



Name: _____

Make copies of this form as needed.

Year: _____ **HANDLER INPUT INVENTORY** Account # _____

New applicants: Submit this form with your Handler Organic System Plan. List all inputs for indirect production use, including cleaners/sanitizers for equipment and surfaces, and pest control inputs. **Updating clients:** Submit this form with your Annual Update. List ONLY 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					Complete Input Name	Manufacturer Name	Location Used (list specific equipment, location, etc.)	Purpose for Use S=Sanitation P=Pest Mgmt. O=Other (describe)	Is there direct contact with organic product?	Composition info submitted to MOSA	OMRI listed
Description of Restrictions											
Status	<input type="checkbox"/> Allowed	<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
Initials	<input type="checkbox"/> Allowed with restrictions	<input type="checkbox"/> 205.271 Approval									
Date											
Status	<input type="checkbox"/> Allowed	<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
Initials	<input type="checkbox"/> Allowed with restrictions	<input type="checkbox"/> 205.271 Approval									
Date											
Status	<input type="checkbox"/> Allowed	<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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