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| 1. **OPERATION INFORMATION:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.1 Operation Name and Primary Location** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Owner** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Legal Representative** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Mailing Address** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Zip** | | | | | | |  | | | | | | | | | | | |
| **City/ State/ Dep.** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Country:** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Phone** | | | | | | | | |  | | | | | | | | | | | | | | **Fax** | | | | | | | | | | | |  | | | | | | | | | | | **E-mail:** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.2 Legally Responsible/ Person in Charge Contact** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | |
| **Full name** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Current occupation** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Phone** | | | | | | | | |  | | | | | | | | | | | | | | **Cellphone** | | | | | | | | | | | |  | | | | | | | | | | | **E-mail** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
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| **1.3 Other facilities addresses if different than the main location from point 1 (Processing plant, warehouses, shopping sites/other facilities)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Own facilities** | | | | | | | | | **Yes** | | | | | |  | | | | | **No** | | | | | | | |  | | | | | | | | **Subcontracted operations** | | | | | | | | | | | | | | | | | **Yes** | | | |  | | | | | | **No** | | | | | |  | | | | | | | |
| **Name** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | **Owner** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Mailing Address** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Zip** | | | | | | |  | | | | | | | | | | | |
| **City** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **State** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Phone** | | | | | | | | |  | | | | | | | | | | | | | | | | **Fax** | | | | | | | |  | | | | | | | | | | | | | **E-mail** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
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| **1.4 Certification Standards that you are requesting assessment to:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | **1.5 Do you have any of the following Quality Systems implemented?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NOP-USDA (USA)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | **DIN ISO 9000** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| **MAYACERT-EU Equivalency** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | **HACCP** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| **LPO MEXICO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | **GMP (Good Manufacturing Practices)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| **JAS (Japan)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | **Other:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| **Other, Describe:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |

**1.6 OPERATION HISTORY AND BACKGROUD INFORMATION**

**1.6.1 Type of inspection**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **First inspection** |  | | | **Annual inspection** |  | |
| **If it’s a first inspection, complete the following questions:** | | | | | | |
| **Operation’s first inspection** | |  | **Operation’s first inspection by Mayacert** | | |  |
| Justifications/ Evidences/ Explanations/ clarifications, describe: | | | | | | |

**1.6.2 Certification History**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **a) Is the operation currently certified Organic?** | | **YES** | |  | **NO** |  |
|  | **Dates** | | **Certification Agency** | | | |
| **b) If the operation was certified by Mayacert, what were the dates?** |  | |  | | | |
| **c) If the operation has ever been certified, by which agency(s) were you certified and what were the dates certification was maintained?** |  | |  | | | |
| **d) If the operation has ever been certified, under which organic international standards was it (NOP, UE, JAS, LPOMEX, Other)?** |  | | | | | |
| **e) If the operation was certified by another agency, please attach a copy of the report, the response to any finding and the decision of the certification and the last certificate.** |  | | | | | |
| **f) If such documents are not in your possession, do you authorize Mayacert to obtain further information from the other agency?** |  | | | | | |
| **g) When was performed the first inspection of the operation?** |  | | | | | |
| **h) When did the system conversion period start?** |  | | | | | |
| **i) When was the operation first organic certification and by which agency?** |  | | | | | |

**1.6.3 Operation history and background information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **In sum, please describe the operation background, history, activities and every relevant information:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **1.6.4 IMPLEMENTATION OF PREVIOUS CORRECTIVE ACTIONS** | | | | | | | | | | | | | | | | | | | | | | | **There have been no corrective actions** | | | | | | | | | | | | | | | |  | | | |
| **Corrective actions** | | | | | | | | | | | | | | | | | **Had to be met before** | | | | | | **Were the corrective actions met?** | | | | | | | | | | | | | | | | | | | |
| **YES** | | | | | **NO** | | | **In Part** (%) | | | | | | | | | | | |
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| **1.6.5 List products and amounts to be certified for the current cycle *(Please list products as it should appear on the certificate)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Product***\** | | | | | | | | | | **100% Organic** | | | | | | **Made with raw materials** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **100% Organic** | | | | | | | | **95% Organic** | | | | | | | | | **Made with organic (Less than 95%)** | | | | | | | | | |
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| 5 |  | | | | | | | | |  | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | | | |
| **\* Please complete one Product Formulation Sheet for each product you want to certify, see Annex 1** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2. PROCESSING DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2.1 Process steps description: If complex processes with different steps, please attach the flow chart (if different flow, one chart for each product):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2.2 What kind of monitoring measures are taken during the product receiving?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **a)** | **Revision of the official list ( if groups)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | |  | | | **NO** | |  |
| **b)** | **Product analysis** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | |  | | | **NO** | |  |
| **c)** | **Other** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | |  | | | **NO** | |  |
| **2.3 Is there a responsible of the product collection and recordkeeping?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | |  | | | **NO** | |  |
| **2.4 Are GMO’s used in the process?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | |  | | | **NO** | |  |
| **2.5 How do you ensure the statement veracity?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **a)** | **Customer Statement** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | |  | | | **NO** | |  |
| **b)** | **Manufacturer’s Certificate and/or Declaration** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | |  | | | **NO** | |  |
| **2.6 Are you using ionizing radiation in the production of raw materials or making the final product?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | |  | | | **NO** | |  |
| **2.8 Are you using a synthetic volatile solvent or any other not permitted synthetic processing aid?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | |  | | | **NO** | |  |
| **2.9 Do you use products produced in contact with sewage sludge?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | |  | | | **NO** | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **3. INPUTS, INGREDIENTS AND PROCESSING AIDS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3.1 Are you using inputs, ingredients, processing aids?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | |  | | | **NO** | |  |
| **3.2 If yes, please fill in the following table (Including approved products by Mayacert).** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Brand Name** | | | | | | | **Source (manufacturer)** | | | | | | | | **Active Ingredients** | | | | | | | | | | | **Inert Ingredients** | | | | | | | | | | | | | | | | |
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| **3.3 Is there any producer statement of the input ingredients?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | |  | | | **NO** | |  |
| **3.4 Are there independent chemical / biological analysis on inputs?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | |  | | | **NO** | |  |
|  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  | |  |  |  |  | | |  | |  | | |  |  | |  | | |  | |  | | |  | |  |
| **4. FACILITIES PEST MANAGEMENT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4.1 Which of the following management practices do you use to prevent pests in your facilities?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Cleaning and monitoring the facilities** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | |  | | | **NO** | |  |
| 1. **Elimination of factors that favor the pest establishment** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | |  | | | **NO** | |  |
| 1. **Use of barriers/physical measures to prevent pests from entering** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | |  | | | **NO** | |  |
| **d) Traps (Attractant used**      **)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | |  | | | **NO** | |  |
| **e) Others**, **describe**: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | |  | | | **NO** | |  |
| **4.2 When your preventative Management is ineffective, what control method do you use?**  **Describe:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | |  | | | **NO** | |  |
| **PEST** | | | | | **PREVENTIVE MANAGEMENT** | | | | | | | | | | | | | | | | | **CONTROL** | | | | | | | | | | | | | | | | | | | | |
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| **5. TRACEABILITY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **5.1 How do you ensure the traceability of each product and what documentation is handled?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ACTIVITY** | | | | | | | | | **GENERATED DOCUMENT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Post-Harvest activities** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Product collection** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Raw material Storage** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Processing** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Final product Storage** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Shipping (Cleaning log, Delivery Control)** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Packaging** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Sales (Sales Invoices)** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Others** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **6. RECORDKEEPING** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **6.1 Do you handle consistent and complete records about:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **a. Raw Material Organic Certificat**e | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | |  | | | **NO** | |  |
| **b. Raw Material Purchase** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | |  | | | **NO** | |  |
| **c. Warehouses Stock** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | |  | | | **NO** | |  |
| **d. Processing Orders** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | |  | | | **NO** | |  |
| **e. Processing Records** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | |  | | | **NO** | |  |
| **f. Storage Inventory** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | |  | | | **NO** | |  |
| **g. Machinery cleaning logs** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | |  | | | **NO** | |  |
| **h. Shipping Orders** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | |  | | | **NO** | |  |
| **i. Final Product Sales** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | |  | | | **NO** | |  |
| **6.2 Are there Invoices, Receipts, Bills of:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **a. Raw Material Purchase** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | |  | | | **NO** | |  |
| **b. Additives and preservatives Purchase** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | |  | | | **NO** | |  |
| **c. Purchase of pest management inputs** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | |  | | | **NO** | |  |
| **d. Final products sales** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | |  | | | **NO** | |  |
| **COMMENTS**: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **7. PARALLEL PRODUCTION/PROCESS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **7.1 Do you have a parallel production in your production unit?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | |  | | | **NO** | |  |
| **7.2 If yes, please fill in the table below:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Processing step** | | | | | | | | | | | | | **How is the separation performed?** | | | | | | | | | | | | | | **What records or documents are handled to ensure separation?** | | | | | | | | | | | | | | | |
| **Product Receiving** | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **Storage** | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **Processing** | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **Shipping** | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **Recordkeeping** | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **Organic and non-organic inputs storage (Pesticides, Cleansing agents).** | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **Others** | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **7.3 For processing machinery and tools, how do you prevent contamination and what cleaning system do you manage?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **COMMENTS**: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **7.4 Products are packed as/for:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **a. Ingredients for another processor** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | |  | | | **NO** | |  |
| **b. Wholesalers** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | |  | | | **NO** | |  |
| **c. Retailers** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | |  | | | **NO** | |  |
| **d. In Bulk/ Container (for exportation)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | |  | | | **NO** | |  |
| **e. Others, describe:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | |  | | | **NO** | |  |
| **7.5 Are there any analysis to raw material?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | |  | | | **NO** | |  |
| **7.6 Are there any analysis to final product?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | |  | | | **NO** | |  |
| **7.7 For how many years samples of each batch are maintained?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| **7.8 Do the analysis include control of GMO’s?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | |  | | | **NO** | |  |
|  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  | |  |  |  |  | | |  | |  | | |  |  | |  | | |  | |  | | |  | |  |
| **8. LABELING** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **8.1 Do you use any labeling when your product is sent as ingredients to another processor?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | |  | | | **NO** | |  |
| **8.2 Do you use any labeling when your product is sent to wholesalers?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | |  | | | **NO** | |  |
| **8.3 Do you use any labeling when your product is sent to retailers (100% organic, organic 95%, made with "... 70%")** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | |  | | | **NO** | |  |
| **8.4 Do you use any labeling when your product is sent in bulk or in a container? (for exportation)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | |  | | | **NO** | |  |
| **8.5 If you checked any of the options above please describe in comments data listed on the label:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | |  | | | **NO** | |  |
| **COMMENTS:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **8.6 Do you use the DISTINTIVO NACIONAL/ MAYACERT logo?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | |  | | | **NO** | |  |
| **8.7 Do you use the USDA logo?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | |  | | | **NO** | |  |
| **8.8 Do you use the (CE) logo?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | |  | | | **NO** | |  |
| **8.9 Do you use the JAS logo?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | |  | | | **NO** | |  |
| **8.10 Do you use any other logo?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | |  | | | **NO** | |  |
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| **9. MARKETING/ SALES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **9.1 Please indicate where organic and/or transitional products are sold and shipped (for example: local market, wholesalers, retailers, exporters, brokers, etc.).** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **COMMENTS**: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **10. CLAIMS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **10.1 Do you maintain a claim record?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | |  | | | **NO** | |  |
| **10.2 Does the record allow you to identify the cause of the problem and the responsible person?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | |  | | | **NO** | |  |
| **10.3 In response to claims that occurred, were appropriate measures taken?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | |  | | | **NO** | |  |
| **COMMENTS**: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 11. PRODUCT FORMULATION SHEET  Please complete one sheet for each product that will appear on the certificate. | | | | | | | | | | | |
| 11. 1 Product Name as it should appear on certificate: | | | | | | | | | | | |
| 11. 2 This product is also produced as: | | | | | | | | | | | |
| 1. Organic under LPO MEX regulations (Distintivo Nacional) | | | | | | | **YES** | |  | **NO** |  |
| 1. Organic under NOP regulations (USA) | | | | | | | **YES** | |  | **NO** |  |
| 1. Organic under (CE) 834/2007 regulations (European Union) | | | | | | | **YES** | |  | **NO** |  |
| 1. Organic under JAS regulations (Japan) | | | | | | | **YES** | |  | **NO** |  |
| 1. Non-organic | | | | | | | **YES** | |  | **NO** |  |
| **Others:** | | | | | | | **YES** | |  | **NO** |  |
| 11.3 This product is packed in: | | | | | | | | | | | |
| 1. Packaging for wholesalers | | | | | | | **YES** | |  | **NO** |  |
| 1. Bags | | | | | | | **YES** | |  | **NO** |  |
| 1. In bulk for containers | | | | | | | **YES** | |  | **NO** |  |
| 1. Packaging for retailers | | | | | | | **YES** | |  | NO |  |
| **11.4 The percentage of certified ingredients according to the NOP is:**  **100%  95% or more  70 - 94%  less than 70%** | | | | | | | | | | | |
| **11.5 The percentage of certified ingredients according to the LPO Mex is:**  **100%  95% or more  less than 95%** | | | | | | | | | | | |
| **11.6 Please fill in the following table all the ingredients (organic, conventional or other) used for the final product above. You must keep copies of current certificates of each certified supplier of organic ingredient, which will be reviewed during the inspection.** | | | | | | | | | | | |
| **Ingredient** | | **% in formulation** | **Manufacturer** | | | **Maintain onsite valid organic certificate** | | | | | |
| **Yes** | | **No\*** | | | |
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| \* For all non-organic ingredients, you must attach documents with appropriate specifications, no use of GMOs tests, some evidence of lack of commercial availability (if applicable), or any other supporting documentation. | | | | | | | | | | | |
| **11.7 Complete the following table and list all the processing aids used during processing, such as filtering, enzyme or others appearing on the label:** | | | | | | | | | | | |
| **Processing Aids Used** | **Used for** | | | **Manufacturer** | **Non-OGM test** | | | | | | |
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| **If you want to add new products to your certificate to be produced in the same certified processing plant, Mayacert should review documentation. The Product Formulation Sheet must be submitted for each product and approved by Mayacert prior to processing.** | | | | | | | | | | | |

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| **12. DOCUMENTS THAT SHOULD BE ANNEXED TO THIS OSP** | | | |
| **Required Documents** | **Yes** | **No** | **NA** |
| 12.1Service Contract(s), with signatures |  |  |  |
| 12.2 Processor’s Agreement (NA for LPOMEX, NOP), with signatures |  |  |  |
| 12.3 Processor’s letter of intent (NA for LPOMEX, NOP), with signatures |  |  |  |
| 12.4 Production history table (Farms / Groups) |  |  |  |
| 12.5 Internal and External inspections’ control table (Groups) |  |  |  |
| 12.6 Producers’ list (Groups) |  |  |  |
| 12.7 Documents that support the product traceability |  |  |  |
| 12.8 Original Label or a copy of the product original label (a color copy if it’s a color labeling). |  |  |  |
| 12.9 Used inputs labels |  |  |  |
| 12.10. Documents that support requests for reduction of the conversion period (If applicable) :   1. Affidavit of prior land use in the last three years and the production history of the production unit. 2. Records of previous activities management of the production unit. 3. Proofs of third parties that are related to organic production or to the performed activity (governments agencies, NGOs, etc.) to support crop history and/or management in the last three years. |  |  |  |
| 12.11 Documents that support producers certified organic by another certification body (If applicable):   1. Last organic certificate. 2. Last decision of certification 3. Inspection report |  |  |  |
| 12.12 Documents that support producers from other groups that already had another organic certification (If applicable):  i. Proof or extended minutes from the group to which he belonged, which state the reason for the departure.   1. ii. Former group organic certificate and the approved producers list where the producer's name appears. |  |  |  |
| 12.13 Process flowchart |  |  |  |
| 12.14 Maps and/or sketches for individual units (Farm/Process Plant) and for Organizations, Geographic location Map |  |  |  |
| 12.15. Copy of the internal inspection sheet (Groups) |  |  |  |
| 12.16 Copy of the ICS technical opinion/decision (Groups) |  |  |  |
| 12.17 Copy of the Constitutive Act and the Organic Production Internal Regulation (Groups) |  |  |  |
| **Optional Documents** | | | |
| 12.18 Management plan of plots (Groups) |  |  |  |
| 12.19 Soil analysis (Producer) |  |  |  |
| 12.20 Previous harvest’s sales pipeline (Producer / Processor) |  |  |  |
| 12.21 Organization chart of the Operation |  |  |  |
| 12.22 Final product physicochemical and microbiological analysis (Processor) |  |  |  |
| 12.23 Process water physicochemical and microbiological analysis (Processor) |  |  |  |

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| ***Affirmation of the Processor:***  ***I further understand and accept that Mayacert shall take full responsibility for confidentiality of the information in this document. The information will be shared to a third party only if I give a verbal approbation or a writing notice.***  ***I affirm that everything in this document is correct and represents the operation.***    Name and Signature of the Legally Responsible or the Person in Charge Place and Date |

**This section must be completed by Mayacert’s inspectors:**

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| --- | --- | --- |
| **Point of the OSP** | **Description** | **Comments** |
| **1 (Ex.)** | **1.6 OPERATION HISTORY AND BACKGROUD INFORMATION** | **The operator did not indicate by which agency(s) he were certified** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
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| **12** |  |  |

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| ***The results of MAYACERT’s verification:*** *The operation is:* |
| ***recommended to continue the certification process*** |
| ***NOT recommended to continue the certification process*** |
| ***recommended to continue the certification process under the conditions set below:*** |
| ***DATE:*** Haga clic aquí para escribir una fecha.  ***Signature of MAYACERT’s Representative who reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |