



Name: _____

Year: _____

CROP INPUT INVENTORY

Make copies of this form as needed.

New applicants: Submit this form with your Farm Organic System Plan. List all crop inputs except seeds.
Updating clients: Submit this form with your Annual Update. List ONLY crop inputs that are NEW to your operation this year (previous input inventories are retained in your file). **All clients:** Submit product labels and ingredient information for inputs not previously approved by MOSA or OMRI listed.

Office Use Only					Description of Restrictions	Complete Input Name	Manufacturer Name	Purpose for Use	Proposed for use, ingredients provided	Received MOSA approval for use	OMRI listed
Status	Initials			Date							
<input type="checkbox"/> Allowed <input type="checkbox"/> Allowed with restrictions <input type="checkbox"/> Prohibited									<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Allowed <input type="checkbox"/> Allowed with restrictions <input type="checkbox"/> Prohibited									<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Allowed <input type="checkbox"/> Allowed with restrictions <input type="checkbox"/> Prohibited									<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Allowed <input type="checkbox"/> Allowed with restrictions <input type="checkbox"/> Prohibited									<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Allowed <input type="checkbox"/> Allowed with restrictions <input type="checkbox"/> Prohibited									<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Allowed <input type="checkbox"/> Allowed with restrictions <input type="checkbox"/> Prohibited									<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<input type="checkbox"/> Allowed <input type="checkbox"/> Allowed with restrictions <input type="checkbox"/> Prohibited									<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Allowed <input type="checkbox"/> Allowed with restrictions <input type="checkbox"/> Prohibited									<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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