



Operation Name: _____ Date: _____

▶ Complete this form if you take physical possession of products you sell or distribute, or run a processing or handling facility.

A. GENERAL INFORMATION

1) Facility Name: _____

2) Site Address: _____ City: _____

State/Province: _____ Zip/Postal Code: _____ Country: _____

3) Contact (name/Title) _____

4) Phone: _____ Fax: _____

5) Email(s): _____

6) Type of processing or handling: _____

7) Do (check one or both) I/We own the products processed here. I/We provide processing services.

8) List, or attach a list, organic products processed or handled here. List attached

9) Is this facility Organic only Organic and nonorganic

a) Do you process or handle nonorganic products identical to organic products listed in question 7? Yes No

b) If yes, please list products: _____

The CCOF Global Market Access program requires that clients have a contractual relationship with all non-certified co-packers to ensure that all applicable standards and regulations are met.

11) Do you maintain contractual relationships with all non-certified co-packers? Yes No Not Applicable

B. SITE PLAN AND PRODUCT FLOW

1) Attach an 8.5 x 11" map (may be hand drawn) showing organic processing and storage areas. Map attached

2) Attach either a complete written description or a schematic product flow chart that describes or shows where and how the product is received, stored, processed, packaged, and warehoused. Identify ALL equipment, machinery, grading stations, and storage areas, and indicate where ingredients are added or processing aids are used. Attached

C. PROCESSING AIDS USED IN/ON NONORGANIC PRODUCTS AT THIS FACILITY

1) For each processing aid used for nonorganic products in this facility, describe below how you prevent accidental use during organic processing, and how this can be verified. Not applicable List attached

Processing Aid (not used for organic)	Method of preventing use in organic processing