ORGANIC SYSTEM PLAN FOR INPUT APPROVAL

1. General information

1.1. Name & address of the company/firm:

Name	:	Village	:
City/Town	:	District	:
State	:	Pin code	:
Phone No.	:	Email ID	:

1.2. Legal status :

1.3. Registration No. of the company :

1.4. Details of responsible person for input manufacturing:

Name & Address :

Contact No. :

Email ID :

1.5. No. of production units for input manufacturing and their locations:

1.6. Annual turnover of the company:

1.7. Whether the company is ISO Certified (If yes, provide details) ☐ Yes ☐ No

1.8. Per day Capacity of Manufacturing Plant

1.9. Input production for the whole year

1.10. Give details if any split/parallel operation /manufacturing is being done.....

1.11. Quality management system:-

a. Organizational chart.....
(A copy to be attached with qualification and training details of staff members)

b. Surveillance of product at regular interval.....

c. Compliance of standard.....

d. Corrective action taken in case of non-compliances etc.....

e. Procedure for dealing with complaints/ input reported sub-standard after sale.

f. Details of qualification and Training provided for staff

2. Product information

2.1. Whether offered product approved/compliance under Biofertilizer / Insecticide / Pesticide Act (Enclose Relevant documents for verification, Submit Certificate)

2.2. Whether Ingredients/Production aids are Approved/Restricted as per NPOP norms

S.No.	Product	Name of ingredient/ processing aids	Source (Herbal/Synthetic)	Purpose of Use

2.3. Which process is followed for preparation of inputs and mention the flow chart in detail

3. Natural conservation

3.1. How to maintain the stability of the habitat and species within the collection area of raw material

3.2. What is the environmental habitat influence by the raw materials used /input manufacturing/disposal of waste products

3.3. How to ensure that whole process of input manufacturing not affect the surface or ground water, air or soil.....

4. Safety and Health hazards

4.1. Distance from nearby chemical production unit/or any other environmental /health hazards from this unit.....

4.2. Is the input which accumulates in organisms or systems of organisms and inputs which have, or are suspected of having mutagenic or carcinogenic properties

4.3. Public hygiene and sanitation facility availability.....

4.4. Whether NOC taken from pollution control board or authorized govt. dept.

4.5. Emergency/first aid /Fire fighting measures at input manufacturing site.

5. Packaging & labelling and Transportation

5.1. Lot numbering/ bar-coding system - [batch no., date of manufacturing, Qty, best use before, whether poisonous or not, method of use, composition to be displayed on label/ bags etc.,

5.2. Packaging & labelling whether - eco friendly or not. [it should be bio degradable and no extra/unnecessary packaging needed]

5.3. Transportation and marketing procedure in brief.....

5.4. Sanitation method and name the cleaning agent applied, is it according to NPOP approval list

6. Testing

6.1. Testing facility of raw material and finally produced product- whether own lab/ name of outside lab with status

7. During inspection I will present following documents to APSOPCA authorities:

S. No	Type of document	Yes	No	Remarks
1.	Site map			
2.	Flowchart of processing			
3.	Receipt / invoice of all ingredients			
4.	Receipt for all sold products			
5.	Sample of packing materials			
6.	Input certificate for the imported products			

8. If necessary, I will submit the following documents to APSOPCA

S. No	Type of Document	Yes	No	Remarks
1.	Complete list of ingredients			
2.	Complete list of processes			
3.	Govt. Registration document			
4.	Chemical analysis report			
5.	Contract with subcontractor			

9. Information about Storage facilities

Please list out of all storage facilities for raw materials and finished products

S. No	Name of the location and Address	Type of storage	Materials stored	Responsible person

a. Method of cleaning of storage units: .....
b. Methods used for cleaning and sterilizing the processing units .....
c. How do you control/prevent storage insect pests in storage areas .....

10. Record keeping

a. Dou you have continuous record keeping ☐ Yes ☐ No
b. Documentation of products flow: _____
c. In what way the purchase of goods / raw materials are documented _____
d. In what way the goods sold are documented (outward movement) _____
e. Procedure to trace back of single lot: _____
f. Give the Name of Records and Logs maintained for production
g. Others:

11. Do you have any Sub-Contracted service ☐ Yes ☐ No

If yes, list out all companies

S. No	Sub contractor	Sub Contracted service
1.		
2.		

3.		
4.		

Declaration

I hereby declare that all the above information given in this form is true to the best of my knowledge.

Place:
Date:

Signature of the Operator

//Approved//

Evaluator, APSOPCA, Guntur