



Update Organic Handling Plan Questionnaire - Retail Establishment - Short Form

Midwest Organic Services Association

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MOSA provides this form in order for the operator to update the plan for management in compliance with the National Organic Standards (NOS) and MOSA certification requirements. We can only process complete updated questionnaires. We must have on file a current schematic retail flow chart (or written description of how products move through the store), store map, pest management map, Attach updated supporting documentation as appropriate. Contact MOSA with any questions.

SECTION 1: General Information

Applicant/Company Name		Legal Status: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Trust or non-profit <input type="checkbox"/> Corporation <input type="checkbox"/> Legal Partnership (federal form 1065) <input type="checkbox"/> Other (specify)	
Owner/Manager		Supervisor for Organic Handling	
Business Address		City	
State	Zip Code	County	For Office Use Only
Phone	Fax	Email	Received
			Entered
			Certification
			Inspection
			Other
			Initials
<p>Would you like us to add a link to your website from the MOSA website? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the web address:</p>			
<p>Please note any special needs regarding the timing of parts of the certification process:</p> <p>When is the best time to contact you? <input type="checkbox"/> morning <input type="checkbox"/> afternoon <input type="checkbox"/> evening When are you available for the inspection? <input type="checkbox"/> morning <input type="checkbox"/> afternoon <input type="checkbox"/> evening Preferred dates and time for the inspection visit (we'll try to accommodate this as practical):</p>			<p>List other organic certification agencies you intend to certify with this year</p>
<p>Do you have any new prepared foods, services or departments being requested for certification this year? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify:</p> <p><i>Please submit a Product Profile form for any new prepared foods. Additions or significant changes may require completion of a long form questionnaire. Contact MOSA for details.</i></p>			
<p>Do you understand current National Organic Standards (NOS) and requirements for certification as described in the MOSA Program Manual? <input type="checkbox"/> Yes <input type="checkbox"/> No (specify):</p>		<p>What version of the MOSA Program Manual do you have for reference?</p> <p>What version of the National Organic Standards (NOS) do you have for reference?</p> <p>What version of the OMRI Materials lists do you have for reference? (Note dates on front covers. Please dispose of or archive older versions of these.)</p>	
<p>Type of Retail Store (check one): <input type="checkbox"/> Independent Supermarket <input type="checkbox"/> Natural Products Supermarket <input type="checkbox"/> Natural Products Cooperative <input type="checkbox"/> Independent single health/natural products store <input type="checkbox"/> Other (specify):</p>			
<p>List current government permits/licenses/inspections in effect for your operation: <input type="checkbox"/> None applicable</p>		<p>What percent of all products sold in your store make an organic claim (estimate): _____%</p>	<p>Current square footage of departments requested for certification: _____ sq. ft.</p>
<p>Please list retail store departments in this table:</p>			

DEPARTMENT	√ IF STORE HAS THIS DEPARTMENT	√ IF REQUESTING CERTIFICATION	DEPARTMENT	√ IF STORE HAS THIS DEPARTMENT	√ IF REQUESTING CERTIFICATION
Fresh Produce			Prepared Foods: Bakery		
Bulk Food areas			Prepared Foods: Deli		
Herbs and Spices			Prepared Foods: Salad Bar		
Meats			Prepared Foods: Coffee Bar		
Grocery			Prepared Foods: Juice Bar		
Dairy			Warehouse		
Health and Body Care			Other (Specify):		

*Attach any changed schematic product flow chart or written description showing how and where products are received, stored, prepared, packaged, and warehoused, and identifying all pieces of equipment, and storage. Also attach any changed facility map showing location of all departments and storage areas. **Off-site facilities, including some storage facilities, may need to be separately inspected and separately certified (ask MOSA about these needs). For organic prepared foods, current and complete Product Profiles must also be attached.***

SECTION 2: Current Year Requirements NOS §205.406(a)(3)

Operators must correct their minor non-compliances identified by MOSA the previous year. Please list these below, if applicable.

What is the date(s) listed on last year's "Certification Granted" letter(s) determination still pending

Did your "Certification Granted" letter outline requirements ("conditions") for continued certification? Yes No

If yes, please list all conditions and actions taken: Attach additional sheets as necessary (as with other areas of this form).

REQUIREMENT/CONDITION	HOW CONDITION WAS/WILL BE ADDRESSED

If another certification agency sent you a notice of non-compliance, or if you had certification denied, suspended, or revoked, you must attach copies of all written notifications, and you must also attach a description of actions taken to correct the non-compliances.

A. ORGANIC RETAIL PLAN CHANGES: *Per NOS §205.406(a) any changes or modifications to your previous year's Organic Retail Plan must be identified and submitted to your certifying agency. This section is for noting current or planned changes to your previous year's Organic Retail Plan. Significant changes may require a Long Form. Please review previously-submitted retail plan information (long form, update short forms, and supporting documents). In the table below, note all changes. An accurate description of your store through your paperwork will help eliminate any unnecessary questions in future communication with the MOSA office and MOSA inspectors.*

When did you last submit a complete Retail Plan Questionnaire Long Form? (year)

Have you reviewed your Organic Retail Plan? Yes No Date of review:

No changes to any Organic Retail Plan area listed below.

RETAIL PLAN TOPIC (Check the box if Organic Plan changes apply)	WRITTEN SUMMARY OF CHANGES (Attach additional information as necessary. Please note attachments below.)
<input type="checkbox"/> General Information	
<input type="checkbox"/> Product flow or facility maps	
<input type="checkbox"/> Employee training	
<input type="checkbox"/> Water usage	
<input type="checkbox"/> Sanitation program	
<input type="checkbox"/> Pest management – general information	
<input type="checkbox"/> Pest management – practices and pesticides used	
<input type="checkbox"/> Waste management	
<input type="checkbox"/> Produce Department Plan	
<input type="checkbox"/> Bulk Foods, Herbs and Spices Department Plan	
<input type="checkbox"/> Meat Department Plan	
<input type="checkbox"/> Prepared Foods Department Plan	
<input type="checkbox"/> Prepackaged Grocery Foods Department Plan	
<input type="checkbox"/> Audit Trail and Inventory Control System	
<input type="checkbox"/> Additional Verification Required	

B. MONITORING PRACTICES AND PROCEDURES: *Please see NOS §205.201(a)(3) for monitoring requirements.*

Please rate the effectiveness of your management plan for areas listed in the following table:

RETAIL PLAN AREA	EFFECTIVENESS RATING OF ORGANIC MANAGEMENT PLAN FOR THIS AREA
Product flow through facility	<input type="checkbox"/> excellent <input type="checkbox"/> satisfactory <input type="checkbox"/> needs improvement

Employee training	<input type="checkbox"/> excellent	<input type="checkbox"/> satisfactory	<input type="checkbox"/> needs improvement
Water usage	<input type="checkbox"/> excellent	<input type="checkbox"/> satisfactory	<input type="checkbox"/> needs improvement
Sanitation program	<input type="checkbox"/> excellent	<input type="checkbox"/> satisfactory	<input type="checkbox"/> needs improvement
Pest management	<input type="checkbox"/> excellent	<input type="checkbox"/> satisfactory	<input type="checkbox"/> needs improvement
Waste management	<input type="checkbox"/> excellent	<input type="checkbox"/> satisfactory	<input type="checkbox"/> needs improvement
Produce Department Plan	<input type="checkbox"/> excellent	<input type="checkbox"/> satisfactory	<input type="checkbox"/> needs improvement
Bulk Foods, Herbs and Spices Department Plan	<input type="checkbox"/> excellent	<input type="checkbox"/> satisfactory	<input type="checkbox"/> needs improvement
Meat Department Plan	<input type="checkbox"/> excellent	<input type="checkbox"/> satisfactory	<input type="checkbox"/> needs improvement
Prepared Foods Department Plan	<input type="checkbox"/> excellent	<input type="checkbox"/> satisfactory	<input type="checkbox"/> needs improvement
Prepackaged Grocery Foods Department Plan	<input type="checkbox"/> excellent	<input type="checkbox"/> satisfactory	<input type="checkbox"/> needs improvement
Management Plan effectiveness ratings based on monitoring (continued)			
Audit Trail and Inventory Control System	<input type="checkbox"/> excellent	<input type="checkbox"/> satisfactory	<input type="checkbox"/> needs improvement
Needed additional verification requirements	<input type="checkbox"/> excellent	<input type="checkbox"/> satisfactory	<input type="checkbox"/> needs improvement
Please describe any additional organic program effectiveness monitoring: <input type="checkbox"/> not applicable			
<p>Describe any changes you have made or plan to make based on the results of your monitoring in all areas</p> <input type="checkbox"/> No organic management plan changes not already noted.			

SECTION 4: Affirmation

I affirm that all statements made in this application are true and correct. I understand that the facility may be subject to unannounced inspection and/or organic products sampled for residues at any time as deemed appropriate to ensure compliance with the National Organic Standards (NOS) and MOSA certification requirements. I consent to the use of subcontracted inspectors as necessary to assess compliance of my operation. I consent to the use of subcontracted laboratory analysis services to test for residues of prohibited substances. I understand that failure to follow the NOS and MOSA certification requirements or giving false information may result in the denial, suspension or revocation of certification of my operation. I understand that certification of my operation may depend on my ability to supply any and all information requested by MOSA that MOSA needs to evaluate the products and operation requested for certification. I understand that acceptance of this questionnaire in no way implies granting of certification by MOSA. I agree to follow the NOS and MOSA certification requirements as described in the MOSA Program Manual.

Signature of Owner/Manager/Organic Supervisor _____ Date _____

I have attached the following required documents:

- retail flow chart or written description facility map pest management map of traps and monitors
 appropriate MSDS, as applicable product labels/specification sheets, as applicable, for all cleansers/sanitizers, etc
 new or updated Product Profiles, as applicable

Did you remember to...

...sign this questionnaire?

...include all required fees?

... put your name on all supporting documents?

...make copies of this organic plan and supporting documents for your records?

Submit completed form, fees, and supporting documents to:



MOSA
PO Box 821
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