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| **Operator #:** |  | **Operation Name:** |  | **Date:** |  |
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| Organic standards require management practices that prevent pests, such as removal of pest habitat, food sources, and breeding areas, and prevention of access to processing facilities. Environmental factors, such as temperature, light, humidity, atmosphere, and air circulation, may be used to prevent pests. Pests may be controlled using mechanical or physical means, such as traps, light, or sound. Lures and repellents may be used if they do not contain materials listed as prohibited or products produced using excluded methods (genetically engineered). If these measures are not effective, prohibited synthetic substances may be used provided the certifying agent gives prior approval for the use of the substance, method of application, and measures taken to prevent contact with ingredients or organic products. Use of pest control products must be documented and included as part of this Organic Processing Plan. | | | | | |
| 1. Attach a facility map showing the location of traps.  Attached | | | | | |
| 2. Does the operation contract a pest control service?  Yes  No  If **YES**, please provide the name of the service provider and who at the certified operation is in charge of pest control and responsible for working with the contractor (e.g. ensuring the contract cover organic requirements, fogging requirements are followed, etc):  Name of service provider:  Name of responsible person at certified operation:  **Pest management must be under control of the certified operator, even if pest control is contracted.** | | | | | |
| 3. If the operation does not contract a pest control service, please provide the name of the staff person who is responsible for in-house pest control management:  N/A Pest control is contracted  Name of responsible person: | | | | | |
| 4. Check all pest problems you generally have:  flying insects  crawling insects  rats  mice  spiders  birds  other (specify): | | | | | |
| 5. Check all pest management practices you use:  removal of pest habitat  removal of pest food sources  removal of pest breeding areas  sealed doors and/or windows  repair of holes, cracks, etc.  screened windows, vents, etc.  physical barriers  air curtains  air showers  sheet metal on building exterior  positive air pressure in facility  good sanitation  cleanup of spilled product  exclusion  monitoring  mowing  incoming ingredient inspection for pests  inspection zones around interior perimeter  ultrasound devices  light devices  mechanical traps  heat treatments  temperature control  electrocutors  scare eye balloons  freezing treatments  vacuum treatments  sticky traps  pheromone traps  carbon dioxide  nitrogen  vitamin baits  pyrethrum  ryania  rotenone  boric acid  precipitated silica  diatomaceous earth  fumigation  fogging  crack and crevice spray  rodent bait stations  other (specify): | | | | | |
| 6. Are records kept of your pest monitoring activities (whether in-house or contracted)?  YES  NO | | | | | |
| 7. Are records kept of all pesticide applications (whether in-house or contracted)?  YES  NO | | | | | |
| 8. Are any substances used that are listed as prohibited or restricted by the program(s) you are applying for?  YES  NO  If substances listed as prohibited or restricted are used for pest control, list all measures (documented removal of organic product, organic packaging materials, timing, etc.) taken to prevent contact with organic products for ingredients and how it is documented. | | | | | |
| 9. If substances listed as prohibited or restricted are used for pest control, what measures are you taking or planning to take to prevent their use in the future? | | | | | |
| 10. Do you plan on using any substances that are not listed above?  YES  NO  If **YES**, list the substances that will be used. | | | | | |
| 11. Does the operation have written Pest Control Management Practices?  YES  NO  If **YES**, are these part of Standard Operation Procedures (SOP) or Good Management Practices (GMP)?  YES  NO  **Attach copies of the SOP and/or GMP pertinent sections, if applicable.** | | | | | |
| 12. **OCIA Standards** – If anti-coagulants are used, please explain how and on what basis. | | | | | |