



**Texas Department of Agriculture**  
**Processor (Food and Feed) Organic System**  
**Plan**

**ROR-606**

COMMISSIONER SID MILLER

<b>SECTION A</b>	<b>1 VERIFICATION INFORMATION</b> <input type="checkbox"/> New Application <input type="checkbox"/> Annual Update <input type="checkbox"/> Change to OSP		
	Full Legal Business Name:		D.B.A. (if applicable):
	Facility Name:		Client No. Account No.
	Contact Individual:		

<b>SECTION B</b>	<b>1 REQUIRED SUPPORTING DOCUMENTATION</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"/> Attach copies of all current food health and safety permits/licenses
	<input type="checkbox"/> Processing Categories ( <b>SECTION C</b> )
	<input type="checkbox"/> Products Manufactured and Ingredients ( <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> )	
<input type="checkbox"/> Attachments (i.e. ingredient listings)	

**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:

SECTION E	<b><sup>1</sup>PROCESSING AND HANDLING</b>		
	4) Select the types of processing equipment used:		
	<input type="checkbox"/> Stone Milling	<input type="checkbox"/> Hammer Mill	<input type="checkbox"/> Roller Mill
	<input type="checkbox"/> Sizing/Cleaning	<input type="checkbox"/> Pelletizer	<input type="checkbox"/> None
	<input type="checkbox"/> Other (specify):		
	5) 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>
	6) 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>
	7) Are all processing and handling systems cleaned prior to each run of certified organic product?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No <sup>1</sup>	
8) Are methods used during processing to prevent contamination and commingling from non-certified organic product?			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No <sup>1</sup>	
9) Is a segregated area designated for storage of certified organic product to be processed?			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No <sup>1</sup>	
<sup>1</sup> If No, explain:			
10) Is handling equipment designated exclusively for certified organic			
	<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 H:			
11) Are processed products:			
Shipped immediately to other warehouse facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Temporarily stored or warehoused on-site?	<input type="checkbox"/> Yes <sup>3</sup>	<input type="checkbox"/> No	
Stored on-site until shipped to buyer?	<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?			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No <sup>4</sup>	
<sup>4</sup> If No, explain:			
12) Is shipping and transportation of processed organic products managed to prevent commingling and contamination from nonorganic products?			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No <sup>5</sup>	
<sup>5</sup> If No, explain:			

Business Name:

SECTION E (CONTINUED)	<b><sup>1</sup>PROCESSING AND HANDLING (CONTINUED)</b>
	13) Packaging materials used for processed organic products (check all that apply): <input type="checkbox"/> Exclusively for certified organic products <input type="checkbox"/> New <input type="checkbox"/> Previously used <input type="checkbox"/> Contain no prohibited materials <input type="checkbox"/> Have been cleaned or lined with new liners <input type="checkbox"/> Other (specify): _____
	14) Do you process any organic by-products? <span style="float: right;"><input type="checkbox"/> Yes<sup>6</sup>   <input type="checkbox"/> No</span> <sup>6</sup> If Yes, list the types of by-products you process: _____
	<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? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No<sup>7</sup></span> <sup>7</sup> If No, explain: _____
	15) Which of the following receiving, storage, and handling areas are used for certified organic products (check all that apply)? <input type="checkbox"/> Receiving areas or docks, scales, etc. <input type="checkbox"/> Bulk bin(s) or storage unit(s) <input type="checkbox"/> Cold storage unit(s) used exclusively for certified organic products <input type="checkbox"/> Designated area(s) for certified organic products with cold storage unit(s) <input type="checkbox"/> Dry shelf storage unit(s) used exclusively for certified organic products <input type="checkbox"/> Designated area(s) for certified organic products within dry shelf storage unit(s) <input type="checkbox"/> Washing, cleaning, grading, clipping area(s) <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Not applicable
	16) Handling areas and equipment for packing and grading of certified organic products (check all that apply): <input type="checkbox"/> Areas with equipment designated exclusively for handling of certified organic products <input type="checkbox"/> Areas with portable equipment designated exclusively for handling of certified organic products <input type="checkbox"/> Scheduled times for segregated handling of certified organic products <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Not applicable
	17) Do you use any processing aids that are not included as ingredients? <span style="float: right;"><input type="checkbox"/> Yes<sup>8</sup>   <input type="checkbox"/> No</span> <sup>8</sup> If Yes, list all processing aids under section I.
	18) Are any processed products stored on-site that were not processed at your facility? <span style="float: right;"><input type="checkbox"/> Yes<sup>9</sup>   <input type="checkbox"/> No</span>
	19) Do you store any processed products that are located at a separate facility with a different physical address of the processing facility? <span style="float: right;"><input type="checkbox"/> Yes<sup>9</sup>   <input type="checkbox"/> No</span>
	<sup>9</sup> If Yes, you must submit form ROR-602 Distributor Organic System Plan with all applicable fees.

Business Name:

<b>SECTION F</b>	<b><sup>1</sup>SANITATION</b>		
	20) Are materials used for sanitation?		<input type="checkbox"/> Yes <sup>1</sup> <input type="checkbox"/> No
	<sup>1</sup> If Yes, list materials used under section I.		
	21) Select methods and/or materials used for sanitation and/or cleaning (check all that apply):		
	<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"/> Water	
<input type="checkbox"/> Sweeping/brushing	<input type="checkbox"/> Compressed air	<input type="checkbox"/> Not Applicable	
<input type="checkbox"/> Other (specify):			
22) Are prohibited materials used in sanitation and/or cleaning?		<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		<input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>SECTION G</b>	<b><sup>1</sup>PEST MANAGEMENT</b>		
	23) Are materials used for pest management?		<input type="checkbox"/> Yes <sup>1</sup> <input type="checkbox"/> No
	<sup>1</sup> If Yes, list materials used under section I.		
	24) 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"/> Boric Acid	<input type="checkbox"/> Pheromone traps
	<input type="checkbox"/> Botanical insecticides	<input type="checkbox"/> Soaps and/or oils	<input type="checkbox"/> Microbial or viral insecticides
	<input type="checkbox"/> Diatomaceous earth (DE)	<input type="checkbox"/> Other (specify):	
25) 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	
26) 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>	
	27) 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.	
	28) Which labeling categories do you use (check all that apply)? (All calculations exclude added water and salt)	<input type="checkbox"/> N/A
	<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.	
	29) 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.		
30) 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>SECTION J</b>	<b><sup>1</sup>RECORD KEEPING</b>
	<p>32) Select all records that are currently maintained (check all that apply):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Names and addresses of suppliers, including producers, processors, and distributors*</li> <li><input type="checkbox"/> Purchasing records of certified products*</li> <li><input type="checkbox"/> Current inventory of certified organic products*</li> <li><input type="checkbox"/> Current inventory of ingredients for processing*</li> <li><input type="checkbox"/> Records regarding each stage of handling and processing for all certified organic products*</li> <li><input type="checkbox"/> Routine quality control inspections, reports and evaluations*</li> <li><input type="checkbox"/> Verification of certifications and records of certifying agents for all certified organic products*</li> <li><input type="checkbox"/> Sales and shipping records of certified organic products*</li> <li><input type="checkbox"/> Records indicating water used on certified products and discharge water meet city, state, or federal Safe Drinking Water Act requirements*</li> <li><input type="checkbox"/> Records indicating compliance with city, state or federal health code requirements (if applicable)*</li> <li><input type="checkbox"/> Other (specify):</li> </ul>
	<p><i>*Note: This type of record-keeping is required to demonstrate compliance. If you do not have this in place currently, you must develop a system to collect this information and present it to the inspector at the time of inspection.</i></p>

33) How long do you plan to maintain the above selected records

Business Name:

**AFFIRMATION**

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.

The responsible party, by and through their personal or agent's signature below:

- (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;
- (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
- (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.

*Signature of Responsible Party:*

*Date:*

*Print Name:*

I have made copies of this form and other supporting documents for my own records.

**I have attached the following documents:**

- Notice(s) of non-compliance or denial of certification from other certifying agencies
- Description of corrective actions taken regarding previous non-compliance(s) and evidence of such actions
- All required attachments (ingredient labels, organic labels, etc.)

**Submit completed form, fees and supporting documents to:**

Texas Department of Agriculture  
 Organic Certification Program  
 P.O. Box 12847  
 Austin, TX 78711

SECTION K