



TELANGANA STATE ORGANIC CERTIFICATION AUTHORITY

HACA Bhavan, Opp. Public Gardens, Saifabad, Hyderabad - 500 004

ORGANIC SYSTEM PLAN FOR CROP PRODUCTION (Individual/Grower group)

Operator Code:

Date:

1. General Information						
1.1	Name of the Individual/Firm/Company:					
1.2	Address of the Farm:	Address for Communication:				
	Telephone No:					
1.4	Email Id:					
1.5	PAN no.:	Aadhar No.:				
1.6	Area of Farm(In Acres)					
1.7	Area all farms situated at one place (If not give details of each farm location with map):					
1.8	GPS (Location link)					
2. FIELD HISTORY: for the past 3 years						
Sl. No.	Year	Survey No.	Season	Area	Crop	Last date of Chemical usage
3. CONVERSION PLAN:						
Total area cultivated by the Operator						
Area under 1 st Year Conversion						
Area under 2 nd Year Conversion						
Area under 3 rd year conversion						
4. CROPS PROPOSED TO BE CULTIVATED DURING THE YEAR:						
Sl. No.	Survey No.	Organic Status C1/C2/C3/organic	Season Kharif/Rabi/Summer	Crop	Intercrop	Buffer Crop
2. Water Management						
2.1	What is the source of the water? (Check all that apply)					
	1. Wells /Bore well	<input type="checkbox"/>	2. Irrigation Canal	<input type="checkbox"/>		
	3. River/Pond	<input type="checkbox"/>	4. Spring	<input type="checkbox"/>		
	5. Other(Specify)	<input type="checkbox"/>				
2.2	What is the type of irrigation system?					
	1. Drip <input type="checkbox"/> 2. Flood <input type="checkbox"/> 3. Sprinkler System <input type="checkbox"/> 4. Other(Specify) <input type="checkbox"/>					
2.3	Is Water testing got done? Yes <input type="checkbox"/> No <input type="checkbox"/>					
	<i>Attach the report of water test</i>					
2.4	Is any input products are applied through the irrigation system? Yes <input type="checkbox"/> No <input type="checkbox"/>					

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	If "Yes" please attach list for products.					
2.5	Which products do you use to clean irrigationlines / nozzles:					None <input type="checkbox"/>
2.6	Describe your efforts to minimize water contamination problems.					
3.	SEED/Planting Material : Describe your source of Seed:(Please attach the list of all seeds used or plan for use in current season & documentation of seeds (Non-GMO)Affidavits to this)					
Sl. No.	Survey No.	Crop	Type of Seed, Seed/Seedling /Planting Stock	Organic Status (Organic/Chemically untreated hybrid seeds for planting stock)	Seed Source (Name & Address)	Seed Treatment material used
3.1	What types of buffer zones do you maintain around your organic fields: 1. Tree lines <input type="checkbox"/> 2. Hedgerow <input type="checkbox"/> 3. Road <input type="checkbox"/> 4. Bund <input type="checkbox"/> 5. Grass Strip <input type="checkbox"/> 6. Harvested Buffer Crop <input type="checkbox"/> 7. Plough Down Buffer Crop <input type="checkbox"/> 8. Canal <input type="checkbox"/> 9. Trench <input type="checkbox"/> 10. Live fence <input type="checkbox"/>					
4.	Do you grow both Organic and Non organic crops (Parallel Production) Yes <input type="checkbox"/> No <input type="checkbox"/>					
4.1	How do you prevent your organic crops from coming into contact with nonorganic crop?					
4.2	Please describe commingling prevention from contact with conventional input/products for all stages (Planting /During harvest/Instorage) of production. Do you grow the same crops- split production (organic and nonorganic organically, as well as in transition and conventionally? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Please give details of crop name, seed used, production etc.					
4.3	Do you use any prohibited soil amendments, herbicides and or pesticides on your conventional fields? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list the prohibited inputs that are being used.					
5	Soil fertility and Nutrient management:					
5.1	Describe the tillage and cultivation practices: _____					
5.2	Please attach list of all fertility inputs used or intended for use in the current season					
Sl.No	Crop	Area	Input Used	Brand Name	Source (Name & Address)	
5.3	What are the major component of your soil fertility plan					
	1. On-farm manure <input type="checkbox"/>		2. Crop Rotation <input type="checkbox"/>		3. Green manure plough down <input type="checkbox"/>	
	4. Inter cropping <input type="checkbox"/>		5. Compost <input type="checkbox"/>		6. Summer fallow <input type="checkbox"/>	
	7. Off farm manure <input type="checkbox"/>		8. Soil Conditions <input type="checkbox"/>		9. Soil inoculants <input type="checkbox"/>	
	10. Foliar fertilizers <input type="checkbox"/>		11. Cover crop <input type="checkbox"/>		12. Cover crop <input type="checkbox"/>	
5.4	Do you burn crop residues at farm?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.5	Do you apply sewage sludge to fields?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.6	Which state of manure are you using to improve solil fertility? 1. Composted <input type="checkbox"/> 2. Uncomposted <input type="checkbox"/>					
5.7	What is the source of manure				off-farm <input type="checkbox"/>	On-farm <input type="checkbox"/>

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5.7.1	If, off-farm manure is used <i>please keep manure receipts</i> and “No additive” statement in records. Statement in records. List all sources of off-farm manure purchase and obtain prior permission from CB				
6.	Management:				
6.1	Weed management Plan:				
6.1.1	What are your problem weeds:				
6.1.2	What weed control methods do you use? Crop rotation <input type="checkbox"/> Field preparation <input type="checkbox"/> Soil sterilization <input type="checkbox"/> Use of hand tools <input type="checkbox"/> hand weeding <input type="checkbox"/> Other(Specify) <input type="checkbox"/>				
6.2	Pest & Disease Management				
6.2.1	What strategies do you use to control pest damage to crops? 1. None <input type="checkbox"/> 2. Crop rotation <input type="checkbox"/> 3. Timing of planting <input type="checkbox"/> 4. Companion planting <input type="checkbox"/> 5. Hand picking monitoring <input type="checkbox"/> 6. Trap crops <input type="checkbox"/> 7. Physical barriers <input type="checkbox"/> 8. Trap <input type="checkbox"/> 9. Lures <input type="checkbox"/> 10. IPM <input type="checkbox"/> 11. Insect repellents <input type="checkbox"/> 12. Animal repellents <input type="checkbox"/> 13. Release of predators/parasites of pest species <input type="checkbox"/> 14. Use of approved products <input type="checkbox"/> 15. Selection of plant species/varieties <input type="checkbox"/> 16. Development of habitat for natural enemies <input type="checkbox"/> 17. Other(Specify) _____.				
6.2.2	List the Problematic crop pests and diseases that you may encounter on your farm: Crop: Pest: Disease:				
6.2.3	Inputs for disease and pest control:				
S.No	Crop	Name of Pest/Disease	Substance Used	Brand Name	Source(Name Address)
7	Equipment handling:				
	Equipments Used		Method used to prevent comingling and contamination with prohibited substance		
8.	HARVEST AND POST HARVEST MANAGEMENT				
8.1	Harvest Management				
8.1.1	How the organic crops harvested? Mechanical <input type="checkbox"/> By hand <input type="checkbox"/>				
8.1.2	Describe steps taken to protect organic crops from comingling and contamination during harvest.				

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8.1.3	Yield				
Sl. No	Plot No	Crop	Area	Season Kharif/Rabi/Summer	Expected Yield (qtls)
8.1.4	Do you use the same storage areas for organic, transitional, buffer, and /or conventional crops Yes <input type="checkbox"/> No <input type="checkbox"/> Sold without storage <input type="checkbox"/> If yes, how do you segregate organic crops from non-organic crops?				
8.1.5	How do you clean storage units prior to storage of organic crops?				
8.1.6	How do you prevent/control insect pests in crop storage areas? No insect problems <input type="checkbox"/>				
8.1.7	How do you control rodents in crop storage areas? No insect problems <input type="checkbox"/>				
8.1.8	How do you control rodents in crop storage areas?				
8.1.9	Are any stored crop inputs used or planned for use on organic crops? Yes <input type="checkbox"/> No <input type="checkbox"/>				
8.1.10	If yes, specify input and retain labels.				
9	Transportation				
9.1	Who is responsible for arranging transportation of organic produces? Self <input type="checkbox"/> Buyer <input type="checkbox"/> Other (Specify) _____				
9.2	Describe how organic products are transported.				
9.3	What potential contamination or commingling problems do you have with the transport of organic crop? None <input type="checkbox"/>				
9.4	What steps are taken to protect the integrity of organic products during transport?				
10	Record keeping system				
	1. Field maps				
	2. Farm diary				
	3. Input records for seeds, manure, and pest control products (keep all labels)				
	4. Residue analysis of inputs(i.e., manure, source off-farm)				
	5. Monitoring records(Soil test, water tests, quality test, observations)				
	6. Equipment cleaning records				
	8. Harvest Records(field numbers, date of harvest, and harvest quantity)				
	9. Sales Records(Purchase order, invoice, cash receipts)				

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

Signature of Operator:

Date:

Place:

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