

NAME: _____

SMALL FARM MANAGEMENT PLAN

FARM BUDGET AND BALANCE SHEET

FARM/FOOD SAFETY PLAN

RECORDKEEPING FOR ORGANIC PRODUCTION

PRODUCED BY:



&



Farmer Name:			Acres:	*****	Expens
Farm Location:			City:		
Family Members:		Updated:	*****		Seeds
					Descrip
Cash Inflow		Cash Outflow			
<u>Source</u>	Inflow	<u>Source</u>	Outflow		
0	0				
0	0	Seed & Plants		0	
0	0	Soil/Potting Mix			
0	0	Potting Supplies		0	
0	0	Fertilizers			
0	0	Crop Protection			
0	0	Plastic Mulch/Row Covering			
0	0	Crop Insurance			
0	0	Fuel & Oil			
0	0	Repairs			
0	0	Land Rent		0	
0	0	Building Rent/Lease			
0	0	Hired Labor			
0	0	Custom Labor			
0	0	General Farm Insurance			
0	0	Irrigation Expense			
0	0	Storage			
0	0	Packaging/Selling Supplies		0	
0	0	Marketing Expense			
0	0	Hauling & Trucking			
0	0	Professional Dues & fees		0	
0	0	License and Certifications		0	
0	0	Utilities			
0	0				
#REF!	#REF!				
0	0				
0	0	Cash Farm Outflow Total		\$0	
0	0				
0	0	Non-farm Outflow			Packag
0	0	Family Living			Descrip
0	0	Income and Social Security Tax			
0	0				
Total Farm Inflow	#REF!				
		Debt Repayment			
Non-Farm Contributing Inflow		Operating Interest			
Personal Wages & Salary	0				
Total Inflow		Total Outflow			
	#REF!			\$0	
		Net Cash Flow		#REF!	

Farm/Food Safety Plan 20__

FARMS NAME: _____

Farm Manager: _____

Farm Address 1: _____

Farm Address 2: _____

Business Address: _____

Contact Information:

Name: _____

Phone: _____

Email: _____

Alternative Phone/Email: _____

Last Review Date: _____

Signature

Farm Mission Statement

Our mission is to grow and sell fresh produce to local markets like farmers' markets, schools, institutions, and wholesalers. Farm and food safety is an integral part of our farm operation. We are committed to producing and marketing safe produce through practices that promotes good principles of food safety and quality.

We grow many varieties of vegetables on a total of _____ acres to serve the needs of our customers.

Our farm operation consists of our family members:

- Farm Manager: _____
- Farm workers: _____
- Farm business workers: _____

Crops grown this season:

Beans – Green
Beans - Yellow
Beans – Purple
Banana Peppers
Beets
Beet Roots
Bell Peppers
Bok Choy – Greens
Broccoli
Brussel Sprout
Cabbage - Mammoth Red Rock Carrots
Collard
Cucumbers
Green Onions
Habanero Pepper
Jalapeno
Kale
Kohlrabi
Lettuces
Okra
Onion
Pepper – Thai Hot Chill
Potatoes - Red

Potatoes - Yellow
Potatoes – Blue
Spinach
Summer Squash
Sugar snap peas
Peas-pod
Radish – Red Radish
Swiss Chard
Tomatoes - Beefsteak
Tomatoes - Cherry
Tomatoes - Romano
Tomatoes - Sweet Campari
Tomatoes – Turkish Orange
Winter squash
Zucchinni

Farm Health & Hygiene Policy

Training

All workers including family members and volunteers attend a training before they begin work for the season. The training covers all policies about hand washing, eating, illness, and injuries. All workers watch a training video each year before the start of the season. We keep training video log sheet.

- Training Video Log Sheet

General Food Safety

Pre-operative Site Inspection

_____ performs an inspection of the farm before we proceed with harvest. We inspect for signs of animals or other hazards and document if we see them. Activities and actions steps are documented in the farm calendar.

- Pre-harvest Site Inspection SOP
- Farm Calendar – document inspection and action steps.

Pest/ Animal Control

Domestic Animals

There are no livestock at the farm. Pets are not allowed on the farm.

Wild Animals

We watch for wild animals such as turkeys, deer, and bobcats, wild animal feces, and feeding. We use net fence and orange rope to discourage wild animals entering and or lingering in the field. We are also using net fence to block wild animals from entering the field.

Water

There is no water source at the farm site. All produce washing is done at the _____ Warehouse. The water used for produce washing is municipal water.

- Municipal water from : _____

Designated Areas

- All farming tools/ equipment will be stored at the shed by the farm fields and garage. Farming tools/ equipment are washed with soap, brush and rinse with hoses after every time it is used in the field. In morning before used we sanitize all tools and let air dry.

- Hand washing station will be set up next to the break area.

PERSONNEL

Work Clothing

All workers wears clean and neat clothes to work. All workers must wear appropriate footwear such as boots, and shoes while working in the farm. Sandals and open toed shoes are not to be wear at the farm site.

Hand Washing

Everyone wash their hands and scrub fingernails when they arrive to work. All workers must wash hands after they use the toilet, after smoking, before and after eating, before they pick vegetables, and after using chemicals.

We have portable hand washing station and toilet on the farm. The toilet is serviced once a week by _____ every _____. The hand wash station will be checked for material 2 times per week and water are filled every other day or when low on water.

- _____ will check the service log kept by the company.
- _____ is responsible for filling soap, water, and paper towels at the handwashing station. We keep record of when we refill soap, water, and paper towels in the farm operation planner.
 - Farm Calendar – document review of service log and filling/refilling of hand-washing station.

Injury and Illness

If someone is injured on the farm, s/he must tell _____ immediately on site. Depending on the injury, _____ or the worker will treat the injury before returning to work, or the injured worker will find something else to do that does not involve handling produce.

- Injury log

If the injury is life-threatening, workers must call 911 right away.

We have a First Aid Kit on the farm and in the farm delivery vehicle.

_____ checks the First Aid Kit supplies one time a month during the farming season and refills supplies. He documents this activity in the farm operation planner/notebook.

- Farm Calendar – document review of First Aid kit and filling/refilling of First Aid kit.

If anyone is sick with a fever, vomiting, diarrhea, or has a bad cold, they must go home. They are not allowed to work in the farm until they recover and have no symptoms for 24 hours.

Breaks

Workers take breaks when they need them. Workers take breaks in the farm shed. Eating is allowed in the designated area. Eating is not allowed in the field.

Farm Production Area

Compost

We do not compost at the farm.

Chemical

No chemicals are used in the field. Chlorine bleach is used in solution to sanitize tools.

Equipment & Farm Tools

All tools used on the farm are cleaned after de-weed, digging, and harvesting plants. Excess soil is removed; tools are washed with soap and clean potable water, and dried air. Tools are stored in shed overnight (not secure). Tools are sanitized with bleach solution and air dried in the morning before use. See SOP on tool cleaning and sanitizing.

- SOP for washing/sanitizing farm tools.
- Tool cleaning and sanitizing log sheet

Harvest Containers

Harvest containers are used only for harvesting produce from the field. Harvesting containers are washed with soap and clean potable water at the start of the season and sanitized regularly throughout the season. All washing and sanitizing of totes will be at the farm facility.

- SOP for washing harvest containers.
- Log sheets are maintained

Growing Area

Growing area will be tidy up after working on the farm. Farm manager will collect all equipment and tools and store it in designated storage area.

Harvest and Washing

Postharvest Cooling

All harvested produce will be harvested and delivered directly to the Wash Station and will be stored or cooled at the farm.

Packing/ Washing Area

All harvested and washed produce will be stored on pallets in the cooler at farm in a designated area to prevent any cross contamination.

The farm facility washes and sanitizes the food contact surfaces at the end of each day of use. Drains are cleaned and sanitized after each day of use in the packing area.

- See SOP for end of day cleaning routine.

Pest Control

The Farm has a pest control program for our facility. The traps are serviced weekly by _____. All logs and maps are maintained and filed.

Box Storage

Boxes will be store at the Good Acre facility.

Safe Transport of Product

_____ inspects the inside of the farm delivery vehicle daily and at the end of each delivery day. The vehicle is dusted and swept as needed, and all debris is removed. Produce will be kept off of vehicle floor. All produce will be covered from exposure to being damage. Vehicles stay on roadway and parked in designated area, not in the field. No food trash, oil and pets in the vehicle.

- SOP for cleaning farm delivery van.
- Log sheet for vehicle cleaning

Traceability

All delivered items will have a traceable sticky label on the package box addressing where and when the produce was harvested.

- Farmer + Date of Harvest + Produce + Field Number + Field Row

Delivery Vehicle Inspection and Cleaning Log

Date	Vehicle Description	Inspection Results	Actions Taken	Initials
9/10/11	<i>Delivery Van</i>	<i>Trash in back, dog hair present</i>	<i>Vacuumed and removed trash</i>	MP

Reviewed by: _____

Date: _____

Employee Training Log

Training Topic: _____

Date and Time: _____

Trainer: _____

Location: _____

Length of Training: _____

Training material (*Please attach any written materials to this log with a staple*):

Employee Name (please print)

Employee Signature

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

Reviewed by: _____ Date: _____

Farm Cart Maintenance Log

Date	Condition of Cart	Action Taken	Additional Notes	Initials
9/10/11	<i>Needs air in tires</i>	<i>Filled air</i>		MP

Reviewed by: _____ Date: _____

Harvest/ Traceability Log

Date	Field	Product Harvested	Amount Harvested	Harvested by	Label Code	Crew Lead Initials
<i>9/10/11</i>	<i>12</i>	<i>Sweet corn</i>	<i>195 ears</i>	<i>Emily, Jason</i>	<i>Corn 9.10.11.12</i>	<i>JF</i>

Reviewed by: _____

Date: _____

Illness/Injury Report Form

(Completed forms will be collected and kept on file by the supervisor)

Employee Name: _____

Today's Date: _____

Person completing report: _____

ILLNESS:

Date and Time of First Symptoms: _____

Symptoms: (check all that apply)

_____ Fever _____ Vomiting _____ Diarrhea

_____ Respiratory _____ Jaundice _____ Nausea

_____ Sore Throat w/ Fever _____ Lesions (on exposed skin)

_____ Other (explain below)

Did the employee see a doctor? _____ Yes _____ No

(If yes, explain diagnosis if relevant and not confidential)

INJURY:

Description of injury: _____

Date/time of injury: _____

Location (on farm) of injury: _____

Action taken: _____

FOR EITHER: Date employee expects to return to work (document if employee is assigned to fruit/vegetable handling job or another non-handling job, and for how long):

Manure Application Log

Date	Field Applied	Type of Manure or Supplier	Rate	Crop Planted (type and date)	Crop Harvested (date)	Initials

Reviewed By: _____

Date: _____

Morning Check List

Check Boxes as items are accomplished or inspected

Date	Crew Working	Tools Hung and Cleaned	Delivery Vehicle Clean	Floors swept	Surfaces cleaned	Initials
9/10/11	<i>Mike, Allison, Sam, Julie</i>	X	X	X	X	MP

Reviewed by: _____

Date: _____

RECORD KEEPING FORM TEMPLATES FOR ORGANIC FARMERS*

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SAMPLE FARM MAP	ERROR! BOOKMARK NOT DEFINED.

*Forms developed by James A. Riddle and Joyce E. Ford for John Deere and Company's "Go Organic" initiative, based on the OCC/IOIA Organic Certification Form Templates, compiled by the same authors. The forms were updated in 2004 to comply with the requirements of the USDA's National Organic Program.

FIELD HISTORY SHEET

Instructions: Fill out this Field History Sheet for all fields (organic, transitional and conventional). You can use your own form as long as it contains the same information. List all inputs used or planned for use, including compost and/or manure. Inputs that have already been applied must include the rate and date of application unless you are keeping separate input records. Keep copies for your files. This form should accompany your Organic Farm Plan Questionnaire or Organic Farm Certification Update Questionnaire.

Code: O = Organic; T = In Transition/Conversion to Organic; C = Conventional

Producer Name _____

Code	Field No.	Acres/ha.	2005 Crop		2004 Crop		2003 Crop		2002 Crop	
			Crop	Inputs	Crop	Inputs	Crop	Inputs	Crop	Inputs

NEWLY PURCHASED LAND OR RENTED LAND VERIFICATION

Instructions: This form is used to verify the 36 month previous land use and inputs applied to land which you have rented or owned for less than 3 years. The landlord or previous owner must fill out and sign it.

Organic Producer Name: _____ Crop Production Year: _____

I, _____, declare that the parcel(s) of land described below were farmed by me or were under my control during the crop years of _____ to _____. I also declare that during this time, to the best of my knowledge, there were no herbicides, pesticides, fungicides, fungicide treated seed, synthetic fertilizers or other prohibited materials applied to this land.

Description of land by field #, section #, township and county (or other regulatory description): _____

Number of acres in parcel(s): _____

If any prohibited materials were applied, describe what was applied, the specific date of application, and field # or parcel?

I submit that the above is true and accurate on this date of _____

Name (printed): _____

Signature: _____

SEED VERIFICATION FORM

Please list all varieties, lot numbers, and treatments (insecticides, fungicides, or inoculants) used, for seeds planted or to be planted on your farm. Indicate if the seeds are certified organic, untreated non-organic, or treated non-organic. If organic seed is not purchased, you must show proof of your attempts to source organic seeds. Give information on non-GMO verification analysis.

Producer Name: _____
 year: _____

Crop production

<u>Seed Information</u>			<i>Lot #</i>	Is seed organic (O), untreated non-organic (U), or treated non-organic (T)?	Type and Brand of Treatment	Non-GMO analysis if available		
Crop	Variety	Supplier				Name of lab	Date of test	Test results

FIELD ACTIVITY LOG

Producer Name _____ Field # _____ Crop _____
Production Year _____

Instructions: This form is used to record the practices and equipment you use for field preparation, planting, and tillage. You can group fields if they are treated the same, i.e., planted to the same crop.

Field Preparation List date and activity, i.e., moldboard plowing, chisel plowing, discing.

Date	Activity	Date	Activity	Date	Activity	Date	Activity
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Monitoring when preparing fields for planting: Describe soil tilth, moisture, how fields worked up, any problems, any improvements, specific weed populations, or any other observations you made during field preparation.

Planting: **Crops and variety planted:** _____ **Seeding rate:** _____
Expected yield: _____ **Final stand:** _____

Date	Specific field #	Date	Specific field #	Date	Specific field #	Date	Specific field #
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Monitoring when planting: Describe soil tilth, moisture, equipment settings, seeding problems, or any other observations you have.

Cultivation Practices: List date and cultivation activity/equipment. If you walk the fields to hand weed, record that activity as well. Crop growth can be described as excellent, good, average or poor.

Date	Activity/equipment	Crop growth	Date	Activity/Equipment	Crop Growth
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Monitoring when cultivating: Describe overall crop growth, soil tilth, moisture, how well tillage worked, any problems, specific weed populations, or any other observations you made during cultivation.

Pest Monitoring: List date, specific field #, type of insect or pests, and assessment of crop damage you observed.

Date	Specific field #	Insect/pest	Type of crop damage	Damage assessment		
				Low	Medium	High
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

Disease Monitoring: List date, specific field #, type or description of disease, and assessment of crop damage you observed.

Date	Specific field #	Disease	Type of crop damage	Damage assessment		
				Low	Medium	High
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

Harvest Monitoring: Use harvest/storage records to give more detailed harvest information.

Yield per acre _____

% Moisture _____

Test Weight _____

INPUT USE RECORD

Instructions: This record should record inputs, including manure, when they are applied to organic or transitional fields. If applying a multi-product formulation, assign a code letter or number to the input to use on this form instead of writing each product name each time.

Purchase date	<i>Inputs</i>	Brand/Source	Organic status: Approved (A) Restricted (R) Prohibited (P)	Date of application	Rate of application	Field # (s)

COMPOST PRODUCTION RECORD

Instructions: Use this form if you produce compost, either from on-farm and/or off-farm ingredients.

Type of compost method: in-vessel static aerated pile windrows other (specify) _____

List all compost ingredients and source.

Ingredient	Source	Amount	C:N Ratio	Residue analysis , if needed
Total C:N Ratio				

USDA Organic Rule requires that composting plant and animal materials be produced through a process that establishes an initial C:N ration of between 25:1 and 40:1, and that a temperature of between 131°F. and 170°F be maintained for 3 days using an in-vessel or static aerated pile system; OR maintain a temperature of between 131°F. and 170°F for 15 days using a windrow composting system, during which the materials must be turned 5 times.

Describe your compost production method: _____

Record date, temperatures maintained, and date windrow is turned, if appropriate, depending on method of composting.

<i>Date</i>	<i>Temperature</i>	<i>Date</i>	<i>Temperature</i>	<i>Date Windrow Turned</i>	<i>Date Windrow Turned</i>

NEIGHBOR NOTIFICATION LETTER

Instructions: The next 2 forms should be used when no prohibited products are applied to an adjoining uncertified field(s) and the organic producer does not want to maintain buffers or setbacks along that field border.

(Date)

(Name and address)

Dear (Name):

I am currently a certified organic farmer with _____ (name of your certifying agent), managing my fields consistent with _____ (name of your certifying agent) organic standards.

Since you are an adjoining property owner, I need to inform you of my plans and ask for your help. If you plan to use synthetic fertilizers, pesticides, and/or genetically engineered crops on land that adjoins my fields, please take precautions when transporting or spraying to prevent over spray, chemical or genetic drift, or run-off onto my farm. If chemical drift is found on my organic crops or fields, I may be required to wait up to three years before using these fields for organic production. This could also cause loss of my organic certification and/or loss of the organic premium for crops grown on affected fields.

(Optional Paragraph)

I understand that you are currently not using any synthetic fertilizers, pesticides, and/or genetically engineered crops on the (field or pasture) that borders my farm to the _____ (east, west, north or south) and adjoins my field #(_____). If you are willing to sign the enclosed Verification Of Neighboring Land Use form, I will not be required to maintain a buffer zone between your field and mine. Also indicate the location of your adjoining fields on the map enclosed. Please return the signed statement as soon as possible.

If you would like to know more about my organic certification or have any other questions, please call. Thanks for your help.

Sincerely

(Signature of organic farmer)

Enc.: Verification of Adjoining Land Use form

Farm map

VERIFICATION OF ADJOINING LAND USE

Name of Neighbor _____

Address _____

Phone # _____

I verify that the following fields/areas under my management have had no synthetic fertilizers, herbicides, insecticides, or genetically engineered crops applied in the last 12 months. I have no plans to use these synthetic products on these fields in the future 12 months. In the event that I do use any synthetic fertilizers, herbicides, insecticides, or genetically engineered crops, I will inform _____

(name of organic farmer) of my plans.

Specific Field Identification: (The organic farmer should indicate the organic field ID # that adjoins neighbor's fields before sending to his/her neighbor and indicate fields on the *accompanying field map*).

Organic field ID #	Neighbor's field identification
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I verify that the above information is true and accurate.

Signature of Neighbor

Date Signed

BUFFER CROP USAGE

Producer Name _____

Crop Production Year _____

Field Number _____ Crop Harvested _____ Quantity harvested _____ Stored in bin number _____

Used for (check): seed On farm non-organic livestock feed Sold Other _____

Sold to: (invoice attached) _____

Field Number _____ Crop Harvested _____ Quantity harvested _____ Stored in bin number _____

Used for (check): seed On farm non-organic livestock feed Sold Other _____

Sold to: (invoice attached) _____

Field Number _____ Crop Harvested _____ Quantity harvested _____ Stored in bin number _____

Used for (check): seed On farm non-organic livestock feed Sold Other _____

Sold to: (invoice attached) _____

Field Number _____ Crop Harvested _____ Quantity harvested _____ Stored in bin number _____

Used for (check): seed On farm non-organic livestock feed Sold Other _____

Sold to: (invoice attached) _____

CROP HARVEST RECORD

Instructions: Keep this record if you harvest crops and sell directly from the field (no storage). This information is used to track your crops from sale back to field of production. If you harvest organic crops with equipment that also harvests non-organic crops, fill in the column on Harvest Equipment Cleaning.

Producer Name _____

Crop Production Year _____

My organic crops are harvested with machinery used only for organic crops. Yes No

Harvest Date	Crop or Product	Field #(s)	Quantity Harvested	Lot #	Buyer/ BOL #	Harvest Equipment Cleaning					
						Crop/variety harvested prior to organic crop equipment	Methods used to clean	Date	Owner	Type	

CROP HARVEST AND STORAGE RECORD

Instructions: Use this form to record your harvest, if you store crops prior to sale or use. The information is used to track your crops from sale back to field of production. If harvest equipment is used for organic and non-organic crops, give information on harvest equipment and how equipment was cleaned, date, and previous crop harvested.

Producer Name _____

Bin # _____

Storage/Bin Capacity _____

My organic crops are harvested with machinery used only for organic crops. Yes No

Harvest Date	Crop or Product	Field #	Quantity In	Quantity Out	Lot #	Buyer/ BOL #	Bin Cleaning	Harvest Equipment Cleaning					
								Crop/variety		Methods			
								Type	Owner	harvested prior to organic crop	Date cleaned	used to clean	

CLEAN TRANSPORT AFFIDAVIT

Instructions: This form should be filled out by all organic growers or businesses that are responsible for the transport of organic products.

Grower/Business Name: _____

Date transport unit loaded: _____

1. Type of transport: farm wagons farm truck bulk semi trailer
 common carrier tanker other _____

2. The transportation was arranged by: grower buyer other _____

3. Is the form of transportation only used for organic products? yes no

If no, state products transported prior to organic: _____

4. Transport unit was inspected and found to be free of :

foreign odors residues conventional products
 other substances which may compromise organic integrity

5. List transport unit ID # with the following information:

Transport unit identification	Organic crop and Lot #	Check (✓) if vehicle was inspected prior to loading organic product	Cleaning method: Check (✓) all that apply. If <i>Other</i> , describe method.					
			Swept	Vacuum	Air blown	Washed	Other	

I hereby certify that the above transport units were inspected and cleaned thoroughly using the method indicated to protect the integrity of the organic products being transported.

Signature

Date

SPLIT OPERATION OR PARALLEL PRODUCTION CROP RECORD

Instructions: Use this form for all acres of crops where prohibited inputs are used and for crops in transition or conversion to organic production. If the same crop is grown in more than 1 field, the fields can be grouped together.

Name of Producer _____

Code: T = In Transition/Conversion to Organic; C = Conventional

Code	Crop Year	Field No.	Total Acres	Crop Planted	Inputs Used	Harvest Date	Total Amount Harvested	Yield per Acre	Storage Bin #	Crop Use Feed (F) Seed (\$) Sold (\$)	Date Sold	Buyer

AUDIT CONTROL SUMMARY

Instructions: Use the Audit Control Summary to consolidate information about all organic production and sales activities. Include the lot # assigned for each crop sold.

Producer Name _____

Name of Farm _____

Organic Producer Certification # _____

Date <i>Sold</i>	Crop/ Product	Lot #	Harvest Amount	\$ Total	Field #	Bin #	PO #	BOL #	Organic Cert. #	Buyer

COMPLAINT LOG

Instructions: Under ISO 65 Guidelines, all certified organic operators are required to maintain complaint logs. All written complaints must be maintained on file. This log is intended to track complaints and show actions taken .

Complaint	Date Received	Source of Complaint	Action Taken	Date of Action	Employee

JULIAN DATE CALENDAR

Days	Jan.	Feb.	March	April	May	June	July	August	Sept.	Oct.	Nov.	Dec.	Days
1	001	032	060	091	121	152	182	213	244	274	305	335	1
2	002	033	061	092	122	153	183	214	245	275	306	336	2
3	003	034	062	093	123	154	184	215	246	276	307	337	3
4	004	035	063	094	124	155	185	216	247	277	308	338	4
5	005	036	064	095	125	156	186	217	248	278	309	339	5
6	006	037	065	096	126	157	187	218	249	279	310	340	6
7	007	038	066	097	127	158	188	219	250	280	311	341	7
8	008	039	067	098	128	159	189	220	251	281	312	342	8
9	009	040	068	099	129	160	190	221	252	282	313	343	9
10	010	041	069	100	130	161	191	222	253	283	314	344	10
11	011	042	070	101	131	162	192	223	254	284	315	345	11
12	012	043	071	102	132	163	193	224	255	285	316	346	12
13	013	044	072	103	133	164	194	225	256	286	317	347	13
14	014	045	073	104	134	165	195	226	257	287	318	348	14
15	015	046	074	105	135	166	196	227	258	288	319	349	15
16	016	047	075	106	136	167	197	228	259	289	320	350	16
17	017	048	076	107	137	168	198	229	260	290	321	351	17
18	018	049	077	108	138	169	199	230	261	291	322	352	18
19	019	050	078	109	139	170	200	231	262	292	323	353	19
20	020	051	079	110	140	171	201	232	263	293	324	354	20

21	021	052	080	111	141	172	202	233	264	294	325	355	21
22	022	053	081	112	142	173	203	234	265	295	326	356	22
23	023	054	082	113	143	174	204	235	266	296	327	357	23
24	024	055	083	114	144	175	205	236	267	297	328	358	24
25	025	056	084	115	145	176	206	237	268	298	329	359	25
26	026	057	085	116	146	177	207	238	269	299	330	360	26
27	027	058	086	117	147	178	208	239	270	300	331	361	27
28	028	059	087	118	148	179	209	240	271	301	332	362	28
29	029		088	119	149	180	210	241	272	302	333	363	29
30	030		089	120	150	181	211	242	273	303	334	364	30
31	031		090		151		212	243		304		365	31

JULIAN DATE CALENDAR – LEAP YEARS ONLY

Days	Jan.	Feb.	March	April	May	June	July	August	Sept.	Oct.	Nov.	Dec.	Days
1	001	032	061	092	122	153	183	214	245	275	306	336	1
2	002	033	062	093	123	154	184	215	246	276	307	337	2
3	003	034	063	094	124	155	185	216	247	277	308	338	3
4	004	035	064	095	125	156	186	217	248	278	309	339	4
5	005	036	065	096	126	157	187	218	249	279	310	340	5
6	006	037	066	097	127	158	188	219	250	280	311	341	6
7	007	038	067	098	128	159	189	220	251	281	312	342	7
8	008	039	068	099	129	160	190	221	252	282	313	343	8
9	009	040	069	100	130	161	191	222	253	283	314	344	9
10	010	041	070	101	131	162	192	223	254	284	315	345	10
11	011	042	071	102	132	163	193	224	255	285	316	346	11
12	012	043	072	103	133	164	194	225	256	286	317	347	12
13	013	044	073	104	134	165	195	226	257	287	318	348	13
14	014	045	074	105	135	166	196	227	258	288	319	349	14
15	015	046	075	106	136	167	197	228	259	289	320	350	15
16	016	047	076	107	137	168	198	229	260	290	321	351	16
17	017	048	077	108	138	169	199	230	261	291	322	352	17
18	018	049	078	109	139	170	200	231	262	292	323	353	18

19	019	050	079	110	140	171	201	232	263	293	324	354	19
20	020	051	080	111	141	172	202	233	264	294	325	355	20
21	021	052	080	112	142	173	203	234	265	295	326	356	21
22	022	053	082	113	143	174	204	235	266	296	327	357	22
23	023	054	083	114	144	175	205	236	267	297	328	358	23
24	024	055	084	115	145	176	206	237	268	298	329	359	24
25	025	056	085	116	146	177	207	238	269	299	330	360	25
26	026	057	086	117	147	178	208	239	270	300	331	361	26
27	027	058	087	118	148	179	209	240	271	301	332	362	27
28	028	059	088	119	149	180	210	241	272	302	333	363	28
29	029	060	089	120	150	181	211	242	273	303	334	364	29
30	030		090	121	151	182	212	243	274	304	335	365	30
31	031		091		152		213	244		305		366	31