

## **ORGANIC MANAGEMENT PLAN (OMP) - (Wild Collection: Plant Products)**

Applicable Standards: **NPOP** (considered equivalent to Council Regulation (EC) No. 834/2007 (Category A & F) and Swiss Organic Farming Ordinance for Unprocessed Plant Products Originating in India) (Chapter 3 Appendix 1, 11)

### **1.0 General Information:**

S.No.	Particulars	Remarks (Yes/No/NA/Explanation)
1.1	Name of Firm/ Unit/ Owner:	
1.2	Name of Operator/ Owner/ Management:	
1.2.1	Address with Email and Telephone No.:	
1.2.2	Are you already registered/certified by another certification body: Yes/No?	
	If yes: - Name of CB:	
	- Certification Programme	
	- Date of first inspection	
	- Date of cancellation	
	- Reason to change	
1.2.3	Location and Map:	
	<b>Route Map of wild collection zone with distance:</b>	
1.2.4	Field Map of collection area with surrounding information / activities: Is Attachment available?	

### **2.0 Collection Area Details:**

Particulars	Remarks
Total Area (Ha./Sq Km).	
Description of Organic collection/ gathering area (Ha) and details of collection zones.	
Collectors list (The necessary details may be annexed) .	
Details of nearby conventional agriculture area (Ha.): The necessary details may be annexed.	
Details of the Ecology of collection area.	

### **3.0 Organic Products details:**

Particulars	Remarks
Name of the Product Harvested/ Gathered:	
Form of Product:	
Location:	
Area (Ha):	
Yield Estimation (Kg):	

**\*\* Note:** Separate information has to be provided for each product and extra sheet may be enclosed.

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#### 4.0 Operational Details: Applicable as per your area of operation:

##### 4.1 Harvest /Post harvest Procedures:

4.1.1 Explain in detail about Harvesting/Collection (Method of collection/Stage of collection/Frequency of collection /Action undertaken to protect/ maintain/ improve the organic integrity)

4.2.2 Explain in detail about Threshing (If done)

4.2.3 Explain in detail about Drying (If done)

##### 4.2 Storage Management:

4.2.1 Explain in detail about Raw Product (Capacity of store, Action undertaken to protect/ maintain/ improve the organic integrity and procedure)

4.2.2 Processed produce (loose/bulk) (Capacity of store, Action undertaken to protect/ maintain/ improve the organic integrity and procedure)

4.2.3 Finished-unit packing

4.2.4 Pest control for the above activities (main pests/method and frequency of control)

##### 4.3 Transportation management:

4.3.1 Raw material

4.3.2 Packed product / finished produce

##### 4.4 If on Site processing:

Use of ingredient/processing aids:

Yes ☐ No ☐

Type of processing: \_\_\_\_\_

4.5 If on Site Handling /Marketing: Type of marketing: \_\_\_\_\_

#### 5.0 Labeling:

Describe how the labeling is done for different products?

#### 6.0 Record Keeping by Registered Operators:

Indicate which type of records you maintain:

Organic Record	Description
	<b>Agreements/ Permissions from the concerned authorities.</b>
Yes / No	Field maps
Yes / No	Sustainability survey records
Yes / No	GPS record
Yes / No	Collectors' name and ID
Yes / No	Product collection records
Yes / No	Processing records
Yes / No	Sales records
Yes / No	Other (Describe)

Do you use a lot numbering system to identify harvested crops? If yes give an example and

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describe or show how it works:
Describe the traceability of your produce from collection to sales:
<p><b>7.0 Affirmation:</b></p> <ul style="list-style-type: none"> <li>The operator affirms that the description of methods and the practical measures described in Organic management plan (OMP) have been completed truthfully.</li> <li>The operator affirms all statements made in this application and annexes are true and correct.</li> <li>The operator affirms that acceptance of this questionnaire in no way implies granting of certification by SNRMS.</li> <li>The operator affirms that he will notify SNRMS each year, before the date indicated by SNRMS, of its schedule of production of crop products, giving a specification by land parcel.</li> <li>The operator affirms that he will notify SNRMS annually, if any changes occur in the description of methods or of the practical measures described in this form (OMP) in due time by sending an updated Organic management plan. Together with the Organic management plan, the operator will send; A summary statement, supported by documentation, with all changes made to the previous year's Organic management plan during the previous year. Any additions or deletions to the previous year's Organic management plan, intended to be undertaken in the coming year. An update on the correction of minor non-compliances previously identified by the certifying agent as requiring correction for continued certification. Any other information as deemed necessary by the certifying agent to determine compliance with the regulations.</li> <li>The operator affirms that when he considers or suspects that a product which he has produced, prepared, imported or been delivered from another operator, is not in compliance with this regulation, he shall initiate procedures either to withdraw from this product any reference to the organic production method or to separate and identify the product. He will only put it into processing or packaging or on the market after elimination of that doubt, unless it is placed on the market without indication referring to the organic production method. In case of such doubt, the operator shall immediately inform SNRMS.</li> <li>The operator will grant SNRMS complete and unlimited access to the production or handling aspects of the operation including non-certified production areas, structures, or offices for the purpose of on-site inspections.</li> <li>The operator will allow authorized representatives of SNRMS access to these records under normal business hours for review and copying to determine compliance with the act and regulations.</li> </ul>
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">Date:</div> <div style="width: 70%; height: 80px; border: 1px solid black;"></div> </div>
Signature Operator/ Representative/ Authorized Signatory:

**Only to be filled during Audit:**

Date of Inspection:		
	Signature of Auditor:	Signature Operator/ Representative/ Authorized Signatory:

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