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**2024 Mushroom Organic System Plan**

You must fill out this Organic System Plan completely and sign where requested. Use additional sheets as necessary.

All applicants **must** complete all pages. Attach all other supporting documents (labels, purity statement, etc).

**WARNING: This form will be returned to you if it is not completed in its entirety. This will significantly delay the certification process.**

**Renewal Deadline is January 1st**

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| **FARM INFORMATION** | | | | | | **§205.401; §205.201(a)** | | | |
| Operation/Business Name: |  |  | Owner/Operator: | |  |  |  | Date: | |
| Preferred method of communication: |  | Mail | Phone | E-mail | |  |  |  |  |
|  | | | | | | | | | |
| Operation type (produce, nursery, row crop, dairy, etc.): | | | | | | | | | |
| Organic Square feet: |  |  | Conventional Square Feet: | |  |  |  |  | |
| **MUSHROOMS REQUESTED FOR CERTIFICATION** | | | | | | | | | |
| **Please list each species you are requesting certification for:** | | | | | | | | | |
| List any new or previously uncertified crops for which you are seeking **No New Crops**  certification.  Have you managed all fields for 3 or more years? Yes No  *If No, you must submit a Previous Land Use Affidavit (PLUA) signed by the previous owner/manager stating the use and all inputs applied for the previous three years on all newly acquired fields.* | | | | | | | | | |
| List previous or current organic certification by other agencies and last year of certification:  Have you ever been denied certification or had your certification suspended or revoked? | | | | | |  | **No Previous Certification**  NA Yes  No | | |
| If there are any non-compliances or conditions for continued certification from last year, please explain below: None | | | | | | | | | |
|  | | | | | | | | | |
| Do you have a copy of the current USDA – NOP Organic Standards as required? | | | | | |  |  | Yes | No |

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| **SPAWN §205.204** |
| 1. Source of spawn:  Produced in-house Purchased |
| 1. If you produce your own spawn, describe the process used and list all inputs: N/A 2. If you purchase spawn, list the name, address, and phone number of your supplier(s): N/A 3. Is the purchased spawn certified organic? Yes No   \*if no, submit documentation from the manufacturer stating that the spawn (and any additives/supplements) have been produced and handled without the use of GMO's, ionization, sewage sludge, or synthetic materials that are not consistent with 205.601.  \*If nonorganic spawn is used, list at least three sources that were searched for organic spawn prior to the nonorganic spawn being purchased (this must be documented):  **SUBSTRATE:** 205.203(c)   1. Source of Substrate:   Produced in-house Purchased  \*If substrate is purchased, please indicate the manufacturer/producer here:   1. If you produce your own substrate, describe your substrate for each species of mushrooms that you are requesting certification for. Please include all substrate ingredients/materials and list the manufacturer and their contact information. Attach any chemical or additional materials labels. |



**\*This form needs to be completed for any non-certified organic spawn planned to be used in your production this year. Verification of**

**UT/Non-GMO status of spawn must be maintained and available at inspection. ** **NA**

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| **Non-Organic Spawn Form:** *if more space is needed, an additional spawn audit form should be used* | | | | | |
| Year Purchased | Species | Variety | Source  (Name and Contact Info) | Spawn search:  List the three suppliers of organic spawn you  checked to find this variety in organic | Treated/ Innoculated? |
|  |  |  |  |  | No  Yes with |
|  |  |  |  |  | No  Yes with |
|  |  |  |  |  | No  Yes with |
|  |  |  |  |  | No  Yes with |
|  |  |  |  |  | No  Yes with |
|  |  |  |  |  | No  Yes with |
|  |  |  |  |  | No  Yes with |
|  |  |  |  |  | No  Yes with |
|  |  |  |  |  | No  Yes with |
|  |  |  |  |  | No  Yes with |
|  |  |  |  |  | No  Yes with |
|  |  |  |  |  | No  Yes with |

Reasoning for choosing this

particular variety :



Operation/Business Name:

Date:

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| **SUBSTRATE CONT. §205.200; §205.203** |
| 1. How do you store your substrate materials? 2. Describe the methods that you use to prepare your substrate(s) for inoculation: |
| **CROP CYCLE: 205.201(A)(6)** |
| 1. Explain the crop cycle from spawning to harvest: 2. List any log or spawn coatings used to prevent moisture loss: 3. How often are rooms emptied of mushroom substrate and cleaned? |
| **STORAGE:** 205.272 |
| 1. Describe your facilities (if any) for storing harvested crops. Please include size and capacity: 2. If both organic and non-organic crops are harvested and stored, describe methods used to prevent the risk of commingling: |

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| **STORAGE CONT.** |
| 3. Do you use any off-farm storage? Yes No  If Yes, please describe off-farm storage and methods of segregation. Please include addresses for each off- farm location and distance from the main farm. |
| Water: |
| 1. What are your sources of water?   On-Site Well River/Creek/Pond Spring Municipal Water Other (specify)   1. If you use additives in the water, please list them and attach copies of labels: NA No additives used Additive labels attached 2. If you add any chemicals to water used to soak shiitake or other logs, please list them and attach copies of labels: NA   No chemicals used Chemical labels attached   1. Describe your irrigation system: NA 2. Is there any inherent or potential risk for contamination from any of the following: NA Pesticide residues Heavy metals Nitrates Salinity Bacteria   Petroleum Other (specify) |

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| **FARM MANAGEMENT §205.201 and 205.206** |
| **The NOP requires management to build and/or maintain soil fertility and plant nutrients and protect natural resources.** |
| 1. Indicate how you monitor the effectiveness of your fertility managements program.   Soil Testing Observation of Crop Health  Crop Quality Testing  Tissue Testing  Comparison of Crop Yields  Microbiological Testing  Other (*specify*):   1. Pests: Please describe any problems with mushroom pests and your current method(s) of control: NA 2. Diseases: Please describe any problems that you have with mushroom diseases and your current method(s) of control: NA 3. Harvest: Please describe all harvest methods and list the equipment used: 4. Cleaning/Sanitation Practices: Please describe your cleaning/sanitation practices for all production sites and any equipment/surfaces that come into contact with organic products. Be sure to indicate whether the equipment/surfaces are rinsed after cleaner or sanitizer is used:   \* Include all cleaners/sanitizers on your Master Inputs List   1. Handling and Packaging: describe your methods to dry/cool, wash, and pack mushrooms. Include packing material and any post-harvest treatments: |

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| **FACILITY PEST MANAGEMENT: §205.271** |
| The producer of an organic facility must use management practices to prevent pests, as described in 205.271 |
| 1. Who is responsible for pest control in your facility?   In-House Contracted pest control service (Provide Name Below)   1. Which of the following management practices do you use for preventing pests? Remove pest habitat, food sources, and breeding areas. Prevent access to facility   Manage environmental factors to prevent pest reproduction (temperature, light, humidity, etc.) Other (specify)   1. Which of the following practices do you use to control pests in organic production and storage areas? N/A Mechanical or physical controls (traps, light, or sound)   Lures and repellents using nonsynthetic or synthetic substances consistent with the National List  \*List lures and repellents that you apply in organic production and storage areas on your Master Inputs List   1. Are the measures listed above sufficient to prevent or control pests? Yes No   \*If no, explain:   1. How do you prevent pest control materials from contacting organic products, ingredients, and packaging materials?   Remove product and packaging from areas to be treated Wash and rinse food contact surfaces after treatment Cover equipment used for food handling  Purge Equipment with nonorganic product Other (Specify):   1. Describe monitoring (including frequency) used to determine the effectiveness of your pest control: |

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| **MAINTAINANCE OF ORGANIC INTEGRITY** | | | | | | | | | | **§205.201(a)(5); §205.202(c); §205.272** | | | | | | | | | | |
| **Conventional Production** | | | | | | | | | | **§205.272** | | |  |  | **No Conventional Production** | | | | | |
|  | | | | | | | |
| 1. Do you grow the same crop both certified organic and conventional (parallel production)? | | | | | | | | | | | | | | | | | ☐ | Yes |  | No |
| 2. Are the organic crops grown on the same site as the conventional?  3. Do your conventional crops share a ventilation system with the organic crop? List conventional crops in the tables below. | | | | | | | | | |  | | |  |  |  |  |  | Yes Yes |  | No No |
| **Conventional Crop/ Variety** | **GMO** | | | **Conventional Facility#/Name** | | **Parallel Organic Crop/Variety** | | | | | **Organic Facility #/Name** | | | | | **End Use (Sale, Non-Organic**  **Livestock Feed, Etc.)** | | | | |
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| 3. List prohibited inputs used on conventional crops in the table below. (Fertility, Weed/Pest/Disease, etc.) | | | | | | | | | | | | | | | | | | | | |
| **Product Name** | | | | | **Who Applies?**  **Self (S) OR Custom (C)** | | | | **Facility#/Name Where Applied** | | | **Where is Input Storage? (On-Farm, Off-Farm;**  **Where on Farm?)** | | | | | | | | |
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| **Indicate which records you keep for conventional production:** | | | | | | |  | **None of these** | | | | | | | | | | | | |
| Maps Field Activity Input Records Labor Records Harvest Records Storage Records  Sales Records Shipping Records Other (s*pecify*): | | | | | | | | | | | | | | | | | | | | |

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| **MARKETING §205.311** | | | |  |  | **No Marketing** |
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| **A. DOMESTIC MARKETING & LABELS** |  |  | **No Domestic Marketing** | | | |
|  | | | | | |
| **\*\*\*LABELS MUST BE REVIEWED AND APPROVED PRIOR TO USE\*\*\***  **\*\*\*SUBMIT LABEL TEMPLATE FOR APPROVAL PRIOR TO MASS PRINTING\*\*\*** | | | | | | |
| 1. Type(s) of marketing used for your organic product(s) (*check all that apply*):   Farmers Market Direct to Retail CSA/Subscription Service Wholesale On-Farm Retail  Bulk Commodities to Processor Contract to Buyer Other (*specify*):   1. Products are packaged for (*check all that apply*): Retail Wholesale **No Packaged Products** 2. If you use or plan to use labels on your products, attach full color copies of all labels you use. **No Labels** 3. Do your labels include the phrase “Certified Organic by KDA” or a similar phrase directly below your business contact information? NA Yes No 4. List all other marketing materials and methods used (*i.e. websites, brochures, signs, market displays*): 5. Attach **full color copies** of all organic product labels and marketing materials.   **The use of the USDA logo is voluntary. If used, it must be according to NOP regulations and pre-approved by KDA.** | | | | | | |

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| **B. INTERNATIONAL MARKETING** | | | | | | | | | | | | | |  |  | **No International Marketing** | | | |
|  | | | | | |
| **Complete this section if you or your buyer(s) plan to export organic products to other countries and/or if you would like international equivalencies listed on your organic certificate. Attach additional sheets as needed.**  **An additional fee of $50 per TM-11 or EU Import Certificate issued is required.** | | | | | | | | | | | | | | | | | | | |
| **Please list all organic crops you wish to export in the table below:** | | | | | | | | | | | | | | | | | | | |
| **Crop** | **Destination (check all that apply)** | | | | | | | | | | | | | | | | **Field #/Name(s)** | | |
| **Canada** | | | **Europe** | | | **Taiwan** | | | **Japan** | | | **Other (list)** | | | |
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| **Critical Variances – complete sections for the destinations you checked in the table above.** | | | | | | | | | | | | | | | | | | | |
| **CANADA** | | | | | | | | | | | | | | | | | |  | **Not Applicable** |
| 1. If you use Sodium (Chilean) nitrate to grow organic crops, list crop(s)field(s) on which it is used. **None Used** 2. If you use hydroponic or aeroponic methods to grow organic crops, list crops grown with these methods. **None** 3. Do you plan to label crops to be exported? Yes No    1. If yes, do these labels meet the labeling requirements of the destination country? Yes No    2. Has KDA reviewed these labels and approved them specifically for export? Yes No   *(attach color labels for review)* | | | | | | | | | | | | | | | | | | | |

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| **RECORD KEEPING SYSTEM §205.103** |
| **The NOP Rule requires that records disclose all activities and transactions of the operation, be maintained for 5 years, and demonstrate compliance with the NOP Rule. Organic products must be tracked back to the field/location where they were produced/harvested.**  **\*\*\*PER NOP STANDARDS ALL RECORDS MUST BE AVAILABLE FOR YOUR INSPECTOR.\*\*\*** |
| 1. Do you keep, or plan to keep, all records for at least 5 years? Yes No 2. If you use a lot numbering system for organic products, describe below. **No Lot Numbering System** 3. Which of the following records do you keep for organic production?   Facility Activity Records (*substrate orders, spawn orders*, *preparation, inoculation, input application, etc*.) Input Records for Substrate amendments and Pest Control Products (*keep all labels and receipts*) Documentation of Attempts to Source Organic Spawn  Residue Analyses of Inputs (*i.e. manure sourced off-farm*)  Monitoring Records (*soil tests, tissue tests, water tests, quality tests, observations*) Equipment Cleaning Records  Harvest Records That Show Facility Numbers, Date of Harvest, and Harvest Amounts (*including custom harvest records*) Labor Records  Storage Records That Show Storage Location, Storage Identification, Facility 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  Other (Specify): Other (Specify): Other (Specify): Other (Specify):  **Please have all records available for your inspector to review.** |



MASTER INPUTS LIST

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | IN OFFICE USE ONLY | | | | | | | | |
| **FULL Product Name** | **Product Manufacturer** | **Product Use** | **First Review**  Initial Below: | | | **Inspection**  Initial Below: | | | **Final Review**  Initial Below: | | |
| ex. BioLogix SporeCon | ex. BioLogix Products Group, Inc. | ex. Crop fertilizer |  |  | Approved |  |  | In Use |  |  | Approved |
| * Restricted * Prohibited | | | * Plan to Use   + Remove | | | * Restricted * Prohibited | | |
|  |  |  |  |  | Approved |  |  | In Use |  |  | Approved |
| * Restricted * Prohibited | | | * Plan to Use   + Remove | | | * Restricted * Prohibited | | |
|  |  |  |  |  | Approved |  |  | In Use |  |  | Approved |
| * Restricted * Prohibited | | | * Plan to Use   + Remove | | | * Restricted * Prohibited | | |
|  |  |  |  |  | Approved |  |  | In Use |  |  | Approved |
| * Restricted * Prohibited | | | * Plan to Use   + Remove | | | * Restricted * Prohibited | | |
|  |  |  |  |  | Approved |  |  | In Use |  |  | Approved |
| * Restricted * Prohibited | | | * Plan to Use   + Remove | | | * Restricted * Prohibited | | |
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| * Restricted * Prohibited | | | * Plan to Use   + Remove | | | * Restricted * Prohibited | | |
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| * Restricted * Prohibited | | | * Plan to Use   + Remove | | | * Restricted * Prohibited | | |
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Operation/Business Name: Date:

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| **FARM/FACILITY MAP** |  |  | **Map Attached** | |
| ***Attach or draw in the space below a map/maps of your entire operation including all farms under your management. Each facility should be labeled with a #/name that matches your Production History and Farm Plan information.***  ***Also include square footage, buildings/facilities, conservation/biodiversity features, and storage.*** | | | | |
|  | | | | |
| **You may include either an aerial map (e.g. Google or FSA Map) or a hand drawn map with the required features clearly**  **labeled on it. You must identify the following features on your map if present on your farm. Mark, if not applicable.** | | | | |
| **Feature** | | | | **Check if**  **Applicable** |
| Each Field #/Name and Acreage  (Organic, Transitional, and Conventional) | | | |  |
| Adjoining Land Use  (Neighboring farm(s) and whether organic or conventional; Residential; Woods; Roads; etc.) | | | |  |
| Buffers  (Including width) | | | |  |
| Storage Areas  (Crops, Inputs, Equipment) | | | |  |
| Other Permanent Buildings  (Barns, Sheds, Etc.) | | | |  |
| Direction  (North, South, East, and West) | | | |  |

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| **AFFIRMATION §205.400; §205.403(a)(1-2); §205.662(g)(1-2)** | | | |
| I affirm that all statements made in this application and the attached OSP(s) are true and correct. No prohibited products have been applied to any of my organically managed fields during the three-year period prior to projected harvest. I understand that the operation may be subject to unannounced inspection and/or sampling for residues at any time as deemed appropriate to ensure compliance with the NOP Rule. I understand that acceptance of this questionnaire in no way implies granting of certification by the certifying agent. I agree to follow the organic standards as required in 7 CFR 205 and 302 KAR 40:010.  I understand that I may withdraw this application in writing at any time. I understand that I may be held liable for the costs of any services provided by the certifying agent up to the time of withdrawal. I understand that my application fee is nonrefundable. I understand that voluntary withdrawal prior to the issuance of a notice of noncompliance or certification denial that I will not be issued a notice of noncompliance or certification denial.  **NOTICE OF CONFIDENTIALITY**: This information, including any attachments, is intended only for the use of the Kentucky Organic Certification Program, certifying agents, the Kentucky Organic Advisory Board, and required reporting information as required for the Agricultural Marketing Service (AMS) Administrator, National Organic Program. This application may contain information, individual or entity that is of a confidential nature, which is legally privileged and exempt from disclosure under applicable law. Certain information, which is considered public information, may be printed or transferred for marketing and promotional use unless otherwise specified by the signatory.  The Kentucky Department of Agriculture does not discriminate based on race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, or marital or family status in employment of the provisions of services. Reasonable accommodations are provided upon request.  This OSP is accurate and complete as of this date and updated will be submitted to the KDA at least annually. Refer to the application for the full affirmation and signature page.  **Producer Signature: Date: Printed Name:**  **OSP Prepared By (*if other than producer)*: Date:**  (Print or Type Name) | | | |
| **MAILING INFORMATION** | | | |
| **Deadline: Renewal Applicants** – March 1st **New Applicants** – At least 4 months prior to the intended harvest date. | | | |
| **The following documents are attached (*if applicable*):**  Updated sections of my OSP for Producers Organic System Plan for Livestock & Poultry Organic System Plan for Handlers  Last communication with previous certifier Documentation for the previous management of fields  owned or rented for less than three years (Prior Land Use  Statements) Water tests  Soil and/or plant tissue tests |  |  | Input product labels for products that are not pre-approved by |
| KDA and/or OMRI-listed  Labels or other marketing materials for my organic products Other (specify) Other (specify) Other (specify)  **Mail Application, OSP, Fees, and supporting documents to:**  Kentucky Department of Agriculture Organic Program  111 Corporate Dr.  Frankfort, KY 40601 [organic@ky.gov](mailto:organic@ky.gov) | | |