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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 non-agricultural ingredients (i.e. **yeast, collagen gel, silicon dioxide**) for **Organic** products when an organic version is not commercially available. Please note that non-agricultural ingredients must be listed on 205.605, and for “organic” products, non-organic agricultural ingredients must be listed on 205.606. The table must be completed annually for each non-organic ingredient and indicated non-agricultural ingredient (i.e. yeast, collagen gel, silicon dioxide). Please provide additional copies as needed. For flavors, please use the form *Flavor Commercial Availability Form Organic Search* (QS-F-219) and provide it as an attachment to your Organic System Plan.  **Commercially available:** The ability to obtain a production input in an appropriate form, quality, or quantity 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  Essential Function  **Comments:** | | |
|  | |  | Phone  Email  Other: | | YES  NO | Quality  Quantity  Form  Essential Function  **Comments:** | | |
|  | |  | Phone  Email  Other: | | YES  NO | Quality  Quantity  Form  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: | | | | | | | | |
| 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  Essential Function  **Comments:** | | |
|  | |  | Phone  Email  Other: | | YES  NO | Quality  Quantity  Form  Essential Function  **Comments:** | | |
|  | |  | Phone  Email  Other: | | YES  NO | Quality  Quantity  Form  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: | | | | | | | | | | 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  Essential Function  **Comments:** | | | |  | |  | Phone  Email  Other: | | YES  NO | Quality  Quantity  Form  Essential Function  **Comments:** | | | |  | |  | Phone  Email  Other: | | YES  NO | Quality  Quantity  Form  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: | | | | | | | | |
| 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  Essential Function  **Comments:** | | |
|  | |  | Phone  Email  Other: | | YES  NO | Quality  Quantity  Form  Essential Function  **Comments:** | | |
|  | |  | Phone  Email  Other: | | YES  NO | Quality  Quantity  Form  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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