

**Organic**Farm**NZ  
MEMBERSHIP APPLICATION & PROPERTY MANAGEMENT PLAN**

**SECTION A: APPLICANT AND PROPERTY DETAILS DATE:**

**A1 THE APPLICANT(S) A2 THE PROPERTY**

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| A1.1 | Is this a new application for membership or a renewal? |  | A2.1 | Current Certification Status  Nil C0 C1 C2 or Full |  |
| A1.2 | If a renewal what is your membership number? |  | A2.2 | Expiry date of current certificate (if applicable) |  |
| A1.3 | Name(s) of applicant |  | A2.3 | Total area of property (hectares) |  |
| A1.4 | Name of Property/Business |  | A2.4 | Total area to be certified organic if it is not the entire property. |  |
| A1.5 | Property Address including RD number and postcode |  | A2.5 | What was the date of the last site audit? |  |
| A1.6 | Postal Address (if different from above) |  | A2.6 | Are you in, or want to be in, a Producer Group (Pod), or do you want to be an individual producer? |  |
| A1.7 | Phone:  Mobile:  Email:  Website: |  | A2.7 | Have you signed the Declaration on the following page? |  |

**SECTION A3**

**Applicant’s Privacy Act Authorisations and Declaration**

**Privacy Act 1993 Authorisations**

I/We authorise OrganicFarmNZ (including its regional bodies) to:

(a) Collect from, and disclose to, any person (“**person**”) information in connection with this Property Management Plan for the purpose of assessing this Plan and my/our application for membership and certification; and

(b) Disclose to any person whether or not I/we have been granted certification from OrganicFarmNZ and/or the products in which we have been granted certification.

I/We also authorise each person to provide any information about me/us to OrganicFarmNZ which OrganicFarmNZ may require in connection with assessing this Property Management Plan.

I/We understand that, under the Privacy Act 1993, I/we may have rights of access to, and correction of, personal information held by OrganicFarmNZ about me/us.

I/We hereby declare that:

(a) The information provided by me/us in this Property Management Plan:

(i) is true, accurate and complete;

(ii) is not false or misleading in any respect; and

1. represents my/our processes, inputs and outputs in the business or property which is subject to this application for certification; and

(b) I/we have disclosed to OrganicFarmNZ all information that has reasonable bearing on whether or not OrganicFarmNZ will grant me/us certification.

**By submitting this application for membership of OrganicFarmNZ and the Property Management Plan, I/we agree to accept and be bound by OrganicFarmNZ’s *Constitution* and *Compliance Procedures***.

OrganicFarmNZ reserves the right, at any time, to terminate any membership and certification given by OrganicFarmNZ if I/we:

(a) Have withheld any information from, or given false or misleading information in, or in connection with this Property Management Plan; or

(b) Fail to comply with OrganicFarmNZ’s *Constitution* and *Compliance Procedures*.

**Signed by the Applicant:**

**Date:**

**SECTION B: THE PROPERTY: LOCATION, LAND USE, HISTORY, VISION, MANAGEMENT PRACTICES**

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| **B1** | **Location Map** | **Applicant** | **Auditor** |
| B1.1 | Attach Property Location Map |  |  |
| **B2** | **Land Use Map** |  |  |
| B2.1 | Attach Land Use Map |  |  |

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| **B3 History (prior to applying for certification)** | | **Applicant** | **Auditor** |
| B3.1 | How long have you owned/managed this property? |  |  |
| B3.2 | Describe any past land use and management of the property that you know of, especially in the five years before you took over: |  |  |
| B3.3 | Do any of the use or management practices mentioned in B3.2 potentially affect the property’s potential for organic certification? |  |  |
| B3.4 | Have prohibited or restricted inputs been used on the property in the three years prior to applying for certification?  If ‘yes’ or unsure of the status of an input, list the products and years of use. |  |  |
| B3.5 | When did you begin conversion towards ‘organic’ management of this property? |  |  |
| B3.6 | Have you previously held organic certification?  If ‘yes’ with whom, what years and what level of certification acquired? |  |  |
| B3.7 | Have you been declined an application for certification or has your certification cancelled? |  |  |

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| **B4 Personnel; Long Term Aims** | | **Applicant** | **Auditor** |
| B4.1 | Name the person(s) responsible for the day-to-daymanagementof the property: |  |  |
| B4.2 | What **sources** do you use for information, advice, and education on organics/natural farming practices? |  |  |
| B4.3 | What methods do you employ to ensure workers (temporary and permanent) do not compromise the organic integrity of the property? |  |  |
| B4.4 | What are your long-term goalsfor the organic management of the property? |  |  |
| B4.5 | Do you have **access**to and have you read the current Organic Standards? Do you need **clarification** of the Standards in any way in regard to your property or management? |  |  |
| B4.6 | Do you understand the **certification process** in the Organic Standards and the OrganicFarmNZ Operational Guidelines? |  |  |
| B4.7 | Are there other income generating or hobby activities carried out on the property by yourself or other persons that might influence your organic production? |  |  |

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| **B5 Land Management Issues** | | **Applicant** | **Auditor** |
| B5.1.1 | Are there any **sources of** possible contamination of your property eg from neighbours or road? |  |  |
| B5.1.2 | Describe what you have done to reduce possible contamination of your property from activities carried out on neighbouring properties/adjoining public land? |  |  |
| B5.1.3 | Describe the water catchment of the property as it relates to water flowing through the property from neighbouring land. |  |  |
| B5.1.4 | Name all sources of water used on the property for irrigation, livestock, washing crops and machinery. |  |  |
| B5.1.5 | Have you had any water tests conducted on any of the water sources listed in above, and if so, provide particulars?  Does the water used in food washing comply with the NZ Drinking Water Standard i.e.is it of potable quality? |  |  |
| B5.1.6 | Describe any possibleeffectsthe source of any water might have on the quality of the water used on the property. |  |  |
| B5.1.7 | Describe how water is used on your property. |  |  |
| B5.1.8 | Describe any erosion or other soil problems you may have on the property and how you are managing them. |  |  |
| B5.1.9 | List any persistent weeds, pests or diseases (plant and animal) that affect your property and outline how you manage these. |  |  |
| B5.1.10 | Outline any compulsory Government or Regional Council pest or weed control measures on your property |  |  |
| B5.1.11 | Describe any wild or natural areason your property, how these are protected and/or enhanced, and how they contribute to the overall biodiversity of your operation. |  |  |
| B5.1.12 | Are there any on your property? important cultural, archaeological or wāhi tapu sites  If ‘Yes’, what are they and how are they maintained and/or protected? |  |  |

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| **B5.2 Land Management Practices** | | **Applicant** | **Auditor** |
| B5.2.1 | Describe the methods you use to develop and maintain**soil** structure. |  |  |
| B5.2.2 | Describe the methods you use to build soilfertility. |  |  |
| B5.2.3 | Has your soil been tested for heavy metal, DDT, DDE or other pesticide residues**?** *Attach test result to this application.*  Did any of the results exceed the residue limits in Appendix A of the BioGro Standard? |  |  |
| B5.2.4 | Describe the methods you use to develop and maintain pasturehealth and diversity. |  |  |
| B5.2.5 | Describe the methods you use to develop and maintain a healthy orchard or crop growing environment. |  |  |
| B5.2.6 | Describe how you are ensuringadequate biodiversity within production areas and on the property generally. |  |  |
| B5.2.7 | Have you created a defined quarantine area on your property? |  |  |
| B5.2.8 | List all machineryused on the property and indicate whether it is dedicated 100% to organic use on the property. |  |  |
| B5.2.9 | Describe machinery clean-down and reporting procedures for all non-dedicated machinery and contractors’ machinery used on the property. |  |  |

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| **B5.3 Land Management Activities** | | **Applicant** | **Auditor** |
| B5.3.1 | Give details of your main crop rotations. |  |  |
| B5.3.2 | Give brief details of your rotation and other grazing practices for all livestock types. |  |  |
| B5.3.3 | Describe how you ensure your livestock receive an appropriate and balanced diet**.** Include details of supplementary feeds. |  |  |
| B5.3.4 | List any **crops** or products packed on-farm  If ‘Yes’, describe the types of packaging used  If reusable packaging is used, how is it cleaned? |  |  |

**SECTION C: THE CURRENT YEAR (‘this year’) – [date] to [date]**

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| **C1.1** | **Changes to Sections B** | **Applicant** | **Auditor** |
|  | List (if any) changes you have made this year to the information provided in Section B of this Property Management Plan? |  |  |
| C1.1.1 | Have there been any changes to the farm map e.g. areas developed, orchard planted? |  |  |
| C1.1.2 | Has any new machinery been bought? |  |  |

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| **C1.2** | **CARS from last year** |

List (if any) **corrective actions** required as a result of last year’s certification round?

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| **CAR #** | **Corrective Action confirmed/to be taken** | **By When?** |
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|  | **ACHIEVEMENT OF CARS** | **Applicant** | **Auditor** |
|  | Provide details of corrective actions achieved; and  Provide details of corrective actions not yet achieved, and reasons. |  |  |

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| **C1.3** | **Short-term goals** | **Applicant** | **Auditor** |
|  | Provide a brief account of the short term goals achieved for the property for this year, including reference to the long term goals mentioned in B4.4 above and to the short term goals mentioned in your last Property Management Plan. |  |  |

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| **C2 Personnel** | | **Applicant** | **Auditor** |
| C2.1 | If there is more than one property manager listed in Section B4.1, who will be present at the audit? |  |  |
| C2.2 | The Applicant confirms that personnel are trained and kept up-to-date withcurrent Organic Standards. |  |  |
| C2.3 | Provide particulars of any consultants or other advisers to help with the organic management of your property this year? |  |  |
| C2.4 | Provide particulars of any **contractors** used on your property this year? *Provide Contractor Declarations.* |  |  |

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| **C3 Property Management** | | **Applicant** | **Auditor** |
| C3.1 | Comment on the effectiveness of any buffer zones (hedging) this year eg spray drift/contamination. |  |  |
| C3.2 | Are all off-farm inputs recorded on the *Records Spreadsheet* (including seeds, sprays etc.)?  *A Records Spreadsheet must be provided with the application.* |  |  |
| C3.3 | Have any prohibited or restricted inputs been used in the past year? |  |  |
| C3.4 | Give particulars of any prohibited inputs stored on the property this year – *Provide Records Spreadsheet.* |  |  |
| C3.5 | Have any non-certified inputs been used in the past year? Provide *Supplier Declarations* |  |  |
| C3.6 | List any instances where machinery clean-down procedureshave not been used this year. |  |  |
| C3.7 | List any issues arising from waterdischarge from clean-downandcrop washing on the property this year. |  |  |
| C3.8 | List any issues with soil erosion, compaction or pugging this year, or flooding or drought. |  |  |
| C3.9 | What has been done this year to preserve or enhance biodiversity on the property? |  |  |

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| **C4** | **Produce/livestock:** |  |  |  |
| **C4.1** | List all produce and/or livestock being produced on the property this coming year. | **Certified produce/livestock for sale** | **Uncertified produce/livestock for sale** | **Other produce/livestock not for sale** |
| **C4.2** | **List the produce/livestock you want to appear on the Organic Certificate issued by OrganicFarmNZ** |  | | |

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| **C5 PRACTICES** | | **Applicant** | **Auditor** |
| C5.1 | What was the date of the last **soil** fertility (including organic matter) and/or leaf test? |  |  |
| C5.2 | Attach test results if conducted this year and compare with previous test results. |  |  |
| C5.3 | Describe any management practices used this year (in addition to those described in B5.2.1) to improve soil health and productivity. |  |  |
| C5.4 | Comment on any compost made this year- provide records if hot composting. |  |  |
| C5.5 | List any green crops, cover crops and areas fallowed this year. |  |  |
| C5.6 | List nutrient or pest/disease problems experienced this year and describe treatments or management practices (eg sprays orother applications) used this year. These to be recorded on the *Records Spreadsheet (Sprays)* |  |  |
| C5.7 | Provide details of the seeds used this year – record *on Records Spreadsheet* with verification of certification or declaration of uncertified status. |  |  |

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| **C6 Livestock on Property this year** | | **Applicant** | **Auditor** |
| C6.1 | List particulars of all livestock on the property this year – any new livestock brought in? |  |  |
| C6.2 | Provide details of livestock quarantined on the property this year. |  |  |
| C6.3 | For any livestock feed not-certified, provide *Supplier Declarations*. |  |  |

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| **C7 Other information** | | **Applicant** | **Auditor** |
| C7.1 | Is there any additional information that you think is relevant to this Property Management Plan? |  |  |
| C7.2 | Production/Sales Records – these to be available for the auditor if requested. |  |  |

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| **C8 Forward Planning** | | **Applicant** | **Auditor** |
|  | Is a *Restricted Inputs Application Form* attached for the possible use of restricted inputs in the next 12 months? |  |  |

**Certification Manager Checklist**

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| Current Certification Status: Nil C0 C1 C2 FULL  Type of last audit: Site Visit Paper Audit  Date of last site audit: |
| Management Plan: |
| Peer Review Checklist: |
| Peer Review CARs: |
| Additional information attached (if applicable): |
| CARs raised by Certification Manager: |

**Audit –Site Visit**

**Date of Audit:**

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| **Corrective Actions Recommended** | | | | |
| **Clause #** | **CAR #** | **Corrective Action** | | **By When?** |
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| **What level of certification is the auditor recommending?** | | | Nil C0 C1 C2 Full | |
| **Recommendations & Comments** | | | | |

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| Auditor |  | Signature |  |

**Certification Committee Decision**

**Date of Certification Committee Meeting/Decision:**

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| **Corrective Actions Required** | | | | |
| **Clause #** | **CAR #** | **Corrective Action** | | **By When?** |
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| **What level of certification decided?** | | | Nil C0 C1 C2 Full | |
| **Recommendations & Comments** | | | | |

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| **Certification Committee Members:** |  | **Signed by the Certification Manager:** |  |