



**Tamil Nadu Organic Certification Department
(TNOCD)**

**FORM IE
(WILD COLLECTION SUPPLEMENT)**

Section I: Details of collection

Sl. No.	Products	Collection site	Area	No. of Collectors	Season of collection	Quantity collected

Section II. Processing of wild collected produce

Sl. No.	Products	Type of processing	Name and address of the firm	Processing aids	Quantity processed	Method of preparation
On site processing						



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Section II. Processing of wild collected produce

Sl. No.	Product	Type of processing	Name and address of the site	Processing aids	Quantity processed	Method of preparation
Off- site processing						



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Section III. Map of the Collecting Area

Section IV: Management details

4.1. How do you manage the wild collection area?

Replanting Pruning Burning Others

Section V: Storage / Packaging/ Transport details/Marketing

5.1. Where is the storage unit located?

5.2. How do you clean your storage unit?

5.3 How do you store the wild harvested produce?

Wooden boxes Cardboard boxes Gunny bags Others

5.4. What kind of packaging materials do you use?

5.5 How do you transport your produce?

5.6. How do you market your products?



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Direct Sales

Retailer

Whole sale

Section VI: Documents to be sent to TNOCD with the application form

Map

Official permission from forest officials

Declaration

Declaration:

I declare that:

I do hereby affirm that all information supplied to TNOCD is true and accurate. I affirm my commitment and responsibility to know the respective Organic Standards requested for certification.

If the organic rules are violated, I agree to be sanctioned according to the TNOCD Scale of Sanctions.

If major changes in the wild collection activities occur, I will inform TNOCD immediately. I agree not to release any products resulting from these changes until the certification body has notified me accordingly.

I agree to keep a record of complaints about my organic activities, take appropriate action with respect to such complaints and document the action taken.

Signature of the operator:

Place and Date:

.....
.....

For Office Use Only

Date Of Receipt:

Fee Remittance Details

Date Of Verification:

Amount:

Person Verified:

Bill No. & Date

Inspection On:

Registration Number Allotted: TNO (W).....07-08

OCI ALLOTTED:

Quality Manager, TNOCD,
Coimbatore-641 013



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**FORM –I F
(INPUT APPROVAL SUPPLEMENT)**

SECTION I

COMPANY DETAILS (Attach additional sheets wherever required)

1.1. Brief description about the company:

1.2. No. of production units for input manufacturing:

1.3. Location of these production units:

1.4. Annual turnover of the company

Section II:

Information on inputs

**2.1. List the Products for approval and indicate where and when it is used?
Have you registered your products under government regulation?**

Yes:

No:

If yes, please provide the registration number:

Sl. No.	Technical Name	Product Name	Annual Production	Annual Sales	Registration Number

2.2. Do you have any subcontracted services: Yes: No:
If yes, please list all companies (along with contact details)

Sl. No.	Subcontractor	Subcontracted services



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2.3. Give Process flow Chart for Individual Inputs?

Do you have ISO Certificate for your Company? Yes: No:

If Yes , Give Details.

Section III

Raw Material Management

3.0 Where do you get your raw materials?

3.1. How do you control the contamination of the raw materials during purchase?

Section: 4

Storage

4.1. Please list all storage facilities for raw material and finished products:

Location name & address	Type of storage	Materials stored	Responsible person

4.2. Method of cleaning the storage facilities:

4.3. Methods used for cleaning and sterilizing the processing unit:

4.4. How do you control pest problems in the processing unit or storage



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room?

Section: 5.
Record Keeping

5.1. Do you have continuous record keeping? Yes: No:

5.2. In what way the purchase of goods is documented?

5.3. In what way the goods sold are documented(outward movement)

5.4. How do you achieve tractability of each lot processed?

Enclose copy of following documents along with the application

- 1.Complete list of ingredients(including source)**
- 2.Complete list of processes**
- 3. Government registration documents**
- 4.Chemical analysis report**
- 5.Contract with subcontractor**

During the inspection I will present following documents to TNOCD staff:

- 1.Site maps**
- 2.Flow chart for processing**
- 3.Receipt/invoice of all ingredients**
- 4.Receipt of all sold products**
- 5.Sample of all packaging materials**
- 6.Import certificates for the imported products**

Iresponsible person of the company declares that

- The information given in this application form is true, changes or deviations from the given information will be immediately communicated to TNOCD.**
- I affirm that commitment and responsibility to know the NPOP Standards.**

**Place:
Date:**

Signature of Responsible Person

.....
.....

For Office Use Only

Date Of Receipt:

Fee Remittance Details

Date Of Verification:

Amount:

Person Verified:

Bill No. & Date

Inspection On:

Registration Number Allotted: TNO (I).....07-08

OCI ALLOTTED:

Quality Manager, TNOCD,



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Coimbatore-641 013

FORM- I G
Application Form For Registration Of Grower Group Certification

REGISTRATION NO: TNO (G).....

1. Name and Address of Group / Unit / Society

2. Name of contact Persons & Ph:/fax No.

3. Brief information about the group

Name of the location	Number of members	Total area of the group	Total area of the members of the group having >10 acres	Source of water	No.of farm animals	Remarks

3.1. Total number of farmers under the ICS:

Total area under the ICS:

No. of farmers with organic area more than 10 acres:

No. of internal inspectors:

3.2. Have you applied for organic Yes No
certification earlier?

If yes, furnish the details along with the application form

2. Name of the Certification agency:

3. Year in which certification was applied for:

4. Result of certification (please enclose copy of the certificate and farmers list).



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5. Please enclose details on non compliances found, if any.
Please enclose details on the corrective actions taken by you to correct non compliances with evidence.

3.3. Do you allow subcontract for activities like processing, storage, transport etc. Yes No
(If yes, please give details with contact information. Use additional sheets if needed)

4.1. Route map of organic production area with distance from ICS Office. (Attach Separately).

4.2. Distance Of your ICS Office from

Coimbatore: Madurai

Trichirappalli Vellore

5. Field map of organic area with surrounding information / activities

6. Information about Agriculture

Crop season



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Note: If needed a separate list may be enclosed.

Farmer Code/ Sl.No.	Name of Farmer	Name Of Father/ Husband	Total Area (In acres.)	Details of area and animals			
				Name of the crops grown and area(in acres)		Animal husbandary in nos	
				Organic	In conversion	Organic	In conversion

7. Give details of contamination risk, if noticed.

8. Please send the following documents for verification along with the application

- **Legal documents of ICS (e.g, registration of ICS)**
- **ICS Manual**
- **Organizational structure of the ICS**



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Declaration of the responsible person of ICS:

**I.....responsible person for the group.....
declares**

that –

- **The information given in this application form is true and accurate and affirms the commitment and responsibility to know the respective organic standards.**
- **If major changes/deviations in the given information occur, it will be communicated to TNOCD immediately. I agree not to release any products resulting from these changes until the certification body has notified our group accordingly.**
- **If the organic production and/or processing and trade regulations are violated, I agree to be sanctioned according to the TNOCD Sanction procedures.**
- **I agree to keep a record of complaints about group activities, take appropriate action with respect to such complaints and document the action taken.**

**Place
Date**

**Signature:
Name & Designation:**

.....

For Office Use Only

Date Of Receipt:

Fee Remittance Details

Date Of Verification:

Amount:

Person Verified:

Bill No. & Date

Inspection On:

Registration Number Allotted: TNO (G).....07-08

OCI ALLOTTED:

Quality Manager, TNOCD,
Coimbatore-641 013



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2.3. Are you aware of any GMO in the feed? Yes No

**2.4. Do you feed the animals according to some predetermined rations?
Yes No**

2.5. Do you use feed supplements? Yes No

If yes list them

**Minerals Vitamins Salt Protein concentrates Amino acids
Probiotics Others**

**2.6. Are you aware of any synthetic ingredients/additives used in the feed
ration? Yes No**

If yes give the list

2.7. Where is the feed stored? Separate facility With other materials

2.8. Are there any pest problems in your store? Yes No

If yes, how do you control them? Poison baits Traps Others

2.9. Do you feed silage to the livestock? Yes No

**If yes what silage inoculants are
used? _____**

**Where do you store the silage?
_____**

**2.10. Do you use milk / colostrum replacer for your young stocks? Yes
No**

2.11. Pasture

**2.11.1. Do you have pastures/grazing land within your farm? Yes
No**

**2.11.2. Do you graze your animals in neighbour's farm/public area/forest
area etc.?**

Yes

No

2.12. Water

2.12.1. What is the source of water for your livestock?

Pond

Well

Bore-well

River

Tap water



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Other_____

2.12.2. Do you add any disinfectants to water fed to animals? Yes No

If yes list them

Section 3.0

Housing

3.1. Do you have separate housing for your animals? Yes No

Give details of each housing structure

House Structure No.

Description of Animals housed (e.g. Type, age)

Area of housing structure

Number of animals housed

Materials with which the structure is built

1.

2.

3.

4.

3.2. How do you house your birds/rabbits? :Cages Free range Deep litter

3.3. What is the housing density of birds/rabbits? : _____ /sq meter



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3.4. How do you clean the animal housing structures?

3.5. Do you use chemicals while cleaning the housing structure?

Yes No

If yes list them

3.6. Do you provide bedding material for your animals?

Yes No

If yes, list them _____

3.6. How is lighting provided for the animals? :

Natural sunlight Artificial lighting Both

3.7. What is the duration of lighting provided for the animals? -
_____Hours

Section 4.

Animal Health Management

4.1. Do you take any prophylactic methods to prevent diseases?

Yes No

If yes list the

methods _____

4.2. Do you vaccinate your animals? Yes No

4.3. What is the vaccination program followed for your animals?

Name of vaccine

Name of disease

Age at which administered

4.4. Are you aware of the GMO in vaccines? Yes No

4.5. What are the methods used to control internal parasites/worms?

4.6. What are the methods used to control external parasites like ticks?

4.7. What are the methods used to control flies in the shed?

4.8. What are the methods used to control rats in the shed?

4.9. What are the common diseases of your livestock and the control measures usually followed?



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Diseases

Control measures/medicines administered

4.10. Are antibiotics administered to your animals? Yes No

4.11. Are any surgical practices (Physical alterations or mutilations like dehorning, castration, tail docking) carried out to your livestock?

Yes No

4.12. Are hormones administered to your livestock? Yes No

4.13. Do you use any ayurvedic / homeopathic medicine in your husbandry?

Yes No

4.14. Do you use the service of veterinary doctor? Yes No

If yes give his name and address

Section 5.0

Manure Management

5.1. How do you collect the waste from the housing structure?

storage pit Biogas plant Ccompost pit Others _____

Section 6.0.

Milk handling

6.1. How do you milk your animals? Hand milking

Milking machines

6.2. How do you store the milk?

Plastic containers Metal containers Others

6.3. Do you use any products for washing udder & teats?

Yes No

If yes list them _____



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Section 7.0.

Marketing

7.1. How are the animal products marketed?

As organic

As conventional

7.2. Where are the animal products marketed?

Co-operative society Retailer Direct marketing Other

Specify _____

7.3. Do you slaughter animals in your farm?

Yes

No

7.4. Where do you sell your animals for meat purpose?

Local market

Wholesaler

Other

7.5. How are the animals transported?

Trucks

Tempo/Auto

Others

7.6. Do you use tranquillizers, stimulants during or prior to transportation?

Yes No

If yes list them

**7.7. Number of animals loaded into each vehicle: _____
per vehicle**

7.8. What is the duration of the transportation from your farm to its destination? :

_____ hrs.

Section 8.0.

Animal Identification System

8.1. How are the animals identified?

Tags Brands Tattoos Notches Collars Others
None

Section 9.0. Records

The following records shall be maintained in your farm

Animal identification record

Breeding records

Purchase records

Animal health record

Feed records

Slaughter records

Sales records



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The following documents shall always be kept ready:

- 1. A detailed farm map showing the different plots, crops grown, house, cattle sheds, biogas plant, storage units, compost units etc.**
- 2. All bills/invoices for purchase of inputs such as animals, feed, etc. for your animal husbandry**
- 3. All bills/invoices for all sales of produce from your animal husbandry.**
- 4. Detailed list of animals purchased or sold from your farm**

Declaration:

I declare that:

I was practicing organic farming and organic animal husbandry since the last _____ months/ years and the last date of chemical application was on _____

I do hereby affirm that all information supplied to TNOCD is true and accurate. I affirm my commitment and responsibility to know the respective Organic Standards as indicated in section 1 and to comply my animal husbandry according to that standards.

If the organic production rules are violated, I agree to be sanctioned according to the TNOCD Sanction procedures.

If major changes in the organic system occur, e.g. purchase or disposal of land and animals, I will inform TNOCD immediately. I agree not to release any products resulting from these changes until the certification body has notified me accordingly.

I agree to keep a record of complaints about my organic farming activities, take appropriate action with respect to such complaints and document the action taken.

Signature of the operator:.....

Place and Date:.....

.....

..... For Office Use Only

Date Of Receipt: Fee Remittance Details

Date Of Verification: **Amount:**

Person Verified: **Bill No. & Date**

Inspection On:

Registration Number Allotted: TNO (D &AH).....07-08

OCI ALLOTTED:

Quality Manager, TNOCD,
Coimbatore-641 013



**Tamil Nadu Organic Certification Department
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Form-2

Fee structure

A. Fee structure per farm unit of a farmer or group of farmers

Item	Certification only on NPOP (In Rupees)	Certification on Foreign Standards (In Rupees)	Remarks
Registration fee	500 for small and marginal farmers 1000 for other farmers	5000/-	Annual renewal fee 25% of the registration fee
Fee for Inspection and certification	1000/ day	1200/day	For preparation, Inspection and certification work.
Fee for travel time	200/day	200/day	-
Travel Expenses	Actual	Actual	For travel, food and accommodation when applicable.
Fee for scope certificate	1000/-	1500	The added value of widely recognized certificate.
Fee for Transaction certificate, if required	500/-	1000/-	-
Chemical analysis, if required	Actual cost	Actual cost	Soil samples, water, leaf samples and product sample.

B. Fee structure for group of farmers

Item	Certification only on NPOP (In Rupees)	Certification on Foreign Standards (In Rupees)	Remarks
Registration fee	500 for small and marginal farmers 1000 for other farmers	5000/-	Annual renewal fee 25% of the registration fee
Fee for Inspection and certification	1000/ day	1200/day	For preparation, Inspection and certification work.
Fee for travel time	200/day	200/day	-
Travel Expenses	Actual	Actual	For travel, food and accommodation when applicable.
Fee for scope certificate	1000/-	1500	The added value of widely recognized certificate.
Fee for Transaction certificate, if required	500/-	1000/-	-
Chemical analysis, if required	Actual cost	Actual cost	Soil samples, water, leaf samples and product sample.



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C. Fee structure per farm unit of Corporate / Business Categories

Item	Certification only on NPOP (In Rupees)	Certification on Foreign Standards (in Rupees)	Remarks
Registration fee	5000/-	25000/-	Annual renewal fee 25% of the Registration fee
Fee for Inspection and certification	2000/ day	2400/day	For preparation, Inspection and certification work.
Fee for travel time	400/day	800/day	-
Travel Expenses	Actual	Actual	For travel, food and accommodation when applicable.
Fee for scope certificate	2000/-	2500/-	The added value of widely recognized certificate.
Fee for Transaction certificate, if required	1000/-	2000/-	-
Chemical analysis , if required	Actual cost	Actual cost	Soil samples, water, leaf samples and product sample.



**Tamil Nadu Organic Certification Department
(TNOCD)
FORM-3
SAMPLE SLIP**

1. Name of the farmer/farm unit:

2. Registration Number:

3. Date Of Sampling:

4. Sample details:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

5. Sample Site Details

i) Survey no..... Field No.....

Area of the field.....acres

ii) Factory Name..... Store no.....

Bin No.....

iii) Others (Specify)

6. The Sample has taken, according to TNOCD Operating Manual(7.7), by:

Name Of the Inspector.....

Head Quarters.....

The sample represents Lot No:

The sample is packed in.....units

Sample sent for analysis to.....lab

The sample is packed in suitable containers and sealed with an adhesive label quoting the date of sampling, the typology of the product, the code of the TNOCD inspector....., the lot number....., the operator code.....

The sample will be sent for analysis to the following laboratory.

7.0. Analysis Required

Note: Reference to the inspection report of

9.0. The Total Cost Of Analysis of sample is Rs...../-

Payment done today.....

Note: costs are at Operator's Expenses.

Signature:

1. The Operator..... 2. TNOCD Inspector.....

3. Witness.....



**Tamil Nadu Organic Certification Department
(TNOCD)**

**FORM-4
SCOPE CERTIFICATE**

ACCREDITATION NO. OF
Department Of Organic
Certification, Tamil Nadu :

Department of Organic Certification,
Government Of Tamil Nadu
1424A, Thadagam Road,
G.C.T. Post Office,
Coimbatore-641 013,
Tamil Nadu,

Farm Certificate No:

Name and Address of the farm/Operator

Product Category:

Area of farm:

Size of Processing Unit:

Based on the inspection conducted and Memorandum of Understanding, the Department Of Organic Certification, Government of Tamil Nadu herewith certifies that the above mentioned operation ,produces according to the organic methods of NSOP and is **Valid Up to**.....

Date.....
Place.....

Quality Manager,
Department of Organic Certification,
Coimbatore-641 013,
Tamil Nadu,



**Tamil Nadu Organic Certification Department
(TNOCD)**

FORM – 5

FORMAT FOR REQUEST FOR ISSUE OF PRODUCT CERTIFICATE

From

To,

The Quality Manager,
O/o the Director TNOCD,
Coimbatore.

Sir,

Sub: **Request for issue of product certificate**

1. Name and address of exporter / operator:
2. Name and address of importer / buyer:
3. Name and address of merchant exporter:
4. Products – Invoice no. and date:
5. Quality/ Status
(organic/organic under conversion – Ist or 2nd year):
6. Origin of produce:
7. Net weight (kg):
8. Unit of packing:
9. Month and Year of harvest:
10. Lot number:
11. Nature of packing materials:

Remarks

Yours faithfully,

Signature of producer / operator with date



**Tamil Nadu Organic Certification Department
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**FORM-6
PRODUCT CERTIFICATE**

No:

Product:

Quality:

Harvest:

Origin:

Packing Units:

Net Weight:

Invoice No.:

**Name and address
Of the seller:**

**Name and address
Of the buyer:**

Declaration:

This is to certify that the products designated above have been obtained in accordance with the rules of production and inspection of the organic production and operation of the organic production method, as set by the NSOP and monitored by the Tamilnadu Organic Certification Department, Coimbatore-13.

Date_____

Signature

Place_____

Seal



**Tamil Nadu Organic Certification Department
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FORM-7

Application Form for Import/Transaction certificate

**1. Name of Seller/Exporter with
Address:**

2. License No:

**3. Name of the last producer/
Processor
Address**

4. Trade name of the product

5. Country of dispatch/origin

6. status

organic / in- conversion

7. Gross weight

8. Net weight

9. Packed or bulked

10. Invoice number with date

11. Transport document number

12. Container number

13. Lot number

**14. Name of the consignee/ buyer
Address
Country**

15. Destination place with address

16. Send certificate to Seller/ Exporter Buyer/ Consignee

I have truthfully filled in all the information required and I have also

enclosed copies of: **Invoice and transport documents involved.**

Date: Name and signature of applicant:



**Tamil Nadu Organic Certification Department
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**Form-8
Transaction Certificate**

Licensee/Sender	Date of Despatch: Certification No:
Address	Con Note No: Certification Level:
Address Phone FAX	Consigned To:

Product/Stock	Description/Identification (Include Invoice No/Bill Of Lading)	Count/Weight	Batch Code

Transport Method:	The owner/licensee/nominated signatory (please circle one) for the above listed organic products, declare that such listed products/stock have been produced in compliance with the current National Programme for Organic Production Standard and TNOCD Standards and are certified by the TNOCD to the level indicated above. Authorising Signature: Date of Issue :
Transporter Details:	

Note: The Licensee is required to keep copies of issued Transaction Certificates on records for a minimum of 5 years.



**Tamil Nadu Organic Certification Department
(TNOCD)
FORM - 9**

FEED BACK FORMAT

- 1.Name and address of the consumer
- 2.Name of the product
- 3.Name and address of the producer
- 4.Quantity purchased
- 5.Remarks about the product
- 6.Suggestions for improvement
- 7.Signature of the consumer with date



**Tamil Nadu Organic Certification Department
(TNOCD)
Form-10
OFF FARM INPUT PERMISSION FORM**

1. Name and address of the Operator:
With phone number.

2. Registration number:

3. Fertilizers to be approved

- i) Name, composition, Type of fertilizer:
- ii) Address of Supplier:
- iii) Quantity supplied & used:
- iv) Period of Application:

4. Area

- i) Field Number & Area:
- ii) Crop:
- iii) Fertilizer Used:
- iv) Fertilizer applied & Time of application:

5. Other off-farm inputs details:

- i) Bio-pesticides &
Disease control materials
- ii) Soil-conditioners
- iii) Others

5. Reason for use

- i) Soil test basis:
- ii) Crop symptoms:
- iii) Others:



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6. Confirmation

The undersigned herewith confirm to the best of his knowledge that the above information is true.

Consultant:

operator:

Place

Place

Date

Date

Signature

Signature

6. Recommendation of the Inspector

(use Checklist and Inspection report)

Signature of the inspector with seal

7. Decision (to be filled by inspection and certification agency)

Request received.....

Decision to Operator.....

Decision to Inspector.....

Request approved under following conditions:

Request not approved:

Request forwarded to the competent authority:

The director, TNOCD, Coimbatore

Place

Date

Signature

Stamp



**Tamil Nadu Organic Certification Department
(TNOCD)**

FORM- 11

TNOCD Agreement with Operator

I (we) affirm that I (we) will:

1. Provide complete and accurate information on all questionnaires and other application materials representing my/our organic or transitional organic operation.
2. Comply with the applicable India organic NSOP organic production and handling regulations;
3. Establish, implement, and update annually an organic production or handling system plan;
4. Permit on-site inspections with complete access to the production or handling operation, including non certified production and handling areas, structures, and offices;
5. Additional inspections may be announced or unannounced at the discretion of TNOCD or as required by APEDA.
6. Have an authorized representative knowledgeable about the operation present during the inspection;
7. Maintain all records applicable to the organic operation for not less than 5 years beyond their creation;
8. Allow authorized representatives of TNOCD the Secretary of Agriculture, APEDA, or other applicable government official, access to such records during normal business hours for review and copying to determine compliance with the regulations;
9. Allow authorized representatives of TNOCD to take samples of plants, soil, crops, or other substances for testing to be used in the assessment of compliance to certification standards;
10. Consent to the use of subcontractors working under the direction and authority of TNOCD
11. Submit the applicable fees charged by the certifying agent;
12. Comply with all requirements and/or conditions levied by TNOCD as a result of its review of our application file and associated documents including inspection information.
13. Immediately notify the certifying agent concerning any:
 - a. Application, including drift, of a prohibited substance to any field, production unit, site, facility, livestock, or product that is part of an operation; and
 - b. Change in a certified operation or any portion of a certified operation that may affect its compliance with the regulations.
14. Represent products as being "Certified by TNOCD "only when those products are listed on a current certification certificate from TNOCD.
 - a. Any use of the TNOCD name, without current certification by TNOCD or written permission from TNOCD, is strictly prohibited and constitutes an infringement of the TNOCD trademark.
14. Upon surrender, suspension, or revocation of certification, discontinue use of any labels or advertising materials that contain any reference to certification by TNOCD and return or destroy all certificates and packaging material containing references to TNOCD

I (we) affirm that I (we) are owner(s) of or authorized to sign on behalf of

I (we) agree to the above requirements and understand that any willful misrepresentation may be cause for denial, suspension, or revocation of certification.

Name----- Signature date-----

Name----- Signature date-----



**Tamil Nadu Organic Certification Department
(TNOCD)**

FORM-12

Subcontract format to test the samples

1. Parties:

This contract is made and duly signed between the two parties named hereafter

.....

TNOCD represented by.....

..... represented by.....

(ISO 17025 NABL accredited lab)

2.General

Residue analysis and testing of plant tissue /soil/water/ organic produce/product samples will be done at the APEDA approved, ISO 17025 accredited laboratories, based on the need.

3.Purpose

To find out the residual toxicity of the sample

4.Deeds

- i) The laboratory should intimate the protocol for testing the sample.
- ii) Responsible person of the laboratory should sign the confidentiality agreement as per the format enclosed (Form 13).
- iii) Analytical Report of the sample should be sent to the Quality Manager, TNOCD, only and it should not be disclosed to others.
- iv) Cost of the analysis of sample will be collected from the Operator and paid to the laboratory along with the sample, in the form of demand draft.
- v) Any Changes in fee structure should be intimated to TNOCD.
- vi) This contract is valid for One year from the date of agreement signed and it may be renewed subsequently.
- v) Sample send for analysis may involve perishable nature and require top priority for testing and declaration of result for the benefit of the farming community.

5.Liability

No liability may be deducted from this contract or its cancellation by any party

.....

Place and Date

.....

Place and date

.....

Signature, TNOCD

.....

Signature,

(Responsible person of the laboratory)



**Tamil Nadu Organic Certification Department
(TNOCD)**

FORM - 13

CONFIDENTIALITY FORM

Confidentiality Policy

TNOCD Director, TNOCD employees, TNOCD sub contractors, members of TNOCD committees, individuals and organizations which have entered into information-sharing agreements and/or arrangements are subject to this policy, and are required to sign an acknowledgement and agreement to this policy.

Information obtained in the course of TNOCD certification activities, at all levels, shall be kept in confidence unless

- (1) Written permission to release the information has been received by from the person(s) involved,
- (2) The information is required by law to be made available to the public upon request,
- (3) the information is required by law to be disclosed to a third party, in which case the person(s) involved shall be informed of the information provided as permitted by law, or Confidential information shall not be used for monetary gain or business advancement.

Nothing in the above statements shall be interpreted in such a way as to impair the Director TNOCD in the discharge of the duty to communicate with the Government and Other functionaries.

It shall be the responsibility of the Director, TNOCD to comply with any Central, state, or local government written requests for information by an applicable governmental body.

Agreement and Acknowledgement

I affirm that I shall be bound by the above confidentiality policy of TNOCD. I understand that in my official capacity I may reveal any information I receive to any other personnel associated with TNOCD acting in his/her official capacity.

I recognize that the violation of this agreement by the improper use or disclosure of confidential information may expose me to departmental action.

Agreed and acknowledged by:

Name: _____
Please Print

Signature: _____

Date: _____

Status: *Tick the box (es) applicable to you.*

- Director
- Committee Member, Committee Name(s): _____
- Inspector
- Employee, Position: _____
- Sub Contractors: affiliation and capacity: _____
- Other: affiliation and capacity: _____



**Tamil Nadu Organic Certification Department
(TNOCD)**

**Form- 14
Conflict of interest**

I will not take part in any inspection or decision-making during the certification process where I have a conflict of interest.

Full name	Name of farm/processing/trading unit
Signature	Registration number (if applicable)
Month/Date/Year	Name of operator (if applicable)

Please tick all that apply to you:

<input type="checkbox"/> Committee Member: _____ <div style="text-align: center;">Committee Name</div>	<input type="checkbox"/> Director:
<input type="checkbox"/> Inspector/ Evaluator	<input type="checkbox"/> Staff Member:
<input type="checkbox"/> Other: _____ <div style="text-align: center;">Please List</div>	

The purpose of this form is to demonstrate objectivity and impartiality in all decision-making or prior to conducting inspections. This form must be completed and signed annually, or upon appointment or involvement with a decision-making body, such as board or committee. Please answer the following questions completely and accurately. This form must be submitted to TNOCD. You must exclude yourself from any inspection or decision-making process until you have submitted this form.

YES	NO	<i>Direct Interests or Affiliations</i>
		You have a direct conflict of interest if you have a direct personal or financial stake in the outcome of a decision. When you have a direct conflict of interest, you must be excluded from work, discussion and in the inspection and certification process. During meetings, your exclusion must be clearly reflected in the minutes.
		1. I understand that I must refrain from discussion on my own farm, business and/or employer's operation.
		2. I understand that I am not permitted to accept payment, gifts, or favors of any kind, other than prescribed fees from any operation inspected or reviewed. However, voluntary labor by certified operations for TNOCD is permitted.
		3. Do you or any immediate family* members have any food- or agriculture-related business interests? If yes, please list: *Immediate family means your spouse, minor children, or blood relatives who reside in your immediate household.
		4. Do you purchase certified products from certified operators or applicants for resale regularly? If yes, please list:



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		5. Have any certified operators or applicants paid you as a consultant? Or have you hired any certified operators or applicants to serve as a paid consultant to you? If yes, please list:
		6. I understand that I am not permitted to give advice or provide consulting services for overcoming identified barriers to certification.
		7. Are you an owner, partner or member of the Board of Directors of any entity that is seeking/renewing certification? If yes, please list:
		8. Are you a contract grower or contract processor for any certified operator or applicant? Or do you have any contract growers, contract processors, or contract grower groups applying for or renewing certification? If yes, please list:
		9. Do you have any other direct interests or affiliations? If yes, please list:
YES	NO	Indirect Interests or Affiliations You may have a connection with an applicant that creates a perceived or indirect conflict of interest. These are situations where you do not have a direct personal or financial stake in the outcome of a decision, but your connection to the applicant could still hamper your ability to be objective. You must present any indirect interests to the committee, before discussion and taking decision on the file. The committee will first determine if you must be excluded before proceeding to discuss and taking decision on the file. The committee's determination must be clearly reflected in the minutes.
		1. Are any family member(s) applying for or renewing certification? If yes, please list their names and farms or processing plants:
		2. Have you rented, shared, or hired equipment, facilities or incidental labour from or to an applicant over the past year? If yes, please list by name:
		3. Do you regularly purchase certified products from a certified operators or applicant? Livestock feed? If yes, please list by name:
		4. Do you have any other indirect interests or affiliations? If yes, please list by name:
YES	NO	Incidental Interests You may have a bias, opinion or attitude that may be perceived to influence your work, discussion, or decisions. You will not be excluded from work, discussion, but you must declare these interests. Your incidental interests or biases must be reflected in the official minutes of the committee.
		1. Do you have any views or biases that could be perceived as influencing your work or discussions? Include farming practices that you strongly like or dislike.



**Tamil Nadu Organic Certification Department
(TNOCD)
Form-15 A
ORGANIC FARM / FIELD INSPECTION AUDIT REPORT
CHECKLIST WITH COMMENTS**

Reg. No																			
---------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date:

Time:
From To

Name & Address of the Operator

A. GENERAL INFORMATION

a. Area of the farm

Sl.No	Category	Irrigated (ac.)	Rain fed (ac.)	Total area (ac.)
1.	Organic			
2.	In-Conversion			
3.	Conventional			
4.	Total			

Details	Yes	No
1. Does the producer have a copy of standards?		
2. Does the information contained in the application is correct?		
3. For 1 st inspection, does the farm map present a correct picture of the farm		
4. Is there production of both organic and conventional crops?		
a. If yes, are the crops visually distinguishable?		

5. Details of Crop, yield and area:

Sl.No	Crop /Variety	Plot No.	Area (ac.)	Estimated yield(kg/ac.)	Organic/ In-conversion /Conventional	Split /Parallel Production



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(TNOCD)**

B. Evaluation:

Details	Yes	No
6. Does all production on the farm unit is under organic? If no are organic and non organic crops visually distinguishable?		
7. Is separate equipment used to produce organic and Non-organic crops?		
8. Is separate equipment used to harvest organic and non-organic crops?		
9. Is there separate storage for organic and non organic crops?		
10. Does the applicant have management ability to track the organic and non-organic crops?		

Soil and Fertility management

Details	Yes	No
11. Did physical examination of the soil reveal		
a. Good tilth		
b. Evidence of biological activity?		
c. Adequate organic matter?		
d. A sweet earthy smell?		
e. Any soil amendment has been followed?		
12. Did crop show any signs of nutrient deficiencies?		
13. Is there any use of legumes or green manure crops?		
14. Was there any evidence of prohibited fertilizer used?		
15. Is animal manure obtained from off-farm sources?		
16. Is animal manure properly composted prior to application?		
17. Whether recent soil test results is in file?		
a. If yes, give details		
18. Is animal manure applied when soil is warm?		
19. Is the use of restricted inputs agronomically justified?		
20. Whether the operator has obtained approval for using restricted inputs?		
21. Are erosion control strategies implemented?		
22. Does evidence indicate the absence of erosion?		
23. Are strategies to provide wildlife habitat implemented?		
24. Is there evidence of biological diversity?		



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Seeds , Seedlings and Propagation Material

23. Whether any prohibited materials were used for treatment?
 - a. Did operator attempt to obtain untreated Materials?
 - b. Whether the operator has attempted to purchase organic seeds?
24. Whether any genetically modified material is used?
i.e.. Seeds, rootstock etc.
25. Whether any conventionally grown propagation Material is used?

Crop-Rotation

26. Is there a crop rotation plan?
27. Does the crop rotation include a diversity of species?
28. Whether the crop rotation plan is followed ?

Water

29. What type of irrigation techniques are used?
30. Are there identified sources of pollution which may affect the quality of irrigation water used
 - a. Is recent water test result on file?
31. Is a current water test for nitrates and coliform bacteria in file?
32. Does the water meet potable water standards?
33. Is water free from known contaminants?
34. Are monitoring water conservation and /or Salinization prevention strategies implemented?

Weed Management

35. What are the main weed species?
36. Does weed pressure threaten the productivity of the crops?
37. Are weed prevention strategies implemented?
38. Is there any evidence of the use of prohibited herbicides?
39. Does all evidence indicate use of approved Weed management strategies and inputs?
40. Are crops requested for certification relatively free of weed pressure?

Pest Management

41. What are the main pests?
42. Are pest management strategies in compliance?
43. Are pest resisting/repelling strategies implemented?
44. Is there any evidence of the use of prohibited pesticides?
45. Does pest pressure threaten the productivity of the crops requested for certification?
46. Is there evidence of the presence of beneficial organisms?
47. Does the operator actively provide habitat for beneficial organisms?

Disease Management

48. What are the main diseases?
49. Does disease pressure threaten the productivity?
of the crops requested for certification?



Tamil Nadu Organic Certification Department (TNOCD)

50. Does all evidence indicate use of approved disease Management strategies and inputs?

Contamination Potential

51. Are fields well isolated from potential sources of contamination?
52. Are buffer zones/windbreaks maintained?
53. Are Crops grown within the buffer zone?
- a. If yes, describe how the grower deals with buffer harvests
54. Does historic land use pose a contamination risk?
55. Are any crops, feeds, animals or inputs from or potentially from genetically modified sources?
56. Are the actions to limit contamination risks acceptable?
57. Are adjoining roadsides free of herbicide applications?
58. Are "Organic Farm-Do not spray" sign posted?

Buildings, Equipment & Storage

59. Were all buildings inspected?
60. Is any off-farm storage used?
61. Has off-farm storage area been inspected?
If yes, describe all such units,
62. Are storage units used only for organic crops?
63. Are storage units in adequate condition?
64. Is there evidence of prohibited materials used?
Or stored in any buildings
65. Is spray equipment used for both organic and conventional inputs?
If yes describe cleaning procedures.
66. Is harvest equipment used for organic and conventional crops? If yes, describe cleaning procedure.
67. Are all transport units cleaned prior to loading with organic crops?
68. Are storage units free of prohibited materials?
69. Is there sufficient storage to handle projected organic yields?
70. Whether cleaning logbooks are maintained?

Packaging, Labeling and Transport

71. Is there any on-farm processing of organic products?
If yes, describe.
72. Is Labeling and Packaging during transport appropriate?
73. Is separation measures during transport appropriate?
organic, conventional, conversion or prohibited materials is appropriate?

Livestock

74. Did animals look healthy?
75. Did condition of animals indicate use of approved methods and materials?
76. Are feed supplements or additives used?
if yes, list and describe.
77. Are only approved materials/inputs used or stored in the area?



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78. List any treatment administered and reasons for treatments:
79. Describe the housing and the duration of confinement
 - a. Is shelter provided to the animals, as needed?
 - b. Are animals provided outdoor access round the year?
 - c. Specify the amount of space provided per animal
 - d. Are the housing units free of prohibited materials?
 - e. Do animals receive only natural lighting?

RECORD KEEPING SYSTEM

80. Are field maps clear and accurate?
 - a. Does field map show field numbers?
 - b. Does field map show adjoining land uses and buffers?
81. Are receipts for purchased inputs and services in file?
82. Are any farm diaries or activity records maintained?
83. Are harvest and sale invoices records maintained?
84. Are transaction Certificates or Organic Certificate used according to the procedures of the certification body?

Management

85. Did the applicant demonstrate a comprehensive understanding of the organic standards?
86. Did the applicant demonstrate a commitment to follow standards?
87. Did evidence indicate that the operation is well managed?

SAMPLE CROP AUDIT

88. What crops have been harvested?
89. What quantities have been sold during the Specified time period
90. What quantities are in storage?
91. What quantities of harvested crop have not been sold due to spoilage, feed stock, seed stock etc?
92. If the farm is under part conversion, what is the time frame for whole farm certification?
93. Were organic product sold? If so what is the quantity?
94. Describe any sampling conducted during the inspection or recommended for future sampling.



**Tamil Nadu Organic Certification Department
(TNOCD)**

**Form-16 A
ORGANIC FARM INSPECTION REPORT
Registration No.....**

Report No.....

Date and Time:

1. General details

1.1 Name and address of the Operator:

1.2. Name of the Inspector:

1.3 Type of Inspection: Announced /Unannounced

1.4 Details of previous visit:

Date	Details	Deviation found	Action taken

1.5 Name of the persons present at the time of inspection

i.

ii.

1. iv.

2. Production details

Sl. No	Name of produce	Plot No.	Area (in Ac)	Date of sowing	Yield in (Kg's)		Category (organic/in conversion)
					Estimated	actual	



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3.0. Farm location, history and condition

- a) Location
- b) History
- c) Condition of farm
- d) Adjoining farms
- e) Condition of crop
- f) Use of non-conforming input
- g) Buffer zone

4.0 Parallel and split production:

5.0 Fertility Management

6.0 Seeds and planting material:

7.0 Green House Production

8.0 Weed management



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(TNOCD)**

9.0 Pest management

10.0 Disease management

11.0 Irrigation water

12.0 Animal and yard condition

13.0 Risk Assessments

14.0 Post harvesting management

15.0 Storage

16.0 Other buildings

17.0 On farm processing

18.0 Transportation



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19.0 Marketing

20.0 Audit trail

21.0 Sampling

22.0 Other considerations

23.0 Deviation

Farming /Collection	Reference to NSOP

Handling	Reference to NSOP

Improvement Action:

Document to be provided	On or before



**Tamil Nadu Organic Certification Department
(TNOCD)**

25. List of Attachments:

**Signature
(Operator/Authorized representatives)**

**Signature
(Organic Certification Inspector)**



**Tamil Nadu Organic Certification Department
(TNOCD)**

**Form-15 B
ORGANIC PROCESSING UNIT INSPECTION AUDIT REPORT
CHECKLIST WITH COMMENTS**

Reg. No													
---------	--	--	--	--	--	--	--	--	--	--	--	--	--

Date:

Time:
From To

Name & Address of the Operator

A. GENERAL INFORMATION

1. Kind of product processed in the Processing Unit

Slno	Name of product	Organic	In-conversion	Conventional	Production Kg's/liter/No.s

B. Evaluation

I. Records

yes No Comments

2. Licence / Approval issued for the processing Unit
3. whether Process flow chart is available
4. Whether Purchase of raw materials Record available
(Documents of sources of ingredients and processing aids.)



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5. Whether Production record available
6. Whether sales record Available
7. whether invoices for purchase of raw material, sale of products etc are in file
8. Efficiency record for processing machine
9. contamination control records
Cleanliness record for Storage,
Process flow and transport
10. whether Pest control records available

II. Processing unit working condition

11. whether actual working efficiency justifiable with that on record
12. whether machines are properly cleaned
13. whether traceability of the raw materials available (lot no./ batch no./organic status etc.,)
14. whether the processing is carried out according to the process flow chart.
15. whether equipment used in each step or stage of the process and shows the flow of products as per flow chart
16. whether any prohibited materials present (Raw materials used, equipments etc.,)
17. whether product composition could be verified for organic status
18. whether any non-organic ingredients used
19. whether the workers adopt contamination control practices (using gloves etc.,)

III. Facility verification

20. Whether separate storage facility available for raw material storage, processing, packaging, finished product storage, and transport
21. whether storage facilities are clean and hygienic
22. whether any prohibited materials used for cleaning

III. Sub contract

23. whether any of the process is sub contracted
24. if yes, whether sub contracted operation verified for NPOP and TNOCD standards



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IV. Packagig and labeling

- 25. wheter any prohibited packaging mateials used
wheter all relevent informations are available in labels
- 26. whether any prohibited materials treated on the packaging materials
- 27. Whether label contains relevent , correct information

V. Fair trade

- 28. whether workers living condition are hygenic
- 29. whether any child labour encaged for any of the operation including sub contracted operation
- 30. whether govt. rules are fallowed for Workers welbeing (hours of work,PF,insurance etc.,)

31. Mass balance calculation

Mass balance calculation is done for Item for this inspection.
Mass balance calculation is done for.....Item for the previous inspection.

D. Enclosures:

- 1.
- 2.
- 3.
- 4.

Place-----

Signature

Date-----

(Person responsible for the farm unit)

Signature

(Organic Certification Inspector)



**Tamil Nadu Organic Certification Department
(TNOCD)**

**Form-16 B
INSPECTION REPORT ORGANIC PROCESSING UNIT
Registration No.....**

Report No.....

Date and Time:

2. General details

2.1 Name and address of the Operator:

1.2. Name of the Inspector:

1.3 Type of Inspection: Announced /Unannounced

1.4 Details of previous visit:

Date	Details	Deviation found	Action taken

1.5 Name of the persons present at the time of inspection

i.

ii.

2. iv.

2. Production details

Sl. No	Name of product	Type of processing	Quantity produced /annum (kg,s,liters, no's)	Category (organic/in conversion)	Remarks



**Tamil Nadu Organic Certification Department
(TNOCD)**

3.0. Unit location

- a) Location
- b) History
- c) Condition of unit
- f) Use of prohibited materials

4.0 Maintenance of records

5.0 Process flow verification

6.0 Storage and Transport facility verification

7.0 Pest management

8.0 Packaging and labeling



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(TNOCD)**

9.0 Sub contracted operations

10.0 Transportation

11.0 Fair trade practices

12.0 Risk Assessments

13.0 Marketing

14.0 Sampling

15.0 Other considerations

23.0 Deviation

Details of non-conformity	Reference to NSOP



**Tamil Nadu Organic Certification Department
(TNOCD)**

Details of non-confirmity	Reference to NSOP

Improvement Action:

Document to be provided	On or before

25. List of Attachments:

**Signature
(Operator/Authorized representative)**

**Signature
(Organic Certification Inspector)**



**Tamil Nadu Organic Certification Department
(TNOCD)**

**Form-15 C
ORGANIC TRADE/EXPORT UNIT INSPECTION AUDIT REPORT
CHECKLIST WITH COMMENTS**

Reg. No														
---------	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date:

Time:
From To

Name & Address of the Operator

A.General Information

1. List of products Traded as Organic

Slno	Name of product under trade	Period of trading (monthly/weekly/Daily)	Quantity traded (kg's/no's/Liters)	Organic Status

B.Evaluation

I.Organizational

Yes No Comments

2. Whether Organizational chart available
3. Whether adequate employees available for handling products
4. Whether the Organization is ISO certified

II.Records

5. Whether list of suppliers are maintained
6. Whether list of importers are dealers maintained
7. Whether valid transaction certificate is available
8. Whether purchase records are maintained
9. Whether Sales records are maintained
10. Whether invoices for purchase and sales maintained
11. Whether Cleaning records are maintained
12. Whether traceability is maintained



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III. Operational Unit verification

13. Whether the organic products are distinguishable
14. Whether subcontracting of any activity given
15. Whether the operator act as a subcontractor
16. Whether repacking is done

IV. Storage

17. Whether separate storage available for Organic and conventional products
18. Whether store godowns are clean
19. Whether any prohibited materials used for cleaning

V. Packaging

20. Whether any prohibited materials used for packaging
21. Whether any prohibited materials treated on the packaging material

VI. FAIR TRADE

V. Fair trade

22. whether workers living condition are hygienic
23. whether any child labour engaged for any of the operation including sub contracted operation
24. whether govt. rules are followed for Workers wellbeing (hours of work, PF, insurance etc.,)

25. Mass balance calculation

Mass balance calculation is done for Item for this inspection.
Mass balance calculation is done for.....Item for the previous inspection.

D. Enclosures:

- 1.
- 2.
- 3.
- 4.

Place-----

Signature

Date-----

(Person responsible for the farm unit)

Signature

(Organic Certification Inspector)



**Tamil Nadu Organic Certification Department
(TNOCD)**

**Form-16 C
INSPECTION REPORT FOR ORGANIC TRADE/EXPORT UNIT
Registration No.....**

Report No.....

Date and Time:

3. General details

3.1 Name and address of the Operator:

1.2. Name of the Inspector:

1.3 Type of Inspection: Announced /Unannounced

1.4 Details of previous visit:

Date	Details	Deviation found	Action taken

1.5 Name of the persons present at the time of inspection

i.

ii.

3. iv.

2. Products traded

Sl. No	Name of product	Quantity produced /annum (kg,s,liters, no's)	Category (organic/in conversion)	Remarks



**Tamil Nadu Organic Certification Department
(TNOCD)**

3.0. Trade/ Export point

- a) Location
- b) History
- c) Condition
- f) Use of prohibited materials

4.0 Maintenance of records

5.0 Process flow verification

6.0 Storage and Transport facility verification

7.0 Pest management

8.0 Packaging and labeling



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(TNOCD)**

9.0 Sub contracted operations

10.0 Transportation

11.0 Fair trade practices

12.0 Risk Assessments

13.0 Marketing

14.0 Sampling

15.0 Other considerations

23.0 Deviation

Details of non-confirmity	Reference to NSOP



**Tamil Nadu Organic Certification Department
(TNOCD)**

Details of non-confirmity	Reference to NSOP

Improvement Action:

Document to be provided	On or before

25. List of Attachments:

**Signature
(Operator/Authorized Person)**

**Signature
(Organic Certification Inspector)**



**Tamil Nadu Organic Certification Department
(TNOCD)**

**Form-15 D
CHECKLIST FOR ORGANIC HONEY WITH COMMENTS**

Reg. No														
---------	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date:

Time:
From To

Name & Address of the Operator

A. GENERAL INFORMATION

1. Apiary information

S/no	Name of the species	No. of hives	Honey Production Kg's/liter	Wax production

B. Evaluation

I. Records

yes No Comments

1. Whether purchase records for bee species available
2. Whether purchase records For bee hives maintained
3. Whether pest and disease control Control records maintained
4. Whether production records are



**Tamil Nadu Organic Certification Department
(TNOCD)**

maintained

5. Whether sales records are maintained
6. Whether cleaning records are maintained
(for hives, equipments etc.,)

II. Operational Unit verification

7. Whether the collection area is organic
8. Whether number of colonies maintained
As indicated in application
9. Whether beehives have active colonies
10. Whether adequate feeding area available
(flowering plants, trees etc.,)
11. Whether any prohibited materials used
In beehives
12. Whether any prohibited materials
Used for treating bee hives
(Use of Veterinary medicines)
13. Whether artificial feeding given to colonies
14. Any prohibited materials used in artificial
feeding
15. Whether Wing clipping practiced

III. Handling of honey

16. Whether honey harvest and extraction
carried out clean and hygienic
17. Whether equipments used for honey
harvesting are clean and hygienic
18. Whether the equipments
contain any prohibited materials
19. Whether the honey harvester
and handler practicing clean habits

IV. Processing honey

20. Whether any prohibited methods
used for processing honey
21. Whether any prohibited materials used
as processing aids



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(TNOCD)**

V.Storage ,Packaging and Labeling

22. Whether storage area is clean and hygenic
23. Whether packaging materials used are allowed as per NPOP
24. Whether labeling contains all relevent informations
25. Whether the packaging materials treated with any prohibited materials
26. Whether the storage place treated with any prohibited materials
27. Whether artificial feed stored seperately
28. Whether Organic and In organic Honey stored se[erately

D. Enclosures:

- 1.
- 2.
- 3.
- 4.

Place-----

Signature

Date-----

(Person responsible for the farm unit)

Signature

(Organic Certification Inspector)



**Tamil Nadu Organic Certification Department
(TNOCD)**

**Form-16 D
INSPECTION REPORT ORGANIC HONEY
Registration No.....**

Report No.....

Date and Time:

4. General details

4.1 Name and address of the Operator:

1.2. Name of the Inspector:

1.3 Type of Inspection: Announced /Unannounced

1.4 Details of previous visit:

Date	Details	Deviation found	Action taken

1.5 Name of the persons present at the time of inspection

i.

ii.

4. iv.

2. Honey Production Details

Sl. No	Name of Species	No.of Hives	Type of Harvest and extarction	Category (organic/in conversion)	Yield (kg's/litres)



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3.0. Hivelocation

- a) Location

- b) Feeding area

- f) Use of prohibited materials

4.0 Maintenance of records

5.0 Bee hive maitanence

6.0 Storage ,Packaging labeling

7.0 Pest and Disease management

12.0 Risk Assessments

13.0 Marketing



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14.0 Sampling

15.0 Other considerations

23.0 Deviation

Details of non-confirmity	Reference to NSOP

Details of non-confirmity	Reference to NSOP

Improvement Action:

Document to be provided	On or before



**Tamil Nadu Organic Certification Department
(TNOCD)**

25. List of Attachments:

Signature

Date-----

(Person responsible for the farm unit)

**Signature
(Organic Certification Inspector)**



**Tamil Nadu Organic Certification Department
(TNOCD)
Form-15 E**

**CHECKLIST FOR NON CULTIVATED MATERIALS OF PLANT
ORIGIN AND WILD COLLECTION WITH COMMENTS**

Reg. No.																			
----------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date:

Time:
From To

Name & Address of the Operator

A.General Information

1. Details of collection

Sl. No.	Products	Collection site	Area	No. of Collectors	Season of collection	Quantity collected

2. Processing of wild collected produce

Sl. No.	Products	Type of processing	Name and address of the firm	Processing aids	Quantity processed	Method of preparation
On site processing						



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3. Processing of wild collected produce

Sl. No.	Product	Type of processing	Name and address of the site	Processing aids	Quantity processed	Method of preparation
Off- site processing						

B.Evaluation

I. RECORDS

4. Whether collection area map is available
5. Whether list of collectors are maintained
6. Whether collection records are maintained
7. Whether Storage records are maintained
8. Whether sales records are maintained
9. Whether Official permission from forest is available

II. Operational unit verification

10. Whether the collection area is free of contamination
11. Whether the collectors are skilled
12. Whether collection of material is carried out without affecting biodiversity
13. Whether collection is done without affecting ecology of the collection area
14. Whether any prohibited materials used in processing the collected produce



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III. Storage , Packaging & Transport

15. Whether storage godowns are separate
16. Whether periodical cleaning of storage place carried out
17. Any prohibited materials used for cleaning storage godowns
18. Whether any prohibited materials used for packaging
19. Whether any prohibited substances treated in packaging material
20. Whether cleaning of transport vehicle done

IV. Labeling and Marketing

21. Whether labeling of product carried out
22. Whether label information are correct
23. Whether marketing of raw materials done
24. Whether list of purchaser available

C. Enclosures:

- 1.
- 2.
- 3.
- 4.

Place-----

Signature

Date-----

(Person responsible for the farm unit)

Signature

(Organic Certification Inspector)

25.



**Tamil Nadu Organic Certification Department
(TNOCD)**

**Form-16 D
INSPECTION REPORT FOR NON CULTIVATED MATERIALS OF PLANT
ORIGIN AND WILD COLLECTION**

Registration No.....

Report No.....

Date and Time:

A.General details

1. Name and address of the Operator:

1.2. Name of the Inspector:

1.3 Type of Inspection: Announced /Unannounced

1.4 Details of previous visit:

Date	Details	Deviation found	Action taken

1.5 Name of the persons present at the time of inspection

- i. ii.
iii. iv.

2. Wild Products collectionion Details

Sl. No.	Products	Collection site	Area	No. of Collectors	Season of collection	Quantity collected



**Tamil Nadu Organic Certification Department
(TNOCD)**

3. Processing Details

Sl. No.	Products	Type of processing	Name and address of the firm	Processing aids	Quantity processed	Method of preparation
On site processing						

4. Processing Details

Sl. No.	Product	Type of processing	Name and address of the site	Processing aids	Quantity processed	Method of preparation
Off- site processing						

5. Maintenance of records



**Tamil Nadu Organic Certification Department
(TNOCD)**

6.0 Processing verification

7.0 Storage ,Packaging and labeling

8.0 Transport and Marketing

9. Risk Assessments

10.0 Sampling

11.0 Other considerations



**Tamil Nadu Organic Certification Department
(TNOCD)**

12.0 Deviation

Details of non-confirmity	Reference to NSOP

Details of non-confirmity	Reference to NSOP

Improvement Action:

Document to be provided	On or before

13. List of Attachments:

Signature

Date-----

(Person responsible for the farm unit)

**Signature
(Organic Certification Inspector)**



**Tamil Nadu Organic Certification Department
(TNOCD)**

**Form-15F
APPROVAL OF INPUT MANUFACTURING UNITS
CHECKLIST WITH COMMENTS**

Registration number of the
Unit:

--	--	--	--	--

Date of Inspection:

Time of Inspection:
From To

Inspector's Name:

**I General Particulars
1.0 Postal Details**

Name of the Firm.....

Street.....

Post office.....

Town.....

City.....

District.....

State.....

Country.....

Pin code.....

Phone No..... **Fax no**.....

e mail ID..... **Web url**.....

1.1 **Name of the Owner**.....

1.2 **Name of the Person Responsible**.....



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I. Management details

Details	YES	NO	Comments
1. Whether the firm has IQS ?			
2. Whether staffs are Qualified ?			
3. whether the staff posses adequate Knowledge about NPOP ?			
4. Whether the firm has adequate staff?			
5. Whether the firm is ISO certified ?			
6. Whether organizational chart is maintained?			

II. Technical details

Details	YES	NO	Comments
I. Ingredient details			
1. Whether the ingredients used are organic ?			
2. Whether purchase records are maintained?			
3. whether any prohibited ingredients are used?			
4. Whether any GMO is under use ?			
5. whether ingredients are stored separately?			

II. Process flow

Details	YES	NO	Comments
1. Whether process flow chart is maintained?			
2. Whether Hazard analysis critical control point(HACCP) is followed?			
3. Whether cleaning procedures are followed for equipments?			
4. Whether any prohibited inputs are used for cleaning?			
5. whether cleaning records are maintained?			
6. whether the process flow pose threat to environment?			
7. whether the process flow pose threat to worker's health?			
8. whether your product undergone any testing for it's efficacy?			



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(TNOCD)**

III. Storage

Details	YES	No	Comments
1. Whether storage facility is adequate?			
2. Whether all the products are labeled?			
3. Whether cleaning procedures are followed for storage room?			
4. whether any prohibited materials used for cleaning?			
5. whether packaging material used is biodegradable?			
6. Whether the label has all information?			
7. whether the tractability of product maintained or not?			

IV. Transport

Details	YES	No	Comments
1. Whether cleaning log book is maintained for transport?			
2. whether any prohibited materials used for cleaning?			
3. Whether entire consignment are labeled or not during transport?			
4. whether own transport facility is maintained?			
5. If hired , whether the transport contract is maintained?			
6. whether transport of organic material done separately?			
7. Whether trip sheet are maintained?			
8. whether the tractability of product maintained or not?			

IV. Record keeping System

Details	YES	No	Comments
1. Whether the records are placed securely?			
2. Whether all records are maintained starting from purchase of raw materials to the supply of organic input to the customers?			
3. Whether the records are up to date?			

V. Mass balance Calculation (attach work sheet)

Mass balance calculation is done for. _____ Item for this inspection.

Mass balance calculation is done for.....Item for the previous inspection.

D. Enclosures:

Signature
(Person responsible for the unit)

Signature
(Organic Certification Inspector)



**Tamil Nadu Organic Certification Department
(TNOCD)**

3.0. Unit location & condition

- a) Location and Layout of the unit
- b) History
- c) Condition of unit

4.0 Management and internal quality system.

5.0 Technical details

a)Ingredients

b)Process flow

c)Prohibited substances used including GMO

d)Storage

e)Transport



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(TNOCD)**

- f) Contamination control**
- g) Record Keeping**
- h) Mass balance calculation**
- i) Risk Assessments**
- j) Sampling details**
- k) Non conformities**

Sl.No	Details	Deviation found	Reference to NPOP

l) Improvement action

Document to be provided	On or before

**Signature
(Operator/Authorized representative)**

**Signature
(Organic Certification Inspector)**



**Tamil Nadu Organic Certification Department
(TNOCD)**

**Form 15G
Check List for Group Certification**

Registration number of the Group:

--	--	--	--	--

Inspection No.

I. General

1. Name and address of the group:
2. Person responsible of the group:
3. Person present at the time of Inspection

II. Inspection Of Internal Control System. Yes No comments

4. Whether IQS manual is present:
5. Whether the IQS Manual is adhering to NPOP norms
6. Whether the group is legally registered
7. Whether Organization structure is available
8. Whether adequate staffs are available
9. Whether records are maintained properly
10. whether list of sanction farmers are maintained



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III. Internal Inspection

11. Whether required internal inspections are Carried out.
12. Whether internal inspections are Documented
13. Whether the internal inspector is well versed With NPOP standards
14. Whether the group members Are aware of NPOP standards
15. Whether contamination control Measures are implemented

IV. Implementation of IQS

16. Whether buying procedure is maintained
17. Whether Trace ability of product is Maintained
18. Whether Trading procedure is maintained
19. Whether approval procedure is maintained
20. Whether any GMO used by the group

**Signature of representative
of the group**

Signature of External Inspector

Date:

Place:



**Tamil Nadu Organic Certification Department
(TNOCD)
Form 16G**

Inspection Report for Group Certification

Registration No. of the Group

Inspection No.

I. General

1. Name of the Group Inspected
2. Date Of Inspection
3. Inspection No.
4. Type of Inspection

II. IQS Development

III. Implementation Of IQS

**IV. Non – Conformities Noticed with
Reference to NPOP**

**V. Previous Non conformities found
and corrective action taken**



**Tamil Nadu Organic Certification Department
(TNOCD)**

VI. Maintenance of Records

VI. Internal audit review

VII. Quality System Improvement

Signature Of Inspector



**Tamil Nadu Organic Certification Department
(TNOCD)
Form-15 H**

CHECKLIST FOR DAIRY & LIVE STOCK WITH COMMENTS

Reg. No													
---------	--	--	--	--	--	--	--	--	--	--	--	--	--

Date:

Time:
From To

Name & Address of the Operator

A.General Details

1. Details of animals.

Animal	Breed	Number			
		Adults		Calves	Total
		Male	Female		

What is the method of breeding practiced? :

Natural service Artificial insemination Embryo transfer

**B.Feed materials
Comments**

Yes No

2. Whether feeds are organic
3. Whether feeds purchased outside
4. Whether feeds have possible contamination of GMO



Tamil Nadu Organic Certification Department (TNOCD)

5. Whether pre determined feed ration followed
6. Whether any feed supplement used
7. Whether any prohibited materials used in feed supplement

C. ANIMAL HOUSING

8. Whether space for animals adequate
9. Whether birds are reared in cages
10. Whether housing materials contain prohibited materials
11. Whether animal housing maintained clean and hygienic
12. Whether separate housing available for diseased animals

D. Animals and Animal Health management

13. Whether the breeds are disease resistant
14. Whether the calves feed with colostrum
15. Whether animals allowed for natural grazing
16. Whether grazing in public or other area done
17. Whether the animals are vaccinated
18. Whether prohibited materials used for animal treatment
19. Whether water feed to animals are potable condition
20. Whether any disinfectant added to water
21. Whether any growth regulators used
22. Whether artificial lighting given to poultry
23. Whether any prohibited materials used as bedding materials to animals/poultry
24. Whether any mutilation done to animal
25. Any antibiotics are used for maintaining animal health

E. Manure Management

26. Whether manures are disposed without polluting environment
27. Whether manures are sold to others

F. Handling of milk

28. Whether milking machines used
29. Whether any prohibited materials used for collecting and storing milk
30. Any prohibited materials used for udder and teats cleaning



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(TNOCD)**

H.Storage

31. Whether separate area available to store organic / inorganic feeds
32. Whether organic / inorganic products are stored separately
33. Whether the storage rooms are clean and hygienic
34. Any prohibited materials used for cleaning

J.Packaging

35. Whether any prohibited materials used in packaging
36. Whether packaging materials coated with prohibited materials

I.Marketing

37. Whether the products are labelled before marketing
38. Whether Organic/In-Organic product market separately
39. Whether marketing is done by transporting
40. Whether animal meat marketing done
41. Whether slaughter house is hygienic
42. Whether animals during transport are cared

J.Records

43. Whether animal history records are maintained
44. Whether birth records are maintained
45. Whether veterinary records are maintained
46. Whether purchase record for animals, feed etc., are maintained
47. Whether production records are maintained
48. Whether slaughter records are maintained
49. Whether sales records are maintained
50. Whether dead animal records, reason are maintained

Signature(Organic operator/Representative)

Signature(Organic Certification Inspector)



**Tamil Nadu Organic Certification Department
(TNOCD)
Form-16 H**

**INSPECTION REPORT FOR DAIRY & LIVE STOCK
Registration No.....**

Report No.....

Date and Time:

1.General details

1.1 Name and address of the Operator:

1.2. Name of the Inspector:

1.3 Type of Inspection: Announced /Unannounced

1.4 Details of previous visit:

Date	Details	Deviation found	Action taken

1.5 Name of the persons present at the time of inspection

i

2. Production details

Sl. No	Type (animal /Poultry)	No's	Yield (kg's/liters/no's) per annum	Category (organic/in conversion)

3.0. Farm location, history and condition

a) Location

b) History



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- c) Condition of farm
- d) Adjoining farms
- e) Condition of fodder crop
- f) Use of non-conforming input
- g) Buffer zone

4.0 Parallel and split production:

5.0 Pest and Parsite management

6.0 Disease management

7.0 water to animals

8.0 Animal and yard condition

9.0 Risk Assessments



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10.0 Storage

11.0 Other buildings

12.0 On farm processing of Dairy & Live stock products

13.0 Transportation

14.0 Marketing

15.0 Audit trail

16.0 Sampling

17.0 Other considerations



**Tamil Nadu Organic Certification Department
(TNOCD)**

18.0 Deviation

Farming /Collection	Reference to NSOP

Handling	Reference to NSOP

19.Improvement Action:

Document to be provided	On or before

20. List of Attachments:

**Signature
(Operator/Authorized representatives)**

**Signature
(Organic Certification Inspector)**



**Tamil Nadu Organic Certification Department
(TNOCD)**

FORM 17

EVALUATION REPORT

**PART – A
ASSESSMENT OF OPERATOR**

1. NAME OF THE INSPECTOR
2. NAME OF THE FARM INSPECTOR
AND INSPECTION NUMBER
3. DUE DATE OF INSPECTION
4. ACTUAL DATE OF INSPECTION
5. CLASS RISK OF THE OPERATOR
6. WHETHER RISK ASSESSMENT IS DONE
CORRECTLY
7. NON-CONFORMITIES NOTICED
 - i)
 - ii)
 - iii)
 - iv)
 - v)
8. CORRECTIVE ACTION TO BE CARRIED OUT

NAME OF NON-CONFORMITY

TIME LIMIT FOR
CORRECTIVE ACTION

EVALUATOR

COPY TO
QUALITY MANAGER
INSPECTOR
OPERATOR



**Tamil Nadu Organic Certification Department
(TNOCD)**

EVALUATION REPORT

PART – B

ASSESSMENT OF INSPECTOR

1.NAME OF INSPECTOR

2.REGISTRATION NUMBER

3.INSPECTION NUMBER

4.PARAMETERS ASSESSED

MARKS AWARDED

GOOD AVERAGE POOR

A.SIGNATURE OF INSPECTOR
/OPERATOR

- i). NO SIGNATURE IN INSPECTION REPORT OR CHECK LIST
- ii). EITHER ONE OF THE REPORT HAS SIGNATURE
- iii) BOTH ARE CORRECT

B.DATE OF SAMPLING AND SAMPLE RECEIVED

- i) RECEIVED WITHIN 24 HOURS
- ii) RECEIVED WITHIN 48 HOURS
- iii) RECEIVED AFTER 48 HOURS

C.LEGIBILITY OF REPORT

- i) NEAT
- ii) LEGIBLE BUT NOT NEAT
- iii) NOT LEGIBLE

D.REPORTING OF NON-CONFORMITIES

- i) CORRECTLY REPORTED WITH REFERENCE TO NPOP
- ii) REPORTED WITH WRONG REFERENCE
- iii) NOT REPORTED

E.IMPROVEMENT OVER PREVIOUS

- i) FULL IMPROVEMENT
- ii) PARTIAL IMPROVEMENT
- iii) NO IMPROVEMENT



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F.SCORE ABSTRACT	CURRENT INSPECTION	PREVIOUS INSPECTION	AVERAGE SCORE
------------------	-----------------------	------------------------	------------------

i) GOOD SCORE

ii) AVERAGE SCORE

iii) POOR SCORE

REMARKS:

ASSESSMENT OF INSPECTOR IS GOOD / AVERAGE / POOR

EVALUATOR

COPY TO

THE QUALITY MANAGER
PERSONNAL FILE
INSPECTOR CONCERNED



**Tamil Nadu Organic Certification Department
(TNOCD)**

Form-18

Check list /observation sheet for Internal audit of Quality Management System

1. Name of the Officer conducting internal audit with designation

1. Date of conducting Inspection

I. Management Review

Comments

- | | | |
|---|------------------------------|-----------------------------|
| 1) Whether all post as per organization chart filled up? | <input type="checkbox"/> yes | <input type="checkbox"/> No |
| 2) Record of attendance verified? | <input type="checkbox"/> yes | <input type="checkbox"/> No |
| 3) Whether Confidentiality agreement filed for all staffs? | <input type="checkbox"/> yes | <input type="checkbox"/> No |
| 4) Whether conflict of interest declared for the technical staff? | <input type="checkbox"/> yes | <input type="checkbox"/> No |
| 5) Whether Personal benefits are dispersed in time? | <input type="checkbox"/> yes | <input type="checkbox"/> No |
| 6) Whether administrative documents Properly maintained? | <input type="checkbox"/> yes | <input type="checkbox"/> No |

II. Technical Review

- | | | |
|---|------------------------------|-----------------------------|
| 7) Whether accreditation is renewed with the accreditation body(APEDA)? | <input type="checkbox"/> yes | <input type="checkbox"/> No |
| 8) Whether separate files for each Operator is maintained? | <input type="checkbox"/> yes | <input type="checkbox"/> No |
| 9) Whether all documents of operator is clubbed? | <input type="checkbox"/> yes | <input type="checkbox"/> No |
| 10) Whether Inspections are carried in time? | <input type="checkbox"/> yes | <input type="checkbox"/> No |
| 11) Whether efficiency of inspectors is assessment periodically? | <input type="checkbox"/> yes | <input type="checkbox"/> No |
| 12) Whether risk assessment is mentioned in the inspection report by OCI? | <input type="checkbox"/> yes | <input type="checkbox"/> No |
| 13) Whether evaluation of inspection report is carrier out in time? | <input type="checkbox"/> yes | <input type="checkbox"/> No |



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- 14) Whether the evaluator communicates the non-conformities to the operator in time? yes No
- 15) Whether corrective action taken by the operator are attached in the file? yes No
- 16) Whether certification Committee is Convened in time? yes No
- 17) Whether issue of certificates are Documented properly? yes No
- 18) Whether renewal of operators are done according to procedure? yes No
- 19) Whether logo control register is Maintained properly? yes No
- 20) Whether sub contracted activities are Carried out as per procedure? yes No
- 21) Whether technical committee is convened as per schedule? yes No
- 22) Whether manuals are revised according to the needs? yes No
- 23) Whether operators have appealed to the appellate authority? yes No
- 24) Whether operator's feed back assessment is carried out? yes No
- 25) Whether consumer feed back assessment is carried out? yes No

III. Training

- 26) Whether induction training is imparted to the new OCI? yes No
- 27) Whether Annual refresher training is given to all OCI? yes No
- 28) Whether organic certification training



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- is given to registered operators? yes No
- 29) Whether external resource persons
Are invited for imparting training to
technical staff? yes No

IV. Maintenance of records

- 30) Whether the records are maintained
as per procedure? yes No
- 31) Whether the records are kept in
Secured manner? yes No
- 32) Whether obsolete records are
Destroyed periodically? yes No

V. Financial Management

- 33) Whether fees are collected as per
fee structure? yes No
- 34) Whether the fees collected are
reconciled with treasury account? yes No
- 35) Whether finance sanctioned are
spent completely? yes No
- 36) Whether financial allocation are
required for development of infrastructure
facilities? yes No

V. Quality system Improvement

- 37) Whether previous audit defects
are rectified? yes No
- 38) Whether same defects are recurring
in the current year? yes No
- 39) Whether any deficiencies noticed by the
accreditation body (APEDA)? yes No
- 40) Whether continual improvement in
Quality System is evident? yes No

**Signature of the Internal
Auditor**



**Tamil Nadu Organic Certification Department
(TNOCD)**

**Form 19
INTERNAL AUDIT REPORT**

1. Name and Designation of the person Conducted audit :
2. Date of Audit:

AUDIT OUTCOME

1. TECHNICAL MANAGEMENT

2. FINANCIAL MANAGEMENT

3. PERSONNEL MANAGEMENT



**Tamil Nadu Organic Certification Department
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4. Maintenance of records

5. Training

6. Quality Improvement System Review

Signature of the Auditor



**Tamil Nadu Organic Certification Department
(TNOCD)**

OPERATORS RECORD FORMAT

**Format –A
Daily Works Record**

Date	Field No.	Area(Ac)	Work details	Input used Quantity (kg's)	Production obtained Quantity (kg's)

**Format –B
Input record**

Input Record

Date	Details of Inputs with bills	Input received Quantity (kg's)	Quantity used (kg's)	Balance quantity (kg's)

Format - C

Produce register

Date	Crop / Variety	Field No	Area(Ac)	Yield (Kg's)	Lot No.

Format - D

Processing register

Sales Record

Date	Crop / Variety	Lot No.	Method of processing	Ingredients used	Finished product(Kg's)



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Format- E

Logo register

Sl.No	Crop and Variety	Lot No	Quantity (Kg's)	Serial No. Allotted		Used Numbers		
			Unit of packing	From	To	From	To	Balance

Format - F

Sales register

Date	Crop / Variety	Lot No.	To Whom Sold	Sales (Kg's)	Balance(kg's)