

**ORGANIC SYSTEM PLAN FOR INDIVIDUAL OPERATOR**

**1. General information**

1.1. Name of the Individual:

1.2. Address of the farm:

1.3. Details of the responsible person for signing agreement with APSOPCA

a. Name:

b. Designation:

c. Phone No.:

d. Email ID.:

1.4. Crops proposed to be cultivated during the year:

**a) Organic crops**

S. No	Crop	Organic Status (C1/C2/C3/Organic)	Area (Ha)	Crop Season (Kharif/Rabi/Summer/perennial)	Crop occupation (Main/Inter/Buffer)	Estimated Yield (MT)

(Note: C1= First year Conversion, C2= Second Year Conversion, C3 = Third Year Conversion)

**b) Non-Organic Crops**

S. No	Crop	Crop Season (Kharif/Rabi/Summer/perennial)	Area (Ha)	Crop occupation (Main/Inter)

**2. Seed and Planting Material**



	Trees/Animal Species		Residues

**6. Water Management**

S. No	Source of Irrigation	Method of irrigation

**7. Weed management**

S. No	Name of the Weed	Control measure (Crop rotation, Field preparation hoeing, mulching, soil sterilization, livestock, inter-cultivation, mechanical grazing etc.,)

**8. Pest and Disease management**

S. No	Name of the Pest/Disease	control measure (crop rotation /companion planting/selection of specific species/varieties/mechanical traps/pest repellants/none/others)	Status of control product (permitted/restricted)

Note : If restricted products are used for control of pests and diseases, justify the reason.

**8. Maintaining of buffer areas**

S. No	Type of buffer crop/ tree line/ hedge row/ wild life planting/ gram strip	Width of buffer	Adjoining land use


8.1. If crop is harvested from buffer zone, describe use?

**9. Crop contamination**

9.1. Do you grow the same crops organically, as well as in conversion and/or conventional  Yes

No

If yes, describe the details \_\_\_\_\_

**10. Equipment**

S. No	Name of equipment	Earlier used in Conventional (Yes/No)	How is equipment cleaned before use on organic fields.

**11. Harvest and Post Harvest Handling**

Activity	Method (Mechanical/Manual)
Harvesting	
Threshing	
Drying	
Collection	

**12. Product Storage**

The product is stored at	<input type="checkbox"/> On Farm <input type="checkbox"/> Off Farm
Measures adopted for stored products to prevent Commingling and Contamination with prohibited	

substances	
Measures adopted to clean the storage units/bins prior to storage of organic products.	
How do you prevent/control storage insect pests in crop storage areas?	
How do you control rodents in crop storage areas	

**13. Transportation**

Measures taken to avoid potential contamination/ Comingling during transportation of Organic Products	
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**14. Livestock**

S. No	Name of the species	No. of Animals
1.	Cows	
2.	Calves	
3.	Buffaloes	
4.	Goats	
5.	Sheep	
6.	Poultry Birds	
7.	Others	

**15. Record keeping system**

Which of the following records do you keep for organic production?

Farm map (Showing all boundaries of the farm, water resources, crops, roads, other land marks)

Farm dairy

Land documents

**Affirmation**

The above given Information on this form is true to the best of my knowledge. I agree to provide further information as required by the APSOPCA.

Place:

Date :

APSOPCA/ 03.a Organic System Plan for Individual Operator	Revision number: 02
	Revision date : 22.02.2023

Signature of the Operator

**Only to be filled in during inspection:**

Date of Inspection

Signature of Inspector

