**

**Non-Food Certification Co.**

**CERTIFICATION AGREEMENT FORM FOR NON-FOOD CERTIFICATION CO.**

## THIS FORM MUST BE SIGNED AND DATED

Please email or post to the **Organic Food Federation**

31 Turbine Way, Eco Tech Business Park, Swaffham, Norfolk PE37 7XD

Tel: 01760 720444 Fax: 01760 720790

Email: info@orgfoodfed.comWeb: www.orgfoodfed.com

1. **Company details**

Please fill in all sections of the form, if not relevant please fill in N/A

|  |  |  |  |
| --- | --- | --- | --- |
| Name of company:Click or tap here to enter text. | | | |
| Trading name (if different):Click or tap here to enter text. | | | |
| Companies House Number: Click or tap here to enter text.  Ultimate holding company (if any):Click or tap here to enter text. | | | |
| Function within ultimate company (if any): Click or tap here to enter text. | | | |
| Name and address of premises to be registered:  Click or tap here to enter text. | | | |
| Tel:Click or tap here to enter text.  Email:Click or tap here to enter text. | Mobile:Click or tap here to enter text. | | |
| Address for correspondence (if different):  Click or tap here to enter text. | | | |
| Tel:Click or tap here to enter text. | Email:Click or tap here to enter text. | | |
| Name of person responsible for organic operations: Click or tap here to enter text. | | | |
| Name of Chief Executive (if different):Click or tap here to enter text. | | | |
| Annual turnover £Click or tap here to enter text. | Financial year: Click or tap here to enter text. | | |
| Number of staff involved with organic operations? | | | |
|  | | **YES** | **NO** |
| Have you been certified by another organic certification body? | |  |  |
| If yes, what body?Click or tap here to enter text. | | | |
| When did certification cease?Click or tap to enter a date. | | | |
| Have you been refused certification by another certification body? | |  |  |
| If yes, what body?Click or tap here to enter text. | | | |
| Have there been any prosecutions within the last 12 months or pending which could affect organic certification? | |  |  |
| If yes, provide a full explanation on a separate sheet. | | | |
| If you are moving certification body have you contacted your present certifier to request that they forward your files to OFF | |  |  |

**Note:** The Federation reserves the right to contact DEFRA about any previous organic activities

**2. Plant description**

|  |  |  |
| --- | --- | --- |
| **Site area:** |  | square metres |
| **Processing area:** |  | square metres |
| **Storage area:** |  | square metres |

Please supply an approximate plan of the production facility, showing: production, storage, packaging, distribution and office areas separately.

The plan should give approximate areas in square metres and positions of main exits.

|  |  |
| --- | --- |
| Please tick this box in order to confirm that you have forwarded this plan |  |

**3. Organic production**

**3.1** Please define your operation

|  |  |
| --- | --- |
| Packing operation |  |
| Manufacturing operation |  |
| Packing and manufacturing |  |

**3.2** How frequently do you produce or intend to produce organic goods

|  |  |
| --- | --- |
| Every shift |  |
| Every day |  |
| Less than 3 days per week |  |
| More than 3 days per week |  |

**3.3** Please list here or on a separate sheet, the organic goods that you produce or intend to produce together with the anticipated weekly quantities:

|  |  |  |  |
| --- | --- | --- | --- |
| **Product** | **Pack type**  **eg Carton, Plastic, Glass, Can, Bulk** | **Pack size** | **Approximate weekly quantity** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

**Note:** Before the products listed above can be produced a recipe must be submitted to the Non Food Certification Co and approved. This can be downloaded from our web site.

**4. Records**

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| **4.1** Are organic ingredients stored separately from non organic ingredients? |  |  |
| **4.2** If not, are they clearly marked so that there can be no confusion? |  |  |

|  |  |  |
| --- | --- | --- |
| **4.3** Describe your quality control procedures: | | |
| Do you have: | **YES** | **NO** |
| documented raw material specifications? |  |  |
| Checks on all raw materials against specification? |  |  |
| documented product specifications? |  |  |
| HACCP for each of your product types? |  |  |
| documented quality control procedures? |  |  |
| documented sanitation procedures? |  |  |
| an analytical laboratory on site? |  |  |
| a microbiological laboratory on site? |  |  |

**5. Pest control and hygiene**

|  |
| --- |
| **5.1** Name of pest contractor |
|  |
| **5.2** Details of rodenticides |
|  |
| **5.3** Details of other pest treatments |
|  |
| **5.4** Details of hygiene procedures |
|  |
| **5.5** Cleaning chemicals used: |
|  |

**6. General environment**

**Packaging materials used:**

Immediate wrap:

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
|  | | |
| Recyclable? |  |  |

Secondary packaging:

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
|  | | |
| Recyclable? |  |  |

Transit packaging:

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
|  | | |
| Recyclable? |  |  |

Other relevant environmental procedures:

|  |
| --- |
|  |

**6.1** Do you sell or propose to sell organic products:

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| Under your own brand |  |  |
| Under customers’ brand/s |  |  |
| As ingredients for further processing |  |  |
| For domestic market |  |  |
| For export |  |  |

**Certification Agreement**

As an OFF certified operator, you are required to comply with the following:

1. All relevant sections of our organic Standard at all times (as amended from time to time), including section 3 general non organic requirements (covering reports, fees, access, confidentiality, exchange of information etc.).
2. Prompt payment of all fees and charges according to section 3.8 of our Standard including fees or costs for work undertaken for applications that do not proceed.
3. Resolve any non compliance raised against your operation within the agreed timescale.
4. Provide site access during normal working hours to OFF personnel, with or without prior notice, for the purpose of carrying out surveillance and spot inspections or the collection of samples
5. Make records available upon request, which are subject to a certificate of conformity.
6. Keep a record of all complaints made against you relating to compliance with certification requirements and investigate these complaints. These records should be available to the OFF upon request. Take appropriate action with respect to such complaints and any deficiencies relating to products resulting in them being non-compliant with our standards.
7. Give three months notice in the event of wishing to withdraw from the scheme, unless due to circumstances beyond your control.
8. Inform the OFF all intended changes to the operational processes and site operations. This includes

* legal and commercial; organisational status of ownership.
* key management changes.
* modifications to product or production method.
* contact address and production sites.
* major changes to the quality management system.

1. Not use product certification in such a manner as to bring the OFF into disrepute and do not make any statement regarding product certification that the OFF may consider misleading or unauthorized.
2. Upon suspension, withdrawal, or termination of certification, discontinue the use of all advertising material that contains any reference thereto and take action as required by the OFF (e.g. the return of certification documents) and any other required measures.
3. Provide copies of the certification documents to others, the documents shall be reproduced in their entirety without any unauthorised amendments or modifications.
4. When referencing product certification in communication media such as advertising, marketing and social media, comply with the requirements of the OFF certification scheme.
5. Comply with the labelling requirements relating to the use of marks of conformity, and in information related to the product.
6. Provide true and correct statements relating to OFF certification and correspondence.

|  |  |
| --- | --- |
| **Signed:** |  |
| **Print Name:** |  |
| **Company:** |  |
| **Position:** |  |
| **Date:** |  |

(This section **must** be completed in order to proceed with the assessment inspection.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NOTE:** We are asked from time to time to provide lists of organic operators to third parties seeking suppliers or potential customers. Please indicate if you do NOT wish your company to be included on any such lists by ticking the box. | | | |  |
|  | | | | | | |  | |
|  | |
| **Office Use Only:** | | | | | |  | |
|  | |
| Date Received: |  |
| Additional Info required: |  |
| Previous CB: |  |
| Papers from Previous CB: |  |
| Accepted and Quoted: |  |
| Quotation accepted: |  |
| Reference No: |  |
| Logged on: |  |
| Date Assigned: |  |