

Please fill out this questionnaire if you are requesting organic process/handling certification or re-certification or the production of animal feed. Attach Organic Product Profile sheets for all products requested for certification and a current schematic product flow chart, facility map, pest management map, water test, and appropriate MSDS if required. Use additional sheets if necessary.

Please fill in all information into the white spaces. The grey spaces will be used by the assessors during the assessment.

SECTION 1: General Information

				C / NC	ASSESSOR'S COMMENT
Applicant/Company Name			Organic Certification Number		
Owner	Manager		Primary contact person		
Address		Nearest town	Province / Postal code	Country	
Phone		Fax	E-mail		
Year company began	Number of employees		Name of person overseeing organic production		
Do you understand current organic standards? <input type="checkbox"/> yes <input type="checkbox"/> no				Year first certified	
Do you have an employee training program for organic product permits/ processing/ handling? <input type="checkbox"/> yes <input type="checkbox"/> no			Government permits / inspections		
If you have been previously certified please give:					
Expiry date		Standard		Certifier	
Have you ever been denied certification? <input type="checkbox"/> yes <input type="checkbox"/> no		If yes, describe the circumstances:			
<p>Attach an Organic Product Profile for each individual product requested for certification, noting the source of each ingredient. Please send an organic certificate to us for each certified ingredient.</p> <p>Attach a schematic product flow chart which shows where and how the product are received, stored, processed, packaged, and warehoused, identifying all pieces of equipment, storage areas and where ingredients are added or processing aids used.</p> <p>For which products do you request certification?</p>					
Product		Estimate Amount, indicate units		% organic ingredients in final product	



Application for NOA PGS Assessment: Processor

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Issue date

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Namibian Organic Association Participatory Guarantee System Tel: + 264 61 248345 Fax + 264 61 248344
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Type of processing/handling		<input type="checkbox"/> Packhouse for own production only <input type="checkbox"/> Packhouse with organic suppliers <input type="checkbox"/> Food processing			
List any suppliers you have either in this list or submit your own.				<input type="checkbox"/> No suppliers	
SUPPLIER	ADDRESS	PHONE NO.	CERTIFIED BY		
Estimated annual total production:				_____ % organic _____ % conventional	
Please list all products processed in your facility					
<input type="checkbox"/> no processing of non-certified products					
Raw Material	Finished Product	Paralell Production		% organic production	
		Yes	No		

SECTION 2: Material Inputs

<i>Organic standards require that all primary ingredients be certified organic unless they are not available. Salt and water are not considered ingredients. Non-organic ingredients and processing aids must be listed as Approved on the Materials List. You also need to show efforts to obtain certified organic ingredients whenever possible. No genetically engineered or irradiated ingredients or processing aids are allowed.</i>					C / NC	ASSESSOR'S COMMENT
A. PLEASE STATE RECIPES OF ALL PRODUCTS (Or attach recipes to application form) Please ensure all non-agricultural ingredients as well as processing aids are included) <input type="checkbox"/> N/A Only Mono Products						
Ingredient	%	SUPPLIER	ORG.	CONV.		
1. PRODUCT :						
2. PRODUCT :						
3. PRODUCT :						

<p>B. WATER: <i>Organic standards require that water meets potable water standards. For products that use culinary steam, boiler additives may not contaminate the organic products.</i></p>		
<p>PLEASE DESCRIBE WHERE WATER IS USED IN YOUR FACILITY (E.g.: cooking, ingredient, processing aid, cleaning, cooling):</p>		
<p>Water Test Attached <input type="checkbox"/>yes <input type="checkbox"/>no List any known water contaminants: _____</p>		

SECTION 3: Production System

<p><i>Organic standards require attachment of a complete written description or schematic product flow chart which shows the movement of all organic products, from incoming/receiving through production to outgoing/shipping. All equipment and storage areas must be identified.</i></p>	C / NC	ASSESSOR'S COMMENT			
<p>Please attach a product flow for all products/product groups requested for certification. Please include organic control points (critical points where contamination would be possible and how they are controlled) in flow chart.</p>					
<p>A. EQUIPMENT LIST ALL EQUIPMENT USED IN PROCESSING:</p>					
<p>NAME</p>	<p>CAPACITY</p>	<p>IS IT CLEANED PRIOR TO ORGANIC PRODUCTION RUNS? YES (Y) NO (N)</p>	<p>IS CLEANING DOCUMENTED YES (Y) NO (N)</p>		

<p>*If equipment is purged, list and describe purge procedures, quantities purged, and documentation:</p> <hr/> <hr/> <hr/> <hr/>		
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SECTION 4: Audit Control System

<p><i>Organic standards require that audit control records track finished organic products back to all ingredients. Ingredients must be verified as certified organic. Amounts of organic finished products must balance with certified organic ingredients purchased. All relevant documents must identify products as "organic."</i></p>								C / NC	ASSESSOR'S COMMENT
<p>Imagine that pesticide residues are found in a lot, which you sold. To which point can you trace back the origin of that lot, and how can you find out about the origin of the residues? Please state all records you would use during the process.</p>									
<p>Please provide a balance of your organic production</p>									
Product	Opening balance	Total raw material purchased	Conversion factor	Finished Product	Sold Organic	Sold Conventional	Closing Balance (in stock now)		

<p>Describe your lot numbering system: _____ _____</p>		
<p>Can your record keeping system track the finished product back to all ingredients? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Can your record keeping system balance organic product in and organic product out? <input type="checkbox"/> yes <input type="checkbox"/> no</p>		

SECTION 5: Quality Assurance

<p>Do you have a QA program in place? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Are any outside quality assessment services used (e.g., SABS)? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>If yes, name of company or authority: _____</p>		
<p>Do you do any Product testing? Please describe</p> 		
<p>Are ingredient samples retained? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, how long? _____</p>		
<p>Are finished product samples retained? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, how long? _____</p>		
<p>Do you have a product recall system in place? <input type="checkbox"/> yes <input type="checkbox"/> no</p>		

SECTION 7: Sanitation

<p><i>Organic standards require that good sanitation practices are used throughout the facility and that residues from cleaning materials do not contaminate organic products.</i></p>					C / NC	ASSESSOR'S COMMENT
<p>Provide information on your cleaning program and products used:</p>						
AREA	EQUIPMENT USED	PRODUCTS USED	FREQ	DOCUMENTATION		

<p>Are all surfaces which contact organic products food grade? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Do you test food contact surfaces or rinsate for cleanser/sanitizer residues? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Where are cleaning/sanitizing materials stored? _____ _____ _____</p> <p><i>Attach MSDS and/or label information for cleansers and sanitizers, if applicable.</i></p>		
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SECTION 8: Pest Management

	C / NC	ASSESSOR'S COMMENT
<p>A: GENERAL INFORMATION:</p> <p>What type of pest management system do you use? <input type="checkbox"/> in-house: name of responsible person _____ <input type="checkbox"/> contract pest control service (name, address, phone no.) _____ <input type="checkbox"/> No pest problem</p>		

<p>B: PLEASE DESCRIBE YOUR PEST PREVENTION MEASURES:</p> 		
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C. PESTICIDE USE INFORMATION FOR THE LAST 12 MONTHS:						
PRODUCT	TARGET PEST	LOCATION WHERE USED	METHOD OF APPLICATION	DATE OF LAST APPLICATION		

<p>Can any pest control products come into contact with any organic ingredients, finished organic products, or packaging materials? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, describe your protocols to prevent contamination: _____ _____</p> <p>If pesticides are used, where are they stored? _____</p> <p>Is your structural pest management system effective? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p><i>Attach facility map showing location of traps and monitors. Attach MSDS and/or label information, if applicable.</i></p>		
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SECTION 9: Packaging and Labelling

<i>Organic standards require that packaging materials are free of prohibited substances and must not contaminate the organic product. Organic product labels must meet certification agency and government labelling requirements.</i>					C / NC	ASSESSOR'S COMMENT
A. PACKAGING:						
PLEASE LIST PACKAGING MATERIAL USED						
MATERIAL	FOODGRADE		RECYCABLE			
	YES	NO	YES	NO		
DO YOU HAVE A DEPOSIT RETURN SYSTEM IN PLACE? <input type="checkbox"/> YES <input type="checkbox"/> NO						
B. LABELING:						
Please Attach all (draft) labels for organic products						
Do you plan to use the certification agency seal on the label? <input type="checkbox"/> yes <input type="checkbox"/> no						

SECTION 10: Storage

<i>Organic standards require that no co-mingling or contamination of organic products occur during storage. All storage sites must be properly documented and organic products clearly identified in storage. Off-site storage areas may need to be inspected and certified.</i>					C / NC	ASSESSOR'S COMMENT
STORAGE INFORMATION:						
TYPE	LOCATION	CAPACITY	DEDICATED ORGANIC? YES (Y) NO (N)			
* If there is off-site storage, give name, address, phone number and contact person: _____						

SECTION 11: Transportation of Organic Products

<i>Organic standards require that the integrity of organic products be preserved during transport.</i>					C / NC	ASSESSOR'S COMMENT
PRODUCT PACAGING	TYPE OF TRANSPORT	RESPONSIBLE PERSON	CLEANING MEASURES	SEPARATION FORM NON-ORGANIC		
Incoming Products:						
In Process:						
Outgoing Products:						

SECTION 12: Waste Management

	C / NC	ASSESSOR'S COMMENT
<p>Will any waste products from certified organic ingredients be sold as certified organic? <input type="checkbox"/> yes <input type="checkbox"/> no <i>If yes, please ensure it is included above.</i></p>		
<p>Please describe how you handle organic waste</p>		
<p>Please describe how you handle non-organic waste</p>		
<p>Please describe how you handle hazardous waste</p>		

SECTION 13: Assessment Services

Rate services provided by this NOA Assessment Team: excellent satisfactory needs improvement

Please comment _____

SECTION 14: Affirmation

I affirm that all statements made in this application are true and correct. I agree to follow NOA's Organic Standards. I understand that the facility may be subject to unannounced inspection and/or organic products may be sampled for residues at any time. I will provide right of access at any time to all appropriate facilities including those dealing with non-organic products. I will provide documentation and/or additional information that is requested.

Signature of Owner/Manager _____
Date _____

I have attached the following additional documents:

- Recipes
- Product flow chart
- Facility map
- Pest management map of traps and monitors
- Water test
- Appropriate MSDS, if applicable (Material Safety Data Sheet)
- Organic product labels
- Detailed description of your programme to maintain organic integrity during the processing system