processing unit? **YES NO**
2. If yes, please describe the pest control measures.

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

**REVIEWER COMMENT**

**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.

**C-2- Pest Control of Storage / Warehouse**

**REVIEWER COMMENT**

1. Is any pest management measures taken at the storage/ warehouse? **YES NO**
2. If yes, please describe the pest control measures.

**(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.

**C-3- Cleaning of Processing Unit:**

1. Is cleaning is perform at the processing unit? **YES NO**

**REVIEWER COMMENT**

1. If yes, please describe the mode of cleaning at processing unit, equipment’s and machinery?

**(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 there any other methods of cleaning, please describe the methods and frequency.

**C-4- Cleaning of Storage or warehouse:**

1. Is cleaning is perform at the storage / warehouse? **YES NO**

**Reviewer Comment**

1. 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 D - Separation Measures at Processing Unit/Storage Unit And During Transportation**

**(Chapter3 , Appendix 5, Annexure 1(A) (B))**

**Reviewe**r **Comment**

1. Is parallel production carried out? **YES NO**
2. Are measures taken to avoid mixing/ comingling/contamination of organic product from non-organic product

during the processing operation? **YES NO**

1. Please provide in detail:
2. Are measures taken to avoid mixing/ comingling/contamination of organic product from non-organic product in the storage?

**YES NO**

1. Please provide in detail.
2. Are measures taken to avoid mixing/ comingling/contamination of organic product from non-organic product during loading

/ unloading of the product and transportation?

**YES NO**

1. Please provide the details.

Reviewer Comment

1. Are identification measures implemented to identify the organic product during processing, storage and transportation?

(Describe the identification means.)

**YES NO**

1. Please provide the details
2. Submitted the label for approval. **YES NO**
3. Is conformity of the product checked for reception of the incoming lot? **YES NO**
4. Is risk assessment carried out for each process/product under certification? **YES NO**
5. Are recipes , SOP's available and documented for each process/product under certification?

**YES NO**

1. Is the frequency of each operation such as processing, storage, inward outward of the quantities, cleaning,

transportation, pest control and other activities mentioned in the operating manual or related document?

**YES NO**

**Part E Record Keeping ((Chapter3, Appendix 5, Annexure 1(A) (B))**

1. Are the records maintained for a minimum period as per the standard? **YES NO**

Reviewer Comment

1. Are the below records maintained by the operator?

* Company Registration Documents. **YES NO NA**
* Sub contacted documents. **YES NO NA**
* Processing unit Map. **YES NO NA**
* List of suppliers. **YES NO NA**
* List of Machinery with Capacity. **YES NO NA**
* SOPs of all products. **YES NO NA**
* Raw material purchase records. **YES NO NA**
* Inward log book. **YES NO NA**
* Processing record. **YES NO NA**
* Sales records & stock record. **YES NO NA**
* 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**

**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 – Processing 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 – Processing has been verified by me and compliance with organic regulations. | |
| Name of Inspector: | Date: |
| Signature: | Place: |