



### APPLICATION FOR ORGANIC INSPECTION FOR PROCESSORS

#### 1. PERSONAL INFORMATION

<b>Name:</b>	<b>Age:</b>
<b>Address:</b>	
<b>Farmers ID Code:</b>	
<b>Number of Years in Organic Processing:</b>	
<b>Number and Location of the processing plant:</b>	
<b>Application date:</b>	

#### 2. RECORDS AVAILABLE

Name of records.	Please check

#### 3. SUB-CONTRACTORS NAME; IF ANY

Name	Address

#### 4. PRODUCTION PROCESS:

Methods of processing	Please check/specify
a. Mechanical	
b. Physical	
c. Biological	
d. Smoking	
e. Drying	
f. Extraction	
g. Precipitation	

<b>h. Filtration</b>	
<b>Others (please enumerate)</b>	

**5. PRODUCT LINES:**

<b>Name of product (please specify)</b>	<b>Approximate volume produce</b>
a.	
b.	
c.	
d.	
e.	
f.	
g.	
h.	
i.	
<b>Processing organic products only?</b>	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>Processing both organic and conventional?</b>	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>What is the average processing time per product?</b>	<b>Please specify:</b>

**6. SOURCES OF RAW MATERIALS:**

	<b>Please check:</b>
<b>a. Produce from own farm</b>	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>b. Produce by sub-contractors</b>	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>c. Bought from other organic farm</b>	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>d. Imported</b>	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>Do you have receipt, if raw materials are purchase?</b>	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>Are your sources of raw materials certified organic?</b>	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>Where are your sources of raw materials for conventional products?</b>	<b>Please specify:</b>

**7. STORAGE SYSTEM:**

<b>How many storage systems do you have?</b>	
<b>Is the storage of organic products separated from the conventional product?</b>	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>Is your employees trained in processing standards?</b>	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>Do you keep storage records?</b>	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>Who handles your storage record system?</b>	
<b>Please specify:</b>	
<b>What are your packaging materials? Please specify.</b>	
<b>Do you keep processing record systems?</b>	<input type="checkbox"/> yes <input type="checkbox"/> no

**8. ADDITIVES AND PROCESSING AIDS:**

Please enumerate :	Total volume purchased/yr
<b>Who supplies you with the additives and processing aids? Please list suppliers:</b>	

**9. RECORDING SYSTEMS**

Do you have;	Please check:
a. Sales record	[ ] yes [ ] no
b. Purchase record	[ ] yes [ ] no
c. Record for organic product only	[ ] yes [ ] no
d. Record for conventional product only	[ ] yes [ ] no
e. Organic certification documents for raw organic materials	[ ] yes [ ] no
f. Production records for all products	[ ] yes [ ] no
g. Other documents, please specify:	

**10. QUALITY CONTROL:**

	Please check/specify
Do you have quality control staff? How many?	[ ] yes [ ] no
Do you have cleaning machines? What type?	[ ] yes [ ] no
Do you sanitize your processing area? Do you use chemicals that are allowed?	[ ] yes [ ] no
Do you clean your equipment before using? What type of cleaning do you employ?	[ ] yes [ ] no
Do you treat your waste? What method?	[ ] yes [ ] no
Do you have proper ventilation in your storage and processing plant?	[ ] yes [ ] no
What type of pest control do you employ in your storage and processing area?	[ ] yes [ ] no

**11. LABELING:**

What type of label do you use? a. Sticker type b. Printed in the container c. Silk screen in the container	Please check: [ ] [ ] [ ]
Do you list the raw materials in your label?	[ ] yes [ ] no

**12. SOCIAL JUSTICE:**

How many employees do you have?	[ ] yes [ ] no
Do you follow standards wage law?	[ ] yes [ ] no
Do they live inside the processing compound?	[ ] yes [ ] no

I have attached the following documents: a. b. c. d. e. f.	
Signature of applicant:  -----	
Name of Processor	Date
For Secretariat only: a. Number of products certified the previous year _____ b. Number of years as organic processor _____ c. Certified last year [ ] yes [ ] no	
I certify that I have reviewed and check the application:  _____	
Head, Processing Division	Date
Approved:  _____	
Executive Director	Date