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LIST OF ORGANIC CERTIFICATION RECORDS

The following is a list of records used by organic farmers to verify compliance with organic certification requirements. Records must be kept for 5 years beyond their creation and be accessible to the organic inspector.

- field maps
- field history sheets (previous three years)
- documentation of previous land use for rented and/or newly purchased land
- documentation of attempts to source organic seeds and/or planting stock
- documentation of organic seedlings
- field activity log(s)
- input records for soil amendments, seeds, manure, foliar sprays and pest control products
(keep all labels)
- residue analyses of inputs (i.e., manure sourced off-farm)
- compost production records
- monitoring records (soil tests, tissue tests, water tests, quality tests, observational)
- equipment cleaning records
- harvest records that show field numbers, date of harvest and harvest amounts
(including custom harvest records)
- labor records
- storage records that show storage location, storage identification, field numbers, amounts stored,
and cleaning activities
- clean transport records
- sales records (purchase order, contract, invoice, cash receipts, cash receipt journal,
sales journal, etc.)
- shipping records (scale ticket, dump station ticket, bill of lading)
- Transaction Certificates
- audit control summary
- complaint log
- other (please specify)

NEWLY PURCHASED LAND OR RENTED LAND VERIFICATION

Instructions: This form is used to verify the 36 month previous land use and inputs applied to land which you have rented or owned for less than 3 years. The landlord or previous owner must fill out and sign it.

Organic Producer Name: _____ Crop Production Year: _____

I, _____, declare that the parcel(s) of land described below were farmed by me or were under my control during the crop years of _____ to _____. I also declare that during this time, to the best of my knowledge, there were no herbicides, pesticides, fungicides, fungicide treated seed, synthetic fertilizers or other prohibited materials applied to this land.

Description of land by field #, section #, township and county (or other regulatory description): _____

Number of acres in parcel(s): _____

If any prohibited materials were applied, describe what was applied, the specific date of application, and field # or parcel?

I submit that the above is true and accurate on this date of _____

Name (printed): _____

Signature: _____

FIELD ACTIVITY LOG

Producer Name _____ Field # _____ Crop Production Year _____

Instructions: This form is used to record the practices and equipment you use for field preparation, planting, and tillage. You can group fields if they are treated the same, i.e., planted to the same crop.

Field Preparation List date and activity, i.e., moldboard plowing, chisel plowing, discing.

| Date | Activity | Date | Activity | Date | Activity | Date | Activity |
|-------|----------|-------|----------|-------|----------|-------|----------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

Monitoring when preparing fields for planting: Describe soil tilth, moisture, how fields worked up, any problems, any improvements, specific weed populations, or any other observations you made during field preparation.

Planting: Crops and variety planted: _____ Seeding rate: _____
 Expected yield: _____ Final stand: _____

| Date | Specific field # | Date | Specific field # | Date | Specific field # | Date | Specific field # |
|-------|------------------|-------|------------------|-------|------------------|-------|------------------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

Monitoring when planting: Describe soil tilth, moisture, equipment settings, seeding problems, or any other observations you have.

Cultivation Practices: List date and cultivation activity/equipment. If you walk the fields to hand weed, record that activity as well. Crop growth can be described as excellent, good, average or poor.

| Date | Activity/equipment | Crop growth |
|-------|--------------------|-------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

| Date | Activity/Equipment | Crop Growth |
|-------|--------------------|-------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Monitoring when cultivating: Describe overall crop growth, soil tilth, moisture, how well tillage worked, any problems, specific weed populations, or any other observations you made during cultivation.

Pest Monitoring: List date, specific field #, type of insect or pests, and assessment of crop damage you observed.

| Date | Specific field # | Insect/pest | Type of crop damage | Damage assessment | | |
|-------|------------------|-------------|---------------------|-------------------|--------|-------|
| | | | | Low | Medium | High |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |

Disease Monitoring: List date, specific field #, type or description of disease, and assessment of crop damage you observed.

| Date | Specific field # | Disease | Type of crop damage | Damage assessment | | |
|-------|------------------|---------|---------------------|-------------------|--------|-------|
| | | | | Low | Medium | High |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |

Harvest Monitoring: Use harvest/storage records to give more detailed harvest information.

Yield per acre _____ % Moisture _____ Test Weight _____

COMPOST PRODUCTION RECORD

Instructions: Use this form if you produce compost, either from on-farm and/or off-farm ingredients.

Type of compost method: in-vessel static aerated pile windrows other (specify)_____

List all compost ingredients and source.

| Ingredient | Source | Amount | C:N Ratio | Residue analysis , if needed |
|------------------------|--------|--------|-----------|------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total C:N Ratio | | | | |

USDA Organic Rule requires that composting plant and animal materials be produced through a process that establishes an initial C:N ration of between 25:1 and 40:1, and that a temperature of between 131°F. and 170°F be maintained for 3 days using an in -vessel or static aerated pile system; OR maintain a temperature of between 131°F. and 170°F for 15 days using a windrow composting system, during which the materials must be turned 5 times.

Describe your compost production method:_____

Record date, temperatures maintained, and date windrow is turned, if appropriate, depending on method of composting.

| Date | Temperature | Date | Temperature | Date Windrow Turned | Date Windrow Turned |
|------|-------------|------|-------------|---------------------|---------------------|
| | | | | | |
| | | | | | |
| | | | | | |

NEIGHBOR NOTIFICATION LETTER

Instructions: The next 2 forms should be used when no prohibited products are applied to an adjoining uncertified field(s) and the organic producer does not want to maintain buffers or setbacks along that field border.

(Date)

(Name and address)

Dear (Name):

I am currently a certified organic farmer with _____ (name of your certifying agent), managing my fields consistent with _____ (name of your certifying agent) organic standards.

Since you are an adjoining property owner, I need to inform you of my plans and ask for your help. If you plan to use synthetic fertilizers, pesticides, and/or genetically engineered crops on land that adjoins my fields, please take precautions when transporting or spraying to prevent over spray, chemical or genetic drift, or run-off onto my farm. If chemical drift is found on my organic crops or fields, I may be required to wait up to three years before using these fields for organic production. This could also cause loss of my organic certification and/or loss of the organic premium for crops grown on affected fields.

(Optional Paragraph)

I understand that you are currently not using any synthetic fertilizers, pesticides, and/or genetically engineered crops on the (field or pasture) that borders my farm to the _____ (east, west, north or south) and adjoins my field #(_____). If you are willing to sign the enclosed Verification Of Neighboring Land Use form, I will not be required to maintain a buffer zone between your field and mine. Also indicate the location of your adjoining fields on the map enclosed. Please return the signed statement as soon as possible.

If you would like to know more about my organic certification or have any other questions, please call. Thanks for your help.

Sincerely

(Signature of organic farmer)

Enc.: Verification of Adjoining Land Use form
Farm map

VERIFICATION OF ADJOINING LAND USE

Name of Neighbor _____
Address _____
Phone # _____

I verify that the following fields/areas under my management have had no synthetic fertilizers, herbicides, insecticides, or genetically engineered crops applied in the last 12 months. I have no plans to use these synthetic products on these fields in the future 12 months. In the event that I do use any synthetic fertilizers, herbicides, insecticides, or genetically engineered crops, I will inform

(name of organic farmer) of my plans.

Specific Field Identification: (The organic farmer should indicate the organic field ID # that adjoins neighbor's fields before sending to his/her neighbor and indicate fields on the *accompanying field map*).

| Organic field ID # | Neighbor's field identification |
|--------------------|---------------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

I verify that the above information is true and accurate.

Signature of Neighbor

Date Signed

BUFFER CROP USAGE

Producer Name _____

Crop Production Year _____

Field Number _____ Crop Harvested _____ Quantity harvested _____ Stored in bin number _____

Used for (check): seed On farm non-organic livestock feed Sold Other _____

Sold to: (invoice attached) _____

Field Number _____ Crop Harvested _____ Quantity harvested _____ Stored in bin number _____

Used for (check): seed On farm non-organic livestock feed Sold Other _____

Sold to: (invoice attached) _____

Field Number _____ Crop Harvested _____ Quantity harvested _____ Stored in bin number _____

Used for (check): seed On farm non-organic livestock feed Sold Other _____

Sold to: (invoice attached) _____

Field Number _____ Crop Harvested _____ Quantity harvested _____ Stored in bin number _____

Used for (check): seed On farm non-organic livestock feed Sold Other _____

Sold to: (invoice attached) _____

CLEAN TRANSPORT AFFIDAVIT

Instructions: This form should be filled out by all organic growers or businesses that are responsible for the transport of organic products.

Grower/Business Name: _____

Date transport unit loaded: _____

1. Type of transport: farm wagons farm truck bulk semi trailer
 common carrier tanker other _____

2. The transportation was arranged by: grower buyer other _____

3. Is the form of transportation only used for organic products? yes no
 If no, state products transported prior to organic: _____

4. Transport unit was inspected and found to be free of :
 foreign odors residues conventional products
 other substances which may compromise organic integrity

5. List transport unit ID # with the following information:

| Transport unit identification | Organic crop and Lot # | Check (✓) if vehicle was inspected prior to loading organic product | Cleaning method: Check (✓) all that apply. If <i>Other</i> , describe method. | | | | |
|-------------------------------|------------------------|---|--|--------|-----------|--------|-------|
| | | | Swept | Vacuum | Air blown | Washed | Other |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

I hereby certify that the above transport units were inspected and cleaned thoroughly using the method indicated to protect the integrity of the organic products being transported.

Signature

Date

