

**ORGANIC SYSTEM PLAN FOR WILD COLLECTION**

S. No	Particulars										
1	Name of the Wild Collector/ Unit :										
2	Address										
3	Name of the authorized : person										
4	Address of the collection area : with GPS Coordinates										
5	Forest Permit Number :										
6	Mobile No. :										
7	Email Id :										
8	Number of Collector :										
9	List the brand name and the technical name of the products wild collected :										
10	What is the quality management system (QMS) followed by the organization?										
11	List out the records maintained by the organization										
12	Give the list of all your approved suppliers										
13	Give the source of each product along with the organic status <table border="1"> <thead> <tr> <th>Name of the Collector</th><th>Name of Product Collected (Local Name and Botanical Name)</th><th>Quantity collected (MT)</th><th>Potential Quantity Permitted (MT)</th><th>Location of Collection area with GPS coordinates</th></tr> </thead> <tbody> <tr> <td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>	Name of the Collector	Name of Product Collected (Local Name and Botanical Name)	Quantity collected (MT)	Potential Quantity Permitted (MT)	Location of Collection area with GPS coordinates					
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14	Collection takes place in groups, organized and supervised by your company?										
15	Please describe, how you train collectors, who is responsible for training, how often you do this, and which items are treated in training events:										
16	Give the annual potential estimated quantity of wild collected products for each product?										
17	Describe, who supervises the Collector and describe process?										

18	Describe the precautions taken to prevent comingling of organic and conventional products?		
19	How do you ensure that your collection methods are sustainable and do not harm the forest?		
	Major and Minor Forest Produce being collected		
	Name of the Plant	Part collected	Available Maximum Qty. Gross wt. / Km2
	Post harvest handling - Please describe in detail all steps, which your products undergo after harvest. If necessary, distinguish between different species or regions:	Step	Place of post harvest handling
	Describe pest control in post-harvest treatment:		
	Describe Records and traceability		

**Declaration by the Applicant:**

The above given Information on this form is true and correct to the best of my knowledge:

Signature of applicant :

Date:

Place:

**ORGANIC SYSTEM PLAN (OSP) is verified by**

Name of Inspector:

Signature of Inspector:

Date:

Place:

If a change in the OSP is identified by the inspector, please mention it here: