

Business/ Trading Name:			
Cert No.		Client Name	

## ACO – CERTIFIED CLIENT STATEMENT AND ORGANIC HANDLING PLAN UPDATE



### Contract Processor/Contract Packer

***\*Please keep the original and give a copy to the auditor. The Auditor completing your annual audit will witness your signature and return the document to ACO Head office together with your audit report. (If you are currently JAS or USDA NOP certified, please send a copy of this to ACO office for document review BEFORE your annual audit.)***

Please complete this form, providing details/activities since your last audit. All relevant sections must be completed to ensure accurate information is recorded on your Licence Agreement and Certification Certificate.

As this Declaration is covering a wide range of sectors, some questions may not relate to your industry. If so, please mark "N/A". If extra information is to be supplied (eg copies of sections of your business' Organic Management Plan or related HACCP manual/s) please append these to this declaration and note next to the relevant questions that this is so.

#### SECTION ONE: General Information

1) Owner FIRST NAME		SURNAME	
2) Contact person		SURNAME	
TRADING NAME:			
LICENCEE'S TRADING NAME:			
LICENCEE'S CERTIFICATION NUMBER:			
CERTIFIED PRODUCTS:			
Facility Address			
<input type="checkbox"/> Phone		<input type="checkbox"/> Mobile	
<input type="checkbox"/> Fax		<input type="checkbox"/> Email	

Date of last audit:		Year first certified:	
Type of operation:			
What year did you last submit a complete Organic Handling Plan?			
Have you reviewed your last complete Organic Handling Plan prior to completing this update?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Date that OHP was reviewed:		
Do you have a current copy of the Standard? (Australian Organic Standard, NOP, JAS as relevant)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Standard name & Version:		
Estimated annual total production	<b>% Organic</b>	<b>% non-Organic</b>	

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#### SECTION TWO: Description of Measures Taken to Meet Previous Year's Corrective Action Requests

This is an important part of your annual application. Failure to address previous requirements could result in suspension of certification. Please refer to last year's Licence Agreement and Audit report.

Were there any Corrective Action Requests from last year's audit?  Yes  No

a) If yes, please complete the following table, listing each CAR and the action taken to address the CARs. Attach relevant documents if necessary.

Corrective Action Requests	Action taken to address the CAR

#### SECTION THREE: Approved Supplier Program - List products, handled at the facility, which are certified by other organic certifying bodies.

Supplier's name	Product	Certifying body	Certification number	Is product relabelled or used as an ingredient?

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**SECTION FOUR: Pesticide use information of the last 12 months (attach MSDS and/or labels, facility trap maps etc..)**

Substance	Target Pest	Location where used	Method of application	Date of last application

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#### SECTION FIVE: Organic Handling Plan Update

Have you added any of the following since last audit:

- |  |                             |                              |
|--|-----------------------------|------------------------------|
| New Certified Product (Already Approved by ACO)    | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| New Processing Facility<br>(Facility Map required) | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| New Storage Facility                               | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| Other (Please Specify):                            | <input type="checkbox"/> NO | <input type="checkbox"/> YES |

Have you changed any of the following since last audit:

- |   |                             |                              |
|---|-----------------------------|------------------------------|
| Processing Equipment  | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| Product Flow<br>(Updated Flowchart showing Organic Control Points required)           | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| Labelling   | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| Packaging   | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| Pest Management / Inputs<br>(MSDS required)   | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| Sanitation Management / Inputs<br>(MSDS & Verification of AQIS registration required) | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| Water Source, Quality and/or Usage<br>(Copy of Water Test required)                   | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| Waste Water Disposal  | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| Waste Product or By-Product Disposal  | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| Product Storage<br>(Updated Facility Map Required)                                    | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| Transportation  | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| Record Keeping  | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| QA or HACCP Certification   | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| Buildings / Infrastructure<br>(New Facility Map required)                             | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| Other (Please Specify):   | <input type="checkbox"/> NO | <input type="checkbox"/> YES |

**\*If you have ticked "YES" to any of the above, please summarise changes on the following page.**

**\*Please also update your Organic Handling Plan to cover all aspects of management. Give a copy of the updated pages or entire updated OHP to the auditor. Attach a copy of relevant documents, as necessary.**

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### **SECTION TEN: Organic Handling Plan Update – Summary of changes made**

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### SECTION ELEVEN: Affirmation

I affirm that all statements made in this Organic Handling Plan are true and correct. I agree to comply with the Food Standard of Australia and NZ (and other Government regulations) and the Australian Organic Standard. I understand that the facility may be subject to unannounced audit and/or organic products may be sampled and tested for residues at any time. I agree to provide further information as required by ACO.

Name: \_\_\_\_\_ . Title: \_\_\_\_\_ .

**The following documents attached, as required.**

- Product flow chart (outline Organic Control Points)
- Facility map
- Pest management map of traps and monitors
- MSDS for sanitizer and pest control substance
- Other, specify:

<b>CLIENT SIGNATURE:</b>			
	Print Full Name Clearly	Signature	Date
<b>AUDITOR SIGNATURE:</b>			
	Print Full Name Clearly	Signature	Date