



CHHATTISGARH CERTIFICATION SOCIETY, INDIA
For FORESTRY & AGRICULTURE

SFRTI Campus, Near Vidhan Sabha , Balloda Bazar Road, Zero Point, Raipur,CG
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YEAR-----TO-----

FORMAT- 2

ANNUAL PROCESSING PLAN

Operator's Details:-

S.N.	Required Details	To be filled by the operator/ responsible person
1	Name of the Operator	
2	Name of the responsible person	
3	Designation	
4	Contact address	
5	Email ID	
6	Telephone/ Mobile No	
7	Fax No	

CURRENT YEAR's ANNUAL PROCESSING PLAN

YEAR- From:.....To :

(A) Name of the Processor:

S. N.	Trade name of the product under organic production	Name of the ingredients	Status of ingredient (Tick whichever is applicable.)				Lot/Batch No.	Estimated Production (in MT)
			Name of the Ingredients > 95% certified organic	Name of the Ingredients between 95-70% certified organic	Name of the Ingredients < 70% certified organic	Others		
1								
2								
3								
4								
5								

***(Attach extra sheet if required)**

(B) Required Documentation:

1. Description of Physical facilities including /complete diagram of the facilities of processing Unit.- **Available/ Not Available**
2. Description of handling & Processing procedures and materials- **Available/ Not Available**
3. Process sing Flow Chart- **Available/ Not Available**
4. Description of Critical Control points of potential contamination & Commingling- **Available/ Not Available**
5. Description of each specific lot of certified products- **Available/ Not Available**
6. Description of storage and transportation facilities.- **Available/ Not Available**
7. Attach current copy of food processing license or permits- **Available/ Not Available**
8. Current inventory of certified Products and ingredients for processing- **Available/ Not Available**
9. Internal inspection and evaluation report- **Available/ Not Available**
10. Sales/shipping records of certified products- **Available/ Not Available**
11. Description of quality control programme implemented to prevent commingling and contaminations- **Available/ Not Available**
12. Description of handling and processing system cleared prior to each lot of certified organic products.- **Available/ Not Available**

(C) Details of suppliers

S.N.	Name of Suppliers	Producer/Processor/Distributors (Kindly tick which is applicable)	Supplied products

(D)Description of labeling of product

S.N.	Labeling Status	Kindly tick which is applicable and give details of ingredients.
1.	100% organic	
2.	Organic	
3.	Organic made with organic	

(E) Description of Pest Management:

(F) Select Method /Material used for Pest Management:

S.N.	Method	(Yes/No)	S.N.	Method	(Yes/No)	S.N.	Method	(Yes/No)
1.	Sanitation		5.	Boric Acid		9.	Microbial or Viral insecticides	
2.	Physical barriers		6.	Pheromone Trap		10.	Diatomaceous Earth(DE)	
3.	Insect/ Rodent traps		7.	Herbal Insecticide		11.	Others(Specify)	
4.	Sticky traps/ baits		8.	Soaps & Oils		12.		

(G) Pest Treatment Table

S.N.	Substances used	Target pest	Location where used	Method of Application	Date of last Application

(H) Details of pest control application

S.N.	Details of Pest Applicant (Name /Company)	Yes/No	Product used in pest control
1.	Designated Employer or Department.		
2.	Registered Commercial pest		
3.	Control services /Company		

(Attach the most recent invoices/contracts of commercial pest Control Company /services)

(I) Details of packaging Materials :

S.N.	Name of Packaging materials	Yes/No
1.	Exclusively for certified organic Products	
2.	New	
3.	Previously used	
4.	Contains no prohibited methods	
5.	Others (specify)	

(J) Do you process any other organic by- Products? If yes, list the type of by products?

S.N.	Name of the products	Brand name	Ingredients Details

**(K) Do you use any processing aids that are not included as ingredients ---Yes/ No
(If yes, give name & descriptions)**

(L) Details of materials used in Processing:

S.N.	Brand name	Manufacturer	Reason for use	Nature of Ingredients	
				Organic	Non Organic

(M) Details of products Manufactured:

S.N.	Product Name	% of Organic	Label to be used on Products		
			100% organic	Organic	Made with Organic

(N) Monitoring:-

- a) Ingredients tested prior Yes/No
- b) Ingredients tested after purchase Yes/No
- c) Ingredients tested upon receipt Yes/No
- d) Ingredients tested during Production Yes/No
- e) Ingredients tested after finished Yes/No

(O) Which of the following records do you keep for organic processing/handling:

S.N.	Stage	Records	Yes/No
1.	Incoming	Purchase order, Contracts, invoices, receipt, Bills, of loading/Test result/TC/ Scope certificates, Verification of GMO ingredients, verification of not using sewage sludge.	
2.	In process	Ingredients inspection Forms, blending report/ Production Report/Equipment cleanout logs, Sanitation logs, Packaging reports	
3.	Storage	Ingredients inventory report, Finished Products inventory reports	

I affirms that all statement made in this application are true and correct. I agree to comply organic certification standards. I agree to provide further information is required by the CGCERT.

Name of the Operator-----

Signature -----

Date & Place - -----