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INITIAL QUESTIONNAIRE FOR FARM ASSESSMENT FOR ORGANIC CERTIFICATION

(Annex to Application -BAFRA-CS-PR7.2-01-FM-05)

- This questionnaire should be completed and returned together with the application. It is intended to provide preliminary information relevant to the applicant and his capability to practice organic farming and continuous conformance of the farm unit to the specified requirements of the relevant standard.
- This document will be used by BAFRA's inspection staff during preliminary visit to the farm unit as part of the initial inspection.
- Supplements may be included when it is necessary to expand any statement. A separate document should be completed for each farm unit involved, or variation between farm units clearly indicated.
- The statements should relate to the facilities available at the date of completion of this form.
- The information given in this document will be treated in the strictest confidence.
- Please answer every question. A response 'Yes' or 'No' is accepted for most of the sections. Negative responses do not disqualify the client's application. If the question is not applicable mark N/A.
- Please fill up the preliminary information as applicable: Section I (Primary production details or Section IV (Process production details).

SECTION I: PRELIMINARY INFORMATION ON APPLICATION FOR PRIMARY PRODUCTION DETIALS

Information on the following subjects will be used to assess the completeness of your application. Please tick the appropriate response, where indicated.

application. Please tick the appropriate response, where indicated.
1.1 Indicate the date when your produce/product is available for inspection :
1.2 Standard for which you wish to become certified:
Do you have a copy of the standard?
1.3. Scheme for which you wish to become certified (specify whether it is BhutanGAP Scheme or Organic Scheme or any other Scheme):
Do you have a copy of the Scheme?

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1.4 Is the mentioned produce/product cultivated/raised as per the requirement of relevant standard? Please Tick
a) Yes b) No
1.5 Have the mentioned produce/product (in the application form) ever been inspected and/or certified before? Please tick.
a) Yes b) No
If Yes, please enclose all the information regarding the inspection(s) and/or certification(s), including report of findings, etc.Please write Annex No. here:
1.6 Legal status of the farm. Please tick.
a) Sole proprietorship b) Partnership c) Corporative d) Farmers group
e) Others (please specify)
Where applicable, please write Annex No. here: - Lease agreement (copy) - Lag Thram (copy) - Registration certificate from the Department of Agricultural Marketing and Cooperatives (copy)
SECTION II: PRODUCTION DETAILS Please give the following information on basic system
2.1 Did you conduct land/site assessment of mentioned area of your farm? Please tick.
a) Yes b) No
2.2 Do you have any parallel or split production of the mentioned crops/products? Please tick.
a) Yes b) No
2.3 Provide a farm map/layout clearly showing organic production/harvesting areas for the identified produce/product and conventional areas? (Attach a map if readily available and write Annex No. here:

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2.4 What types of production practice do you follow? Please tick. a. Open field cultivation b. Protective cultivation
If b, do you met the standard of protective house's requirement? Please describe briefly.
2.5 Is the biomass or manure produced at farm sufficient for soil nutrient and fertility management? Please tick. a) Yes b) No
If No, what types nutrient do you procure and from where? Please tick.
a. Bio Fertilizer b. Organic Manure c. Others (please specify below)
Please specify the dealer's address:
2.6 What is the source of water used to irrigate your farm? Please tick.
a. Rain-fed b. Irrigation channel c. Neighbour's water sde
d. Other (please specify below):
2.7 How do you manage weed problems? Please tick. a. Bio-pesticides (bio-weedicides) b. Cultural Method Other (please specify below)

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2.8 How do you manage the pests and disease outbreak on the farm? Please tick.
a. Cultural method b. Bio-pesticides c. Other (please specify below)
2.9 Do you have separate storage facilities for storing organic products and non- organic products/agro-chemicals/bio-inputs/equipment?
a) Yes
If No, please describe briefly how you prevent cross-contamination or mixing of those products with organic products.
2.10 Are you aware of prohibited and restricted lists of inputs/additives as per the standard? Please tick.
a) Yes b) No
2.11 Do your neighbour apply chemical sprays and fertilizers on their farm? Please tick.
a) Yes b) No b
If Yes, what type of buffers do you maintain to prevent cross-contamination of your farm?
2.12 Do you use clean (not contaminated) or approved packing materials to pack your produce? Please tick.
a) Yes b) No
2.13 Do you maintain Farmer's Diary? Please tick.
a) Yes b) No
If Yes, please attach a copy and write the Annex No. here:
2.14 Do you hire labour from outside? Please tick.
a) Yes b) No b
2.15 Do you have a system to allot identification number for each lot of produce? Please Tick.
a) Yes b) No b

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If Yes, please write the sample ID number in use and how do you ensure product traceability:					
If No, how do you segregate the doubtful produce to ensure product integrity? Describe briefly.					
2.16 Do you have a packing house?					
a) Yes b) No					
If No, where do you carry out the segregation, grading arbriefly.	nd packir	ng of prod	duce? Please describe		
2.17 Do you outsource any activity and processes such as Please tick.	s repacka	iging, sto	rage, processing, etc?		
a) Yes b) No					
If Yes, please provide the following details:-					
i. Name and address of the unit:ii. Process or activity outsourced:iii. Name and contact details of the person responsible	le:				
2.18 Do you have a technical manager to provide necessary guidance on organic farm/unit operations?					
a) Yes b) No					
If Yes, please provide the following details:-					
i. Name : ii. Contact No : iii. Email Address :					
2.19 Do you have an Organic System Management (OSM) plan or an internal plan of your farm/unit for organic activities? If Yes, please attach the document(s) copy. Write the Annex here:					
2.20 Do you have a document(s) that allow to trace the flow of product from purchase to processing					
and sales of organic products, which are mentioned below:					
SN Activities Yes No					
1 All incoming and outgoing invoices					
2 Processing ratios at each processing step 3 Daily records at each processing step					
3 Daily records at each processing step					

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4		mation of supp				
5	Inventory and	book keeping r	ecords			
If Yes,	please attach tl	ne document(s)	copy. Write the Ann	nex No he	ere: \square	
SECT	ION III:	FARMER GR	OUP MANAGEM	ENT PL	AN	
Please	give the follow	ing information	on farmer group ma	anagemei	nt practice	es of the farm.
2.1 Do	you maintain I	nternal Control	System (ICS)? Plea	se tick		
2.1 00	you mamam r		System (ICS): I Ica	se tiek.		
a) Yes		b) No				
If Yes,	please attach c	opies of docum	ents. Write the Anne	ex No hei	re: 📖	
2.2 Do	you have inter	nal inspector? P	Please tick.			
		· —				
a) Yes		b) No 🗀				
22 12	a form audit aha	also corried out	as per the ICS? Plea	ngo tiok		
2.3 AII	e farm audit che	cks carried out	as per the ICS! Flea	ase lick.		
a) Yes		b) No				
2.4 Do	you assign any	identification 1	number to the farmer	rs (applic	able to fa	rmer's group) Please
tick.				\ 11		C 17
\ \ \ \		1.37				
a) Yes		b) No				
If Yes, please write the sample ID number in use:						
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SECTION 3: FARM EQUIPMENT RECORD

3.1 Please list the Plant Protection (PP) equipment and farm machineries used on your farm.
3.2 Attach calibration test report, if any. Write the Annex No here:

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SECTION IV: PRELIMINARY INFORMATION ON PROCESSING PRODUCTION DETAILS

DETAILS
Indicate date when produce is available for evaluation:
Standard(s) for which you wish to become certified:
Do you have a copy of the standard according to which you request certification? Please tick.
a) Hardcopy
Have the above-mentioned product (in the application form) been tested to that standard? Please tick.
a) Yes b) No
If Yes, please attach report.
Type of sample. Please tick.
a) Production b) Prototype
If prototype, when is production schedule?
Urgency of application: Please tick a) Normal b) Urgent
4. Production Details Please give the following information on basic system
4.1 Are all facilities (on-site & off-site; direct managed & contracted) used for handling and/or
processing organic produce/products declared?
Yes NO
4.2 Is legal permit for facility(ies), where applicable, for organic operation to conduct processing & handling activity available?
Yes NO
If yes attached document evidence on Facility maps for all organic handling, processing & storage facilities.
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4.3 Do you produce against order or for stock? Please tick.						
a) Order b) Stock c) Both						
4.4 Do you use a Works Order or Equivalent? Please tick.						
a) Yes b) No b						
4.5 If yes, do you maintain different batch number for product produced under work order?						
4.6 Do product and/ or container carry works order identification number? Please tick.						
a) Yes b) No						
4.7 If No, how does system allow for product to be isolated in cases of doubtful quality?						
4.7 Please give any other relevant information on basic system.						
4.2 Quality Control / Inspection Staff Please give the following information on factory quality control structure of the Organization						
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Please give the following information on factory quality control structure of the Organization 4.2.1 Is there a separate Quality Control and/or Inspection Department? Please tick. a) Yes b) If Yes indicate: 4.2.1.1 Chief Inspector (Head) if different from 4.2.1 4.2.1.2 Is inspection staff aware of the tests in the relevant standard(s)? Please tick.						
Please give the following information on factory quality control structure of the Organization 4.2.1 Is there a separate Quality Control and/or Inspection Department? Please tick. a) Yes b) If Yes indicate: 4.2.1.1 Chief Inspector (Head) if different from 4.2.1						
Please give the following information on factory quality control structure of the Organization 4.2.1 Is there a separate Quality Control and/or Inspection Department? Please tick. a) Yes b) If Yes indicate: 4.2.1.1 Chief Inspector (Head) if different from 4.2.1 4.2.1.2 Is inspection staff aware of the tests in the relevant standard(s)? Please tick.						
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4.2.4 To wl	nom does each section repo	rts to? (Name	and Designation)	
4.2.5 How a evidence.	is training on hygienic food	l handling prov	ided to all relevant	workers? Attached
4.2.6 Do en	nployment terms & condition	ons meet regul	atory requirements	?
Yes		NO]	
4.2.7 Doe	es the quality control person	nnel inspect:		
4.2.7.1	Materials? Please tick.	a)	Yes	b) No
4.2.7.2	In-process operations? Plea	se tick. a)	Yes	b) No
4.2.7.3 I	Final product? Please tick.	a`	Yes	b) No
	F			2,2.0
4.2.6 If yes	to any of the above, are the	ese inspectors i	nonitored by Quali	ty Control staff? Please tick.
	a) Yes	h)	No 🗌	
427 Ara a	uality audit checks carried		<u> </u>	h) No
4.2.7 Ale q	uanty audit checks carried (out. Flease t	ck. a) les	b) No
If Yo	es, by whom?			
4.2.8 Please	e provide any other addition	nal information	on staff working f	or Quality Control Unit.
	RIALS, COMPONENTS			
	dence as attachment.	quality assuran	ce. Please give info	ormation on the following or
•		or all contract u	units (farms & facil	ities) in organic operation?
Yes		No [
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If yes, attached evidence
4.3.2 Are all Supplier / Producer certificates (and approved product lists) for bought-in ingredients and products valid at the time of purchase?
Yes No
If yes, attached evidence
4.3.3 Is any ingredient used in an organic product made up of both organic and non-organic status?
Yes No
4.3.4. If Yes for 4.3.3, how is the separation of organic and non-organic production implemented?
4.3.5 Are all multi-ingredient product formula declared? If Yes, please attach.
4.3.6 Are all ingredients are of organic origin as per the standard and does not contain GMO and Nanotechnology sources. attached evidence for inputs
4.3.7 Describe measures taken to prevent contamination of organic production, where non-permitted are used.
4.3.8 Is water used in contact with organic produce, ingredient, product or as ingredient of drinking water quality?

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4.3.9 Describe how organic status of in-coming goods is verified.
4.3.10 How are organic produce/product identified in all stages of handling?
4.3.11 Are organic labelled packaging material re-used for keeping substances prohibited for use in organic production?
4.3.12 Describe measures taken to ensure correct use of packaging/label for final organic produce/products.
4.3.13 Are other containers/packaging material re-used for packing organic produce/products?
4.3.14 Describe traceability (lot/batch) code used for produce/products handled and how it facilitates trace back to batch(es) of harvests/purchases of ingredients and suppliers.
4.3.15. Describe storage method and substances used.
4.3.16. How is transportation of organic produce/products carried out?
4.3.17. Described the Quality checks and when and how are Sampling & Testing for contaminants done, if applicable.

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4.3.18. Please give an overview of the quality assurance methods adopted on receipt of material components including actions taken on rejects.	3,
4.3.19. Do pest control record specify date, time of application, areas applied, pest control meth agent used, and responsible person? Attached evidence	od &
4.4 MANUFACTURE	
4.4.1 SYSTEM Please attach flowchart(s) for all organic handling & processing steps in manufacture. (A production processes and / or supplement in chart form showing stages may be advantageous).	ction

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How are waste material from handling/processing managed or disposed to minimise impact to environment? Attach Standard Operating Procedure (SOP). if available 4.4.2 EQUIPMENT MAINTENANCE SYSTEM 4.4.2.1 How are equipment and machine used cleaned before every organic production run? 4.4.2.2 How is adequate amount of organic flushing material used determined? 4.4.2.3 Describe measures to keep facility, equipment & containers clean and hygienic. Do cleaning record specify date, time of cleaning, equipment, cleaning agent used & responsible person. Attached evidence 4.Organic Handling Plan

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4.4 QUALITY CONTROL AND TESTING

4.4.1 QUALITY CONTROL SYSTEM

Please give details of the Quality Control System, including sampling plan followed, with particular reference to test in the relevant standard. (A quality control schedule or any supplement cross-reference in 3.1 in advantageous)

SN	Name	Quality control check	Sampling plan	Method
1				
2				
3				
4				
5				
6				
7				

$4.4.2\;LIST:$ TEST EQUIPMENT / INSTRUMENT, GAUGES AND TOOLS FOR QUALITY CONTROL

SN	Name of the test equipment	Manufacturer's name	Calibration frequency	Calibration certificate number
1				
2				
3				
4				
5				
6				
7				
8				

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4.5 QUALITY RECORDS AND DOCUMENTATION					
4.5.1 GENERAL					
4.5.1.1 Please indicate the form of master specification in use (i.e drawing, product or part schedule, or a reference sample etc.). Please do also indicate the general records available.					
4.5.1.1.1 Please indicate the system used to amend design or specification					
4.5.2 COMPLIANCE WITH SPECIFICATION					
4.5.2.1 Please indicate the level of defectives found in the last three batches of production. If test in accordance with relevant standards have already been carried out, attach copies of summary of test result if available.					
4.5.2.2 Please indicate the level of claims or complaints made under warranty and/or otherwise. Give this as a percentage of total output (Numbers as well).					
4.5.2.3 Have independent test (apart from the in-house testing) been made on the product against the standard? Please tick a) Yes b) No					
4.5.2.4 If yes, by whom?					

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