



Name: _____

Year: _____

HANDLER INPUT INVENTORY

Make copies of this form as needed.

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					Description of Restrictions	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
Status												
Status	<input type="checkbox"/> Allowed <input type="checkbox"/> Prohibited <input type="checkbox"/> Allowed with restrictions <input type="checkbox"/> 205.271 Approval									<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Initials										<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
Date												
Status	<input type="checkbox"/> Allowed <input type="checkbox"/> Prohibited <input type="checkbox"/> Allowed with restrictions <input type="checkbox"/> 205.271 Approval									<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Initials										<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
Date												
Status	<input type="checkbox"/> Allowed <input type="checkbox"/> Prohibited <input type="checkbox"/> Allowed with restrictions <input type="checkbox"/> 205.271 Approval									<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Initials										<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
Date												
Status	<input type="checkbox"/> Allowed <input type="checkbox"/> Prohibited <input type="checkbox"/> Allowed with restrictions <input type="checkbox"/> 205.271 Approval									<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Initials										<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
Date												
Status	<input type="checkbox"/> Allowed <input type="checkbox"/> Prohibited <input type="checkbox"/> Allowed with restrictions <input type="checkbox"/> 205.271 Approval									<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Initials										<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
Date												
Status	<input type="checkbox"/> Allowed <input type="checkbox"/> Prohibited <input type="checkbox"/> Allowed with restrictions <input type="checkbox"/> 205.271 Approval									<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Initials										<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
Date												
Status	<input type="checkbox"/> Allowed <input type="checkbox"/> Prohibited <input type="checkbox"/> Allowed with restrictions <input type="checkbox"/> 205.271 Approval									<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Initials										<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
Date												

Name: _____

Year: _____

HANDLER INPUT INVENTORY

Office Use Only					Description of Restrictions	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
Status												
Status	<input type="checkbox"/> Allowed	<input type="checkbox"/> Prohibited										
	<input type="checkbox"/> Allowed with restrictions	<input type="checkbox"/> 205.271 Approval										
Initials												
Date												
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No								
Status	<input type="checkbox"/> Allowed	<input type="checkbox"/> Prohibited										
	<input type="checkbox"/> Allowed with restrictions	<input type="checkbox"/> 205.271 Approval										
Initials												
Date												
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No								
Status	<input type="checkbox"/> Allowed	<input type="checkbox"/> Prohibited										
	<input type="checkbox"/> Allowed with restrictions	<input type="checkbox"/> 205.271 Approval										
Initials												
Date												
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No								
Status	<input type="checkbox"/> Allowed	<input type="checkbox"/> Prohibited										
	<input type="checkbox"/> Allowed with restrictions	<input type="checkbox"/> 205.271 Approval										
Initials												
Date												
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No								
Status	<input type="checkbox"/> Allowed	<input type="checkbox"/> Prohibited										
	<input type="checkbox"/> Allowed with restrictions	<input type="checkbox"/> 205.271 Approval										
Initials												
Date												
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No								
Status	<input type="checkbox"/> Allowed	<input type="checkbox"/> Prohibited										
	<input type="checkbox"/> Allowed with restrictions	<input type="checkbox"/> 205.271 Approval										
Initials												
Date												
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No								
Status	<input type="checkbox"/> Allowed	<input type="checkbox"/> Prohibited										
	<input type="checkbox"/> Allowed with restrictions	<input type="checkbox"/> 205.271 Approval										
Initials												
Date												
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No								
Status	<input type="checkbox"/> Allowed	<input type="checkbox"/> Prohibited										
	<input type="checkbox"/> Allowed with restrictions	<input type="checkbox"/> 205.271 Approval										
Initials												
Date												
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No								
Status	<input type="checkbox"/> Allowed	<input type="checkbox"/> Prohibited										
	<input type="checkbox"/> Allowed with restrictions	<input type="checkbox"/> 205.271 Approval										
Initials												
Date												
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No								

Name: _____

Year: _____

HANDLER INPUT INVENTORY

Office Use Only					Description of Restrictions	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
Status	<input type="checkbox"/> Allowed <input type="checkbox"/> Allowed with restrictions	<input type="checkbox"/> Prohibited <input type="checkbox"/> 205.271 Approval	Initials	Date								
Status	<input type="checkbox"/> Allowed <input type="checkbox"/> Allowed with restrictions	<input type="checkbox"/> Prohibited <input type="checkbox"/> 205.271 Approval								<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												
Date												
Status	<input type="checkbox"/> Allowed <input type="checkbox"/> Allowed with restrictions	<input type="checkbox"/> Prohibited <input type="checkbox"/> 205.271 Approval								<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												
Date												
Status	<input type="checkbox"/> Allowed <input type="checkbox"/> Allowed with restrictions	<input type="checkbox"/> Prohibited <input type="checkbox"/> 205.271 Approval								<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												
Date												
Status	<input type="checkbox"/> Allowed <input type="checkbox"/> Allowed with restrictions	<input type="checkbox"/> Prohibited <input type="checkbox"/> 205.271 Approval								<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												
Date												
Status	<input type="checkbox"/> Allowed <input type="checkbox"/> Allowed with restrictions	<input type="checkbox"/> Prohibited <input type="checkbox"/> 205.271 Approval								<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												
Date												
Status	<input type="checkbox"/> Allowed <input type="checkbox"/> Allowed with restrictions	<input type="checkbox"/> Prohibited <input type="checkbox"/> 205.271 Approval								<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												
Date												
Status	<input type="checkbox"/> Allowed <input type="checkbox"/> Allowed with restrictions	<input type="checkbox"/> Prohibited <input type="checkbox"/> 205.271 Approval								<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												
Date												
Status	<input type="checkbox"/> Allowed <input type="checkbox"/> Allowed with restrictions	<input type="checkbox"/> Prohibited <input type="checkbox"/> 205.271 Approval								<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												
Date												
Status	<input type="checkbox"/> Allowed <input type="checkbox"/> Allowed with restrictions	<input type="checkbox"/> Prohibited <input type="checkbox"/> 205.271 Approval								<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												
Date												

Name: _____

Year: _____

HANDLER INPUT INVENTORY

Office Use Only					Description of Restrictions	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
Status												
Status	<input type="checkbox"/> Allowed	<input type="checkbox"/> Prohibited								<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> Allowed with restrictions	<input type="checkbox"/> 205.271 Approval								<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
Initials												
Date												
Status	<input type="checkbox"/> Allowed	<input type="checkbox"/> Prohibited								<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> Allowed with restrictions	<input type="checkbox"/> 205.271 Approval								<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
Initials												
Date												
Status	<input type="checkbox"/> Allowed	<input type="checkbox"/> Prohibited								<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> Allowed with restrictions	<input type="checkbox"/> 205.271 Approval								<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
Initials												
Date												
Status	<input type="checkbox"/> Allowed	<input type="checkbox"/> Prohibited								<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> Allowed with restrictions	<input type="checkbox"/> 205.271 Approval								<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
Initials												
Date												
Status	<input type="checkbox"/> Allowed	<input type="checkbox"/> Prohibited								<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> Allowed with restrictions	<input type="checkbox"/> 205.271 Approval								<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
Initials												
Date												
Status	<input type="checkbox"/> Allowed	<input type="checkbox"/> Prohibited								<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> Allowed with restrictions	<input type="checkbox"/> 205.271 Approval								<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
Initials												
Date												
Status	<input type="checkbox"/> Allowed	<input type="checkbox"/> Prohibited								<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> Allowed with restrictions	<input type="checkbox"/> 205.271 Approval								<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
Initials												
Date												
Status	<input type="checkbox"/> Allowed	<input type="checkbox"/> Prohibited								<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> Allowed with restrictions	<input type="checkbox"/> 205.271 Approval								<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
Initials												
Date												