



Operation Name: \_\_\_\_\_ Date: \_\_\_\_\_

**A. DO YOU PRODUCE ORGANIC SEEDLINGS, TRANSPLANTS OR GREENHOUSE CROPS?**

No, not applicable  Yes, complete 1-4 below

- 1) Are crops grown in soil mix?  Yes  No, explain: \_\_\_\_\_
- 2) Location of growing facility (must be Certified Organic): \_\_\_\_\_
- 3) Please describe all pest control procedures in OSP section G5.0.
- 4) Please list all planting mixes, fertility and disease control materials in OSP section G5.1.

**B. DO YOU PRODUCE BOTH ORGANIC AND NON-ORGANIC GREENHOUSE CROPS?**

No, not applicable  Yes, complete 1-7 below

- 1) How do you separate and identify organic and non-organic growing areas?  
\_\_\_\_\_  
\_\_\_\_\_
- 2) How do you prevent commingling of organic and non-organic planting mixes during mixing and storage?  
\_\_\_\_\_  
\_\_\_\_\_
- 3) How do you label or distinguish between organic and non-organic plants?  
\_\_\_\_\_  
\_\_\_\_\_
- 4) How do you prevent drift of prohibited materials through the greenhouse ventilation system?  
\_\_\_\_\_  
\_\_\_\_\_
- 5) How do you prevent contact with prohibited materials applied through the irrigation system?  
\_\_\_\_\_  
\_\_\_\_\_
- 6) How do you clean seedling containers and equipment used for both organic and prohibited substances?  
\_\_\_\_\_  
\_\_\_\_\_
- 7) How do you document cleaning and other efforts described above?  
\_\_\_\_\_  
\_\_\_\_\_