|  |  |
| --- | --- |
|  **Organic**Farm**NZ****Property Management Plan – Processors** | Cert logo |

**Notes:**

* This PMP is for food processing operations including preserves, bread making, milk and dairy products, beer brewing, oil and nut pressing, and meat processing.
* All processing must comply with the BioGro Processing Standard (Module 13)
* All details must be completed in full before your application will be processed.
* If more than one property is being put forward for certification, please complete a separate Property Management Plan for each location.
* If you have a mixed enterprise (production & processing), attach a Property Management Plan also.
* For your audit, please retain a file of product certification information, declarations, affidavits, etc.

**THIS APPLICATION IS TO:**

|  |  |
| --- | --- |
| Register for OFNZ certification / Renew my OFNZ certification |  |

**1. APPLICANT DETAILS**

Name(s):

OFNZ producer number (if known):

Name of property/business:

Postal address:

Property Address (incl. St/RD #):

Phone (day): Phone (evening): Mobile: Email address:

Website address:

**1.1. CERTIFICATION DETAILS**

OFNZ Regional Body:

Current certification status of the processing facility: NIL / FULL

Current certification status of the products: C0/ C1/ C2/ Full

Date current certification expires:

Have you had a property audit by an Auditor? YES / NO If so, date of last audit:

Please give a general description of your business/enterprise:

**2. MAPS**

**2.1 Land use map**

Include: North point arrow and all land use activities including location of processing facility and associated

buildings, etc.

* 1. **Physical location map**

Please include a map of how to get to your property.

**2.3 Floor Plan**

Provide a floor plan of the food processing facility drawn to scale showing all equipment including areas for storage of raw materials and finished products, cleaning and packing areas.

**3. HISTORY AND CURRENT DEVELOPMENT**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Applicant** | **Pod Review** | **Auditor** |
| **3.1 Certification**Have you previously been certified organic? If so, by whom, when and what was your status? |  |  |  |
| **3.2 Organic Advice**Provide particulars of any consultantsor other advisers to help with the organic management of your processing.  |  |  |  |
| **3.3 Activities**Are there any other income generating or hobby activities carried out on the property by yourself or other persons – including buildings that are leased out? |   |  |  |

**4. MANAGEMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| **4.1 Management**Name the person/s who is/are responsible for daily management of your property.*Note: At least one of the persons from this box must be present at the Audit.* |  |  |  |
| **4.2 Workers**List all the people working in your premises (full-time, part-time, volunteers, family members) and their responsibilities. |  |  |  |
| **4.3 Training**Describe past and present training and learning programmes in organics for (a) yourself and (b) Persons working on your property*This may include training facilitated or conducted by yourself and include the basics to ensure organic integrity of property is not compromised.* |  |  |  |
| **4.4 Legal Requirements**List the licences and regulations that are required for the activity and state their expiry date, including Food Act Registration. |  |  |  |
| **4.5 Production Authentication**Are production/sales records available for inspection? |  |  |  |

**5. PREMISES/FACILITY MANAGEMENT**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Applicant** | **Pod Review** | **Auditor** |
| **5.1 Water** Is water used as an ingredient, additive or for cleaning?What is the source of the water?Has the quality of the water been tested? If so attach results.Does the water quality meet the NZ Potable Water Standard?  |  |  |  |
| **5.2 Energy Saving**Describe any energy saving systems you have on the property and the extent to which they contribute to the overall energy use on the property. |  |  |  |
| **5.3 Waste Disposal**Describe the method by which you dispose of solid waste.Describe the method by which you dispose of liquid waste. |  |  |  |
| **5.4 Recycling**Explain how you implement a recycling programme for waste or surplus materials. |  |  |  |
| **5.5. Cleaning/Sanitising**Do your cleaning/sanitising products conform to the BioGro Standards?Have cleaning products been included on the Records Spreadsheet? |  |  |  |
| **5.6 Parallel Production**Is there any parallel production where both certified and non-certified products are being produced?If so, what procedures are being used to ensure that certified products (including ingredients), cannot be commingled with non-certified products. If there is parallel production can the organic production be authenticated by a mass balance. Also, what clean down procedures are used to ensure that certified products cannot be contaminated?  |  |  |  |
| **5.7 Pests**Identify any pests in your premises for which you apply treatments.Provide records of inspection and treatments  |  |  |  |

**6. PACKAGING/LABELLING**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Applicant** | **Pod Review** | **Auditor** |
| **6.1 Packaging**Are products packed on-premises?Describe the type/s of packaging used?Eg. New, used, cardboard, plastic (and type) glass etc. |  |  |  |
| **6.2. Reusing**If reuseable packaging is used, how is it cleaned?  |  |  |  |
| **6.3 Labelling**Does the labelling comply with the Australia New Zealand Food Standards Code?Are there products being produced that contain less than 95% certified ingredients? If so, do they comply with the BioGro Standard? |  |  |  |
| **6.4 Labelling Process**Has the use of the OFNZ logo been approved?  |  |  |  |
| **7. INGREDIENTS** |  |  |  |
| **7.1 Declarations**Have all ingredients, organic declarations, etc been recorded on the Records Spreadsheet and available for inspection? |  |  |  |
| **7.2 Specifications & Recipes**Are all product specifications, recipes and formulations available for inspection?  |  |  |  |
| **7.3 Imported Ingredients**For any imported ingredients are there copies of the original organic certifications and records of any required treatments? |  |  |  |
| **7.4 Standards Compliance**Do all aspects of the production process comply with the BioGro Processing Standard (Module 13)? |  |  |  |

**8 PRODUCT DESCRIPTIONS**

List the products you sell in the table below. If applicable, provide a list of ingredients, their organic status

and whether the ingredient makes up more or less than 5% of the product. (Copy table if necessary)

If any ingredients are from a non-certified source, please ensure you have a current Supplier Declaration.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Product** | **Ingredient** | **Supplier** | **Certification statusNil, C1, C2, Full** | **Proportion of the product (%)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| Additional information that you think is relevant to this management plan |

|  |  |  |  |
| --- | --- | --- | --- |
| **9** | **Products**  |  |  |
|  | **List the products you want to appear on your Certificate that meet the requirements to be certified** |  |

|  |  |
| --- | --- |
| **10** | **Corrective Actions from last year** |

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

|  |  |  |
| --- | --- | --- |
| **CAR #** | **Corrective Action confirmed/to be taken** | **By When?** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **ACHIEVEMENT OF CARS** | **Applicant** | **Pod Review** | **Auditor** |
| Provide details of **corrective actions achieved**; and Provide details of **corrective actions not yet achieved**, and reasons. |  |  |  |

**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 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.

**Declaration**

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
2. 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 Property Management Plan, I/we agree to accept and be bound by OrganicFarmNZ’s Production Rules and Standards (as may be amended from time to time).

OrganicFarmNZ reserves the right, at any time, to terminate any 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 Production Rules and Standards.

Name:

Signature:

Date:

**Pod Peer Review**

**Date of Pod Review:**

|  |  |  |
| --- | --- | --- |
|  | **Corrective Actions Recommended** |  |
| **Clause #** | **CAR #** | **By When?** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| What level of certification is recommended for the facility?What level of certification is recommended for the products? |
| Recommendations & Comments |

|  |  |
| --- | --- |
| Pod Leader |  |
| Pod Reviewer |  |
| Pod Members  |  |
| Pod Members present at review |  |

**Signed by the Pod Members present:**

**Certification Manager Checklist**

**To be completed following the Peer Review**

|  |
| --- |
| Current Certification Status of facility Nil FullCurrent Certification Status of products: Nil C0 C1 C2 FullType of last audit: Site Visit Paper AuditDate of last site audit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Management Plan: |
| Peer Review Checklist: |
| Peer Review CARs: |
| Additional information attached, following Peer Review: |
| CARs raised by Certification Manager: |
| Flags & Questions for the Auditor: |

**Date of Audit - Paper or Site Visit**

|  |  |
| --- | --- |
|  | **Corrective Actions Recommended** |
| **Clause #** | **CAR #** | **Corrective Action**  | **By When?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **What level of certification is recommended for the facility?** **What level of certification is recommended for the products?** | Nil FullC0 C1 C2 C3 Full |
| **Recommendations & Comments**  |

|  |  |  |  |
| --- | --- | --- | --- |
| Auditor |  | Signature & Date |  |

**Certification Committee Decision**

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

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

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