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| **Operator #:** |  | **Operation Name:** | |  | | | **Date:** |  |
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| **Instructions:** This form is used annually to document commercial availability for **non-organic agricultural ingredients** and certain processing aids and non-agricultural ingredients (e.g., gelatine, lecithin, meat curing agents, vegetable oils, ethyl alcohol (ethanol), **animal-derived enzymes**, **Glycerides (mono- and diglycerides), glycerol (glycerine, glycerin), casein, yeast, waxes)** when an organic version is not commercially available. Please verify whether there are commercial availability requirements for ingredients on CAN/CGSB-32.311, Tables 6.3-6.5. The table must be completed annually for each non-organic ingredient and applicable processing aids and non-agricultural ingredient. Please provide additional copies as needed. **Commercially available:** The ability to obtain a production input in an appropriate form, quality, quantity, or variety, irrespective of cost, to fulfill an essential function irrespective of cost. | | | | | | | | |
| Name of Ingredient: | | | | | | | | |
| Ingredient is used in the following products(s): | | | | | | | | |
| **Ingredient Suppliers Contacted**  (Annually at least 3 sources must be contacted) | | **Date(s) Contacted** | **Contact Method** | | **Does this supplier carry organic ingredients?** | **Which of the following makes this ingredient commercially unavailable? Please provide additional comments to explain in detail.** | | |
|  | |  | Phone  Email  Other: | | YES  NO | Quality  Quantity  Form  Variety  Essential Function  **Comments:** | | |
|  | |  | Phone  Email  Other: | | YES  NO | Quality  Quantity  Form  Variety  Essential Function  **Comments:** | | |
|  | |  | Phone  Email  Other: | | YES  NO | Quality  Quantity  Form  Variety  Essential Function  **Comments:** | | |
| Please describe your on-going plan to find this ingredient in an organic version (e.g., contracts to produce ingredients, product testing and R&D trials). Documentation supporting these activities will be verified at annual inspection. | | | | | | | | |
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| **Operator #:** |  | **Operation Name:** | |  | | | **Date:** |  |
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| Name of Ingredient:  Not applicable, no further ingredients to document. | | | | | | | | |
| Ingredient is used in the following products(s): | | | | | | | | |
| **Ingredient Suppliers Contacted**  (Annually at least 3 sources must be contacted) | | **Date(s) Contacted** | **Contact Method** | | **Does this supplier carry organic ingredients?** | **Which of the following makes this ingredient commercially unavailable? Please provide additional comments to explain in detail.** | | |
|  | |  | Phone  Email  Other: | | YES  NO | Quality  Quantity  Form  Variety  Essential Function  **Comments:** | | |
|  | |  | Phone  Email  Other: | | YES  NO | Quality  Quantity  Form  Variety  Essential Function  **Comments:** | | |
|  | |  | Phone  Email  Other: | | YES  NO | Quality  Quantity  Form  Variety  Essential Function  **Comments:** | | |
| Please describe your on-going plan to find this ingredient in an organic version (e.g., contracts to produce ingredients, product testing and R&D trials). Documentation supporting these activities will be verified at annual inspection. | | | | | | | | |
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| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Operator #:** |  | **Operation Name:** | |  | | | **Date:** |  | |  |  |  | |  | | |  |  | | Name of Ingredient:  Not applicable, no further ingredients to document. | | | | | | | | | | Ingredient is used in the following products(s): | | | | | | | | | | **Ingredient Suppliers Contacted**  (Annually at least 3 sources must be contacted) | | **Date(s) Contacted** | **Contact Method** | | **Does this supplier carry organic ingredients?** | **Which of the following makes this ingredient commercially unavailable? Please provide additional comments to explain in detail.** | | | |  | |  | Phone  Email  Other: | | YES  NO | Quality  Quantity  Form  Variety  Essential Function  **Comments:** | | | |  | |  | Phone  Email  Other: | | YES  NO | Quality  Quantity  Form  Variety  Essential Function  **Comments:** | | | |  | |  | Phone  Email  Other: | | YES  NO | Quality  Quantity  Form  Variety  Essential Function  **Comments:** | | | | Please describe your on-going plan to find this ingredient in an organic version (e.g., contracts to produce ingredients, product testing and R&D trials). Documentation supporting these activities will be verified at annual inspection. | | | | | | | | | |  | | | | | | | | | | | | | | | | | |

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| **Operator #:** |  | **Operation Name:** | |  | | | **Date:** |  |
|  |  |  | |  | | |  |  |
| Name of Ingredient:  Not applicable, no further ingredients to document. | | | | | | | | |
| Ingredient is used in the following products(s): | | | | | | | | |
| **Ingredient Suppliers Contacted**  (Annually at least 3 sources must be contacted) | | **Date(s) Contacted** | **Contact Method** | | **Does this supplier carry organic ingredients?** | **Which of the following makes this ingredient commercially unavailable? Please provide additional comments to explain in detail.** | | |
|  | |  | Phone  Email  Other: | | YES  NO | Quality  Quantity  Form  Variety  Essential Function  **Comments:** | | |
|  | |  | Phone  Email  Other: | | YES  NO | Quality  Quantity  Form  Variety  Essential Function  **Comments:** | | |
|  | |  | Phone  Email  Other: | | YES  NO | Quality  Quantity  Form  Variety  Essential Function  **Comments:** | | |
| Please describe your on-going plan to find this ingredient in an organic version (e.g., contracts to produce ingredients, product testing and R&D trials). Documentation supporting these activities will be verified at annual inspection. | | | | | | | | |
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