**FORM IB**

**(PROCESSOR SUPPLEMENT)**

###### SECTION I. OVERVIEW OF PRODUCTION AND FACILITIES

(Any type of preservation, alteration, combination, or packaging of agricultural products is considered as a form of processing and includes any of the following actions: freezing, drying, pickling, canning, pasteurizing, preserving, milling, grinding, roasting, cooking, pressing, fermenting, combining, packaging or repackaging. Processor & handler operations as well as smaller scale on-farm processors must complete this form.

* 1. List all processed products for which you are seeking certification in the table below.

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| --- | --- | --- |
| Name of the Processed Product  | Type of Process  |  Expected Production  (Kg/lit/no’s) |
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*(If necessary, separate sheet may be attached.)*

1.2. Whether any conventional (non-organic) products are processed at the same facilities were your certified organic products are processed?

  Yes  No.

(A) If yes, furnish the name of products.

(B)How the ingredients and production materials are handled and stored to avoid contamination? What steps are taken to clean or purge equipment of non-organic ingredients or prohibited substances?

(C)How the finished products are handled in order to maintain the integrity of the certified organic products?

1.3. Does the entire processing procedure take place at the location

 (address) mentioned in your application form for Registration?

  Yes  No.

 If no, mention the name of locations where processing takes place

* 1. How the facilities are cleaned? Describe protocols, including type

 of cleaners and disinfectants used.

1.5 How the equipment is cleaned? Describe protocols, including type of cleaners and disinfectants used.

1.6 Describe the pest control practices in and around processing facilities.

1.7 Please provide a diagram/floor plan of your processing facility. Identify all buildings, rooms, or areas (e.g., ingredient storage, delivery docks, packaging area, etc.). An accurate “map” of your facility will help your inspector. Submit the diagram on a separate piece of paper.

1.8. Whether document provided in support of organic source of input materials.

1.9.Process flow diagram. Please show the flow of ingredients and

 products through the entire processing run. Start with raw

ingredients (where are they received and stored? Chain of custody to show the Organic integrity) and end with packaged organic products for market (where are they stored?). This diagram should identify step by step what happens to ingredients and products as they are turned into the final organic product. Identify any critical control points. On-farm processors shall complete this exercise as well.

1.10. Is there a recall procedure? Please describe it.

1.11. What kind of packaging materials are used?(e.g., plastic bags,

cardboard boxes, glass jars…) Whether the packaging materials used are new or reused?

**1.12. Describe how the finished products are delivered or shipped to**

 **customers or markets.**

**1.13. Describe your record keeping systems for ingredient purchase,**

 **production runs, finished (stored) products, and product sales.**

**SECTION II: PRODUCT PROFILE**

**A Product Profile is to be completed for each organic product you produce.** You may need to make additional copies of this form before you begin**. You must include all ingredients added to a product, the Percentage of the whole for each ingredient, whether the ingredient is organic or not, and who certifies the ingredient.**

2.1. PRODUCT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.2. ORGANIC LABEL CATEGORY (Refer NPOP manual for Description)

  Certified Organic (made with Ingredients >95% Organic)

  made with organic ingredients (made with Ingredients >70%and

 <95% Organic)

  may not be called Organic (made with Ingredients <70% Organic)

2.3. Mention the ingredients (excluding table salt and water) of the

 product / unit

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of the Ingredient** |  **Source****(brand name,****name of****farmer, name****of supplier)** | **Whether the ingredient is Organic(Yes/No)** | **% of the ingredient used in the final product** | **If organic,****mention the** **certifying****body.** |
| **Organic** | **others** |
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**2.5. State the reason for not using Certified Organic ingredients.**

**2.6. Describe the processing procedure(s). Is any processing aid**

 **involved? If so, list them.**

**3.0. Documentation:**

3.1. Is documentation available for all activities? 🞏 Yes 🞏 No

3.2. Whether details of purchase of raw materials (delivery notes, bills / invoices etc.) are available? 🞏 Yes 🞏 No

3.3. Is there a system for verification of incoming goods? 🞏 Yes 🞏 No

3.4. Are the records available for outgoing goods? 🞏 Yes 🞏 No

3.5. Are individual lots traceable to its origin? 🞏 Yes 🞏 No

 How do you ensure it?

**4. Subcontracting**

4.1. Whether any subcontracting activity is being done 🞏 Yes 🞏 No

 If so, furnish details and attach documents.

# Declaration of the responsible person:

**I declare that –**

* I do hereby affirm that all information supplied to TNOCD is true and accurate. I affirm my commitment and responsibility to know the respective Organic Standards required for certification of my Organic product.
* If the organic production rules are violated, I agree to be sanctioned according to the TNOCD Scale of Sanctions.
* If major changes in the organic production system occur, e.g. any change in recipe I will inform TNOCD immediately. I agree not to release any products resulting from these changes until the certification body has notified me accordingly.
* I agree to keep a record of complaints about the processing activities, take appropriate action with respect to such complaints and document the action taken.

Name and Signature of the operator: …………………….........

Place and Date: …………………..............

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

**For Office Use Only**

Date of Receipt: Fee Remittance Details

Date of Verification: Amount:

Person Verified: Bill No. & Date

Inspection On:

Registration Number Allotted: TNO (P)……………..

OCI ALLOTED:

 Signature of the

 Quality Manager