



**Texas Department of Agriculture**  
**Processor (Fiber) Organic System Plan**

**ROR-604**

COMMISSIONER SID MILLER

<b>VERIFICATION INFORMATION</b> <input type="checkbox"/> New Application <input type="checkbox"/> Annual Update <input type="checkbox"/> Change to OSP			
<b>SECTION A</b>	Full Legal Business Name:	D.B.A. (if applicable):	
	Facility Name:	Client No.	Account No.
	Contact Individual:		

<b>REQUIRED SUPPORTING DOCUMENTATION</b>	
<b>SECTION B</b>	All of the following items are required for a complete application. To avoid processing delays, please use this checklist to ensure that your application is complete.
	<input type="checkbox"/> Overall description of physical facilities including a complete diagram of the facilities
	<input type="checkbox"/> Description of handling and processing procedures and materials
	<input type="checkbox"/> Flowchart showing movement of certified products during handling and processing, including equipment, machinery, and storage areas
	<input type="checkbox"/> Description of the critical control points of potential contamination and commingling
	<input type="checkbox"/> Description of internal quality control procedures that details the movement of each specific lot of certified products through each step of the handling and processing operation
	<input type="checkbox"/> Description of final product storage, preparation for transportation, loading and methods of transportation used in distribution
	<input type="checkbox"/> Processing Categories ( <b>SECTION C</b> )
	<input type="checkbox"/> Products Manufactured ( <b>SECTION D</b> )
	<input type="checkbox"/> Processing and Handling ( <b>SECTION E</b> )
	<input type="checkbox"/> Sanitation ( <b>SECTION F</b> )
	<input type="checkbox"/> Pest Management ( <b>SECTION G</b> )
	<input type="checkbox"/> Product Labeling ( <b>SECTION H</b> )
<input type="checkbox"/> Materials Used ( <b>SECTION I</b> )	
<input type="checkbox"/> Record Keeping ( <b>SECTION J</b> )	

**This document becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023, and 559.004.)**

Business Name:

<b>SECTION C</b>	<b><sup>1</sup>PROCESSING CATEGORIES</b>
	<p>1) Select the type of fiber processed (check all that apply):</p> <p><input type="checkbox"/> Cotton</p> <p><input type="checkbox"/> Wool</p> <p><input type="checkbox"/> Flax/Linen</p> <p><input type="checkbox"/> Mohair</p> <p><input type="checkbox"/> Silk</p> <p><input type="checkbox"/> Other animal fiber: _____</p> <p><input type="checkbox"/> Other plant fiber (specify): _____</p> <p>2) Select the corresponding product type (check all that apply):</p> <p><input type="checkbox"/> Fiber preparation (ginning, washing, carding, combing, etc.)</p> <p><input type="checkbox"/> Batting/Stuffing/Filler</p> <p><input type="checkbox"/> Yarn/Thread</p> <p><input type="checkbox"/> Woven fabric</p> <p><input type="checkbox"/> Knit fabric</p> <p><input type="checkbox"/> Bed/Bath linens</p> <p><input type="checkbox"/> Clothing</p> <p><input type="checkbox"/> Other (specify): _____</p>

<b>SECTION D</b>	<b><sup>1</sup>PRODUCTS MANUFACTURED</b>		
	3) List the type(s) of products manufactured and any ingredients or processing aids used:		
	<b>Type of Product</b>	<b>Ingredients or Processing Aids Used</b>	
		<input type="checkbox"/> Natural vegetable oils or waxes <input type="checkbox"/> Enzymes (non-GMO) <input type="checkbox"/> Acetic acid (non-synthetic) <input type="checkbox"/> Tallow Wax <input type="checkbox"/> Citric Acid <input type="checkbox"/> Allowed surfactants <input type="checkbox"/> Soda ash <input type="checkbox"/> Caustic Soda <input type="checkbox"/> Beeswax <input type="checkbox"/> Sodium silicate <input type="checkbox"/> Corn starch <input type="checkbox"/> Potato starch <input type="checkbox"/> Hydrogen peroxide <input type="checkbox"/> Natural dyes <input type="checkbox"/> Low-impact dyes <input type="checkbox"/> Allowed natural oils <input type="checkbox"/> Non-synthetic chelating agents <input type="checkbox"/> Low energy, nonmetal reactive dyes <input type="checkbox"/> Other (specify): _____	
	<b>Type of Product</b>	<b>Ingredients or Processing Aids Used</b>	
		<input type="checkbox"/> Natural vegetable oils or waxes <input type="checkbox"/> Enzymes (non-GMO) <input type="checkbox"/> Acetic acid (non-synthetic) <input type="checkbox"/> Tallow Wax <input type="checkbox"/> Citric Acid <input type="checkbox"/> Allowed surfactants <input type="checkbox"/> Soda ash <input type="checkbox"/> Caustic Soda <input type="checkbox"/> Beeswax <input type="checkbox"/> Sodium silicate <input type="checkbox"/> Corn starch <input type="checkbox"/> Potato starch <input type="checkbox"/> Hydrogen peroxide <input type="checkbox"/> Natural dyes <input type="checkbox"/> Low-impact dyes <input type="checkbox"/> Allowed natural oils <input type="checkbox"/> Non-synthetic chelating agents <input type="checkbox"/> Low energy, nonmetal reactive dyes <input type="checkbox"/> Other (specify): _____	

Business Name:

<b><sup>1</sup>PRODUCTS MANUFACTURED (CONTINUED)</b>		
<b>Type of Product</b>	<b>Ingredients or Processing Aids Used</b>	
	<input type="checkbox"/> Natural vegetable oils or waxes <input type="checkbox"/> Tallow Wax <input type="checkbox"/> Soda ash <input type="checkbox"/> Sodium silicate <input type="checkbox"/> Hydrogen peroxide <input type="checkbox"/> Allowed natural oils	<input type="checkbox"/> Enzymes (non-GMO) <input type="checkbox"/> Citric Acid <input type="checkbox"/> Caustic Soda <input type="checkbox"/> Corn starch <input type="checkbox"/> Natural dyes <input type="checkbox"/> Non-synthetic chelating agents  <input type="checkbox"/> Other (specify):
	<input type="checkbox"/> Acetic acid (non-synthetic) <input type="checkbox"/> Allowed surfactants <input type="checkbox"/> Beeswax <input type="checkbox"/> Potato starch <input type="checkbox"/> Low-impact dyes <input type="checkbox"/> Low energy, nonmetal reactive dyes	
<b>Type of Product</b>	<b>Ingredients or Processing Aids Used</b>	
	<input type="checkbox"/> Natural vegetable oils or waxes <input type="checkbox"/> Tallow Wax <input type="checkbox"/> Soda ash <input type="checkbox"/> Sodium silicate <input type="checkbox"/> Hydrogen peroxide <input type="checkbox"/> Allowed natural oils	<input type="checkbox"/> Enzymes (non-GMO) <input type="checkbox"/> Citric Acid <input type="checkbox"/> Caustic Soda <input type="checkbox"/> Corn starch <input type="checkbox"/> Natural dyes <input type="checkbox"/> Non-synthetic chelating agents  <input type="checkbox"/> Other (specify):
	<input type="checkbox"/> Acetic acid (non-synthetic) <input type="checkbox"/> Allowed surfactants <input type="checkbox"/> Beeswax <input type="checkbox"/> Potato starch <input type="checkbox"/> Low-impact dyes <input type="checkbox"/> Low energy, nonmetal reactive dyes	
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	<input type="checkbox"/> Acetic acid (non-synthetic) <input type="checkbox"/> Allowed surfactants <input type="checkbox"/> Beeswax <input type="checkbox"/> Potato starch <input type="checkbox"/> Low-impact dyes <input type="checkbox"/> Low energy, nonmetal reactive dyes	
<p><i>*In addition to the table above, list all ingredients and processing aids used in section I.</i></p> <p><i>**Make additional copies of this page as needed.</i></p>		

SECTION D (CONTINUED)

Business Name:

1 PROCESSING AND HANDLING	
4) Do you have a quality control program implemented to evaluate potential commingling and contamination and to monitor the effectiveness of your organic system plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <sup>1</sup>
5) Do you have facilities and procedures in place to prevent contamination of certified organic products by prohibited substances and/or commingling with non-organic products?	<input type="checkbox"/> Yes <input type="checkbox"/> No <sup>1</sup>
6) Are all processing and handling systems cleaned prior to each run of certified organic fiber?	<input type="checkbox"/> Yes <input type="checkbox"/> No <sup>1</sup>
7) Are methods used during processing to prevent contamination and commingling from non-certified organic fiber?	<input type="checkbox"/> Yes <input type="checkbox"/> No <sup>1</sup>
8) Is a segregated area designated for storage of certified organic fiber to be processed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <sup>1</sup>
<sup>1</sup> If No, explain: <div style="background-color: #e0ffe0; height: 40px; margin-top: 5px;"></div>	
9) Is handling equipment designated exclusively for certified organic fiber?	<input type="checkbox"/> Yes <input type="checkbox"/> No <sup>2</sup>
<sup>2</sup> If No, describe your cleaning process and list any materials used in section I: <div style="background-color: #e0ffe0; height: 60px; margin-top: 5px;"></div>	
10) Are processed products: Shipped immediately to other warehouse facilities? Temporarily stored or warehoused on-site? Stored on-site until shipped to buyer?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <sup>3</sup> <input type="checkbox"/> No <input type="checkbox"/> Yes <sup>3</sup> <input type="checkbox"/> No
<sup>3</sup> If Yes, is a segregated area designated for storage of processed organic products? <sup>4</sup> If No, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No <sup>4</sup>
<div style="background-color: #e0ffe0; height: 40px; margin-top: 5px;"></div>	
11) Is shipping and transportation of processed organic products managed to prevent commingling and contamination from nonorganic?	<input type="checkbox"/> Yes <input type="checkbox"/> No <sup>5</sup>
<sup>5</sup> If No, explain: <div style="background-color: #e0ffe0; height: 40px; margin-top: 5px;"></div>	
12) Packaging materials used for processed organic products (check all that apply):	
<input type="checkbox"/> Exclusively for certified organic products <input type="checkbox"/> Previously used <input type="checkbox"/> Have been cleaned or lined with new liners	<input type="checkbox"/> New <input type="checkbox"/> Contain no prohibited materials <input type="checkbox"/> Other (specify): <div style="background-color: #e0ffe0; height: 20px; margin-top: 5px;"></div>
<div style="background-color: #e0ffe0; height: 20px; margin-top: 5px;"></div>	

SECTION E

Business Name:

<b>SECTION E (CONTINUED)</b>	<b><sup>1</sup>PROCESSING AND HANDLING (CONTINUED)</b>	
	13) Do you process any organic by-products?	<input type="checkbox"/> Yes <sup>6</sup> <input type="checkbox"/> No
	<sup>6</sup> If Yes, list the types of by-products you process: <span style="background-color: #e0ffe0; display: inline-block; width: 200px; height: 1.2em;"></span>	
	<sup>6</sup> If Yes, do methods used for conveying, handling and storing of certified by-products prevent commingling and contamination from non-organic by-products?	<input type="checkbox"/> Yes <input type="checkbox"/> No <sup>7</sup>
	<sup>7</sup> If No, explain: <span style="background-color: #e0ffe0; display: inline-block; width: 200px; height: 1.2em;"></span>	
	14) Processing methods (check all that apply):	
<input type="checkbox"/> Ginning	<input type="checkbox"/> Cleaning/blending/combing (preparation)	
<input type="checkbox"/> Spinning (air)	<input type="checkbox"/> Topical treatments for honeydew/weather	
<input type="checkbox"/> Plying/twisting/winding	<input type="checkbox"/> Scouring (preparation)	
<input type="checkbox"/> Creeling/beaming/warping	<input type="checkbox"/> Batting/garneting/interfaces non-wovens	
<input type="checkbox"/> Slashing	<input type="checkbox"/> Chemical bonding non-wovens	
<input type="checkbox"/> Weaving	<input type="checkbox"/> Drying non-wovens	
<input type="checkbox"/> Knitting	<input type="checkbox"/> Finishing/scouring non-wovens	
<input type="checkbox"/> Compaction	<input type="checkbox"/> Bleaching non-wovens	
<input type="checkbox"/> Physical finishing	<input type="checkbox"/> Opening/laydown	
<input type="checkbox"/> Chemical finishing	<input type="checkbox"/> Blending	
<input type="checkbox"/> Scouring	<input type="checkbox"/> Carding	
<input type="checkbox"/> Bleaching/bio-polishing/brightening	<input type="checkbox"/> Drawing	
<input type="checkbox"/> Surface finishing,	<input type="checkbox"/> Combing	
<input type="checkbox"/> Dyeing (yarn)	<input type="checkbox"/> Roving	
<input type="checkbox"/> Dyeing (fabric)	<input type="checkbox"/> Spinning (ring)	
<input type="checkbox"/> Dyeing (garment)	<input type="checkbox"/> Spinning (open-end)	
<input type="checkbox"/> Cutting/sewing	<input type="checkbox"/> Other (specify): <span style="background-color: #e0ffe0; display: inline-block; width: 80px; height: 1.2em;"></span>	
15) Are any processed products stored on-site that were not processed at your facility? <input type="checkbox"/> Yes <sup>8</sup> <input type="checkbox"/> No		
16) Do you store any processed products that are located at a separate facility with a different physical address of the processing facility? <input type="checkbox"/> Yes <sup>8</sup> <input type="checkbox"/> No		
<sup>8</sup> If Yes, you must submit form ROR-602 Distributor Organic System Plan with all applicable		

Business Name:

<b>SECTION F</b>	<b><sup>1</sup>SANITATION</b>	
	17) Are any materials used for sanitation?	<input type="checkbox"/> Yes <sup>1</sup> <input type="checkbox"/> No
	<sup>1</sup> If Yes, list all materials used in section I.	
	18) Select methods and/or materials used for sanitation (check all that apply):	
	<input type="checkbox"/> Not applicable <input type="checkbox"/> Citric acid <input type="checkbox"/> Phosphoric acid <input type="checkbox"/> Allowed bleaches <input type="checkbox"/> Hydrogen peroxide <input type="checkbox"/> Sodium hydroxide <input type="checkbox"/> Compressed air <input type="checkbox"/> Water <input type="checkbox"/> Sweeping/brushing <input type="checkbox"/> Other (specify): _____	
	19) Are prohibited materials used in sanitation of equipment and	<input type="checkbox"/> Yes <sup>2</sup> <input type="checkbox"/> No
	<sup>2</sup> If Yes, are certified organic products protected from contamination from prohibited materials used in sanitation and/or cleaning?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<sup>2</sup> If Yes, do the methods of handling and application of prohibited materials used in sanitation and/or cleaning prevent contamination of certified organic products?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>SECTION G</b>	<b><sup>1</sup>PEST MANAGEMENT</b>		
	20) Are any materials used for pest control?	<input type="checkbox"/> Yes <sup>1</sup> <input type="checkbox"/> No	
	<sup>1</sup> If Yes, list all materials used in section I.		
	21) Select methods and/or materials used for pest management (check all that apply):		
	<input type="checkbox"/> Sanitation <input type="checkbox"/> Physical barriers <input type="checkbox"/> Insect/rodent traps <input type="checkbox"/> Sticky traps/baits <input type="checkbox"/> Beneficial insects <input type="checkbox"/> Biological controls <input type="checkbox"/> Pheromone traps <input type="checkbox"/> Botanical insecticides <input type="checkbox"/> Microbial or viral <input type="checkbox"/> Soaps and/or oils <input type="checkbox"/> Diatomaceous earth (DE) <input type="checkbox"/> Aeration/ventilation <input type="checkbox"/> Boric acid <input type="checkbox"/> Allowed fumigation (CO <sub>2</sub> , N <sub>2</sub> ) <input type="checkbox"/> Other (specify): _____		
		22) Are prohibited materials used in pest management?	<input type="checkbox"/> Yes <sup>2</sup> <input type="checkbox"/> No
		<sup>2</sup> If Yes, are certified organic products protected from contamination from prohibited materials used in pest management?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<sup>2</sup> If Yes, do the methods of handling and application of prohibited materials used in pest management prevent contamination of certified organic products?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	23) Are pest control materials applied by a:	<input type="checkbox"/> NA	
	<input type="checkbox"/> designated employee or department;		
	<input type="checkbox"/> registered commercial pest control service company. <sup>3</sup>		
	<sup>3</sup> Attach the most recent invoices and/or contracts from commercial pest control service company.		

Business Name:

<b>SECTION H</b>	<b><sup>1</sup>PRODUCT LABELING</b>	
	24) Do you label products?	<input type="checkbox"/> Yes <sup>1</sup> <input type="checkbox"/> No
	<sup>1</sup> If Yes, attach copies of all labels used for certified organic products.	
	25) Which labeling categories do you use (check all that apply)?	<input type="checkbox"/> N/A
	(All calculations exclude added water and salt)	
	<input type="checkbox"/> 100% ORGANIC - All ingredients and processing aids are certified organic. <input type="checkbox"/> ORGANIC - At least 95% of the ingredients are certified organic, and all other ingredients are either listed on the National List or are agriculture products that are not commercially available in organic form. <input type="checkbox"/> MADE WITH ORGANIC (Specified Ingredients)* - At least 70% of the ingredients are certified organic, and all other ingredients are produced without genetic modification and without the use of prohibited substances. <input type="checkbox"/> IDENTIFICATION OF ORGANIC INGREDIENTS IN INGREDIENT STATEMENT ONLY*	
	*Not allowed on livestock feed products.	
26) The following labeling requirements have been met:	<input type="checkbox"/> N/A	
<input type="checkbox"/> "Certified organic by <Name of Certifier>" appears above, below or next to the name and address of the processor or distributor of the product (not allowed on products with organic ingredient statement only). <input type="checkbox"/> Organic ingredients are identified as organic in the ingredient statement. <input type="checkbox"/> Other labeling options, including TDA logo and USDA seal (if used), comply with applicable restrictions.		
27) Does the facility have certified organic products custom labeled for them by another certified organic operation?	<input type="checkbox"/> Yes <sup>2,3</sup> <input type="checkbox"/> No	
<sup>2</sup> If Yes, you must submit documentation verifying the approval of all labels by the certifying agent(s) listed on the label other than the Texas Department of Agriculture.		
<sup>3</sup> If Yes, provide the following information about the certified organic operation:		
Business Name:		
Certified by: <input type="checkbox"/> TDA <input type="checkbox"/> Other (specify):		
Certification Number:		

Business Name:

<b><sup>1</sup>MATERIALS USED</b>		
28) Complete the table below of all materials used and attach all ingredient labels for each		
<b>Brand Name:</b>	<b>Manufacturer:</b>	<b>Reason for use:</b>

<b><sup>1</sup>RECORD KEEPING</b>	
<b>SECTION J</b>	29) Select all records that are currently maintained (check all that apply): <u>Incoming:</u> <input type="checkbox"/> Purchase orders* <input type="checkbox"/> Contracts* <input type="checkbox"/> Invoices* <input type="checkbox"/> Receipts* <input type="checkbox"/> Sales tickets* <input type="checkbox"/> Receiving records* <input type="checkbox"/> Verification of ingredients produced* <input type="checkbox"/> Copies of certificates of organic <input type="checkbox"/> Transaction certificates <input type="checkbox"/> Bills of lading <input type="checkbox"/> Customs forms <input type="checkbox"/> Certificates of analysis <input type="checkbox"/> Quality test results <input type="checkbox"/> Verification of non-GMO ingredients <input type="checkbox"/> Documentation that organic ingredients are not commercially available when using nonorganic ingredients in products labeled as "100% organic" and/or "organic"* <input type="checkbox"/> Other (specify): _____ _____ _____
	<u>In-Process:</u> <input type="checkbox"/> Production reports* <input type="checkbox"/> Equipment clean-out logs* <input type="checkbox"/> Material use logs* <input type="checkbox"/> Quality assurance records* <input type="checkbox"/> Other (specify): _____ _____ _____
	<u>Storage:</u> <input type="checkbox"/> Ingredient inventory records* <input type="checkbox"/> Finished product inventory records* <input type="checkbox"/> Other (specify): _____ _____ _____
	<i>*Note: This type of record-keeping is required to demonstrate compliance. A system to collect this information must be provided to the inspector at the time of inspection.</i>
	30) How long do you plan to maintain the above selected records _____

Business Name:

<b>AFFIRMATION</b>			
SECTION K	<p>I affirm that all statements made in this application are true and correct. No prohibited products have been applied to any organic product. I understand that the operation may be subjected to unannounced inspections and/or sampling for residues at any time as deemed appropriate to ensure compliance with the NOP Rule. I understand that acceptance of this form in no way implies granting of certification by the Texas Department of Agriculture (TDA) Organic Certification Program. I agree to follow the NOP Rule and all other TDA Organic Program Rules.</p> <p>The responsible party, by and through their personal or agent's signature below:</p> <p>(1) certifies that all information provided in connection with this application at any time is true and correct to the best of the responsible party's knowledge;</p> <p>(2) acknowledges that any misrepresentation or false statement made by the responsible party, or an authorized agent of the responsible party, in connection with this application, whether intentional or not, will constitute grounds for denial, revocation, or non-renewal of any license issued pursuant to this application and/or assessment of monetary administrative penalties; and</p> <p>(3) if applying as an individual, further acknowledges that this application may be denied and that any license issued pursuant to this application may be suspended or denied renewal for failure to pay child support. Applicant similarly certifies that such farm or handler has not produced or handled any agriculture product sold or labeled as organically produced except in accordance with Title 7, U.S. Code of Federal Regulation. If signed by an agent (including employee) of the responsible party, the person signing certifies that he or she is authorized to make the preceding certifications on behalf of the applicant.</p>		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"><b>Signature of Responsible Party:</b></td> <td style="width: 30%;"><b>Date:</b></td> </tr> </table>	<b>Signature of Responsible Party:</b>	<b>Date:</b>
	<b>Signature of Responsible Party:</b>	<b>Date:</b>	
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;"><b>Print Name:</b></td> <td></td> </tr> </table>	<b>Print Name:</b>	
	<b>Print Name:</b>		
<p><input type="checkbox"/> I have made copies of this form and other supporting documents for my own records.</p> <p><b>I have attached the following documents:</b></p> <p><input type="checkbox"/> Notice(s) of non-compliance or denial of certification from other certifying agencies</p> <p><input type="checkbox"/> Description of corrective actions taken regarding previous non-compliance(s) and evidence of such actions</p> <p><input type="checkbox"/> All required attachments, including ingredient labels</p>			
<p><b>Submit completed form, fees and supporting documents to:</b>                  Texas Department of Agriculture                  Organic Certification Program                  P.O. Box 12847                  Austin, TX 78711</p>			

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