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## Restaurant Organic System Plan

MOSA provides this form in order for the operator to document his/her plan for management in compliance with the National Organic Standards (NOS) and MOSA certification requirements. Complete all sections of this Organic System Plan if you are requesting organic restaurant certification. Attach appropriate support documents as noted throughout the form and a facility map, pest management map, and appropriate MSDS if required. Copy sections or use additional sheets as necessary. Contact MOSA if you have any questions. Please keep a copy of this completed Organic System Plan and all support documents for your reference. All information on this form is considered proprietary and confidential. No information will be supplied to any third party without prior permission of the client, with the exception of compiled data for statistical summaries, which may be distributed. Your operation name, address and certified products/services will be listed in the annual MOSA Associates Directory.

SECTION 1 General Information				
Applicant/Company Name		Legal Status: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Trust or nonprofit <input type="checkbox"/> Co-op <input type="checkbox"/> Legal Partnership (federal form 1065) <input type="checkbox"/> Other (specify)		
Owner/Manager		Primary Contact/Organic Production Manager		For Office Use Only
Business Address		City		Received
State	Zip Code	County		Certification
Phone	Fax	Email		Other
Contact information for billing purposes:			<input type="checkbox"/> same as above	When do you anticipate having your operation ready for inspection?
Would you like us to add a link to your website from the MOSA website? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details.				
Give a brief description of your restaurant experience, and reason(s) for choosing organic management practices:				
Year company began	List previous organic certification by other agencies	List current organic certification by other agencies	List other organic certification agencies you intend to certify with this year	Year first certified
Have you ever received a notice of requirements or non-compliances, or had certification denied, suspended or revoked, by another certification agency? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, you must attach copies of all written notifications of requirements, noncompliances, denial, suspension or revocation. You must also attach a description of actions taken to correct the noncompliances/address requirements.</i>				
Do you understand current National Organic Standards (NOS) and requirements for certification as described in the MOSA Program Manual? <input type="checkbox"/> Yes <input type="checkbox"/> No (specify)		What version of the MOSA Program Manual do you have for reference?  What version of the National Organic Standards (NOS) do you have for reference?  What version of the OMRI Materials lists do you have for reference?  (Note dates on front covers. Please dispose of or archive older versions of these.)		
Briefly describe what aspects of the restaurant operation are requested for certification (ex: specific entrees, salad bar, entire restaurant, etc.):				

Please list locations and contact information for all restaurants, commissary, food processing facilities, and warehouse. Please list the name of the person at each location who is responsible for maintaining organic standards in that facility. Identify organic products produced or services provided off-premises in restaurant's own, or co-packers' facilities. Please indicate whether facility(s) are applying for certification separately (S) or as part of restaurant's own certification (O).

FACILITY NAME	ADDRESS	PHONE #	CONTACT PERSON	PRODUCTS/SERVICE PROVIDED	CERTIFICATION "S" or "O"

What additions or changes do you anticipate in your certified products/services?  None

Give directions to your facility(s) for the inspector. Include a map if you feel this may be helpful.

When are you available to contact?  morning  afternoon  evening

When are you available for the inspection?  morning  afternoon  evening

**SECTION 2 Menu, Labeling and Product Sourcing**

**NOS §§205.105, .301, .302**

*The NOS require that all raw or processed agricultural products sold or represented as "100 percent organic", all processed products sold or represented as "organic" on the principal display panel, all agricultural products sold or represented as "made with organic (specified ingredients or food group(s))", and all organic ingredients in multi-ingredient agricultural products containing less than 70% organically-produced ingredients must be handled in compliance with all applicable organic standards. For processed products sold or represented as "organic", you need to show efforts to obtain certified organic ingredients whenever possible, and non-organic ingredients and processing aids used must be allowed on National List and must not comprise more than 5% of the total of the finished product (excluding water and salt). Products making "100% organic", "organic" or "made with..." claims may not contain ingredients or processing aids subject to ionizing radiation or genetically engineered organisms and their derivatives, nor ingredients produced using sewage sludge. Other prohibited ingredients specific to marketing claims are outlined in NOS §205.301.*

**A. MENU AND LABELING:** Attach sample(s) of menu(s), or copies.

Indicate what percent of your total menu is in the following categories:

"100% Organic" \_\_\_\_\_ %

"Organic" (95% or more organic ingredients) \_\_\_\_\_ %

"Made with organic ingredients" (70% to 95% organic ingredients) \_\_\_\_\_ %

Other (less than 70% organic ingredients) \_\_\_\_\_ %

Describe policies/procedures for labeling of organic products on menus:

Describe policies/procedures to identify organic vs. conventional food items on menu, when both are carried:

**B. ORGANIC INGREDIENT SOURCING:**

What is your procedure for sourcing organic agricultural ingredients?

How do you verify certification of organic ingredients?

How do you identify organic ingredients from receiving through serving?

How would you improve this system of verifying organic integrity?

**C. NON-ORGANIC INGREDIENTS AND PROCESSING AIDS: Note the definition of Processing Aid in NOS §205.2.**

Do any non-organic ingredients or processing aids you use have annotations/restrictions for their use on the National List?

Yes  No  File an affidavit or restriction you comply with

Are any non-organic ingredients/processing aids designated on the National List as prohibited materials?  Yes  No

Check if any non-organic ingredients/processing aids have been produced, processed with or exposed to the following:

ionizing radiation  genetic engineering

If none, do you have verification?  Yes  No

Attach MSDS, product labels and/or specification sheets, as applicable.

**D. WATER: Water used in processing/handling must meet potable water standards. For products that use culinary steam, boiler additives may not contaminate the organic products.**

Check ways water is used in processing/handling:  none used

ingredient  processing aid  cooking  cooling  product transport  organic product cleaning  equipment cleaning

other (specify)

Source(s) of water:  municipal  on-site well  other (specify):

List any known water contaminants:

What on-site water treatment processes are used?  none used  softening  filtration (specify type)

chlorination (specify where used)  other (specify)

Is culinary steam used in the processing of organic products?  Yes  No

If steam has direct contact with organic products, do you use:  No direct contact

steam filters  condensate traps  testing of condensate  testing of finished products  other (specify):

List products used as boiler additives. Attach MSDS, label information:

Do you use water conservation strategies?  Yes  No

How, and how often, do you monitor water quality?

Attach available water test results.

**SECTION 3 Plan for Organic Handling Practices**

**NOS §§205.201, .272**

*Certified organic restaurants must comply with all applicable Federal and State regulations, as well as additional requirements for protection of organic integrity. Good sanitation practices must be used throughout the facility(s) and residues from cleaning materials must not contaminate organic products. Organic Restaurant Plan requirements include attachment of a complete written description or schematic product flow chart that shows the movement of all organic products, from incoming/receiving through preparation to serving. All equipment and preparation and storage areas must be identified. Off-site facilities may need to be inspected and separately certified.*

**A. REGULATORY COMPLIANCE:**

What government permits/licenses/inspections are in effect for your operation?  None required

**B. FACILITY/EQUIPMENT/PRODUCT FLOW:**

Please give a brief physical description, including square footage, of your facility(s) used for preparation/handling:

*Attach a schematic product flow chart or written description showing how and where ingredients/products are received, stored, prepared, packaged, warehoused and served, as applicable, and identifying all pieces of equipment, storage areas and where food is prepared. Also attach a facility map(s) showing location of all equipment and preparation storage areas.*

Describe all equipment used in preparation or other handling, and cleaning methods (ex: scraping, clean in place (CIP), compressed air, vacuuming, manual washing, steam cleaning, sanitizing etc.) used prior to contact with organic foods.

EQUIPMENT IDENTIFICATION (As noted on facility map)	CAPACITY	CLEANING METHOD(S) AND FREQUENCY	CLEANING PRODUCTS USED	PRODUCT STATUS (ALLOWED OR PROHIBITED)	CLEANING DOCUMENTATION TYPE

Describe compliance with any annotations/restrictions stated on the National List for materials noted above:

Describe any purge procedures, quantities purged, and purging documentation:  equipment purging

Are all surfaces that contact organic products food grade?  Yes  No (specify)

Is steam used in cleaning/sanitation procedures?  Yes  No

Indicate how you ensure cleanser/sanitizer residues do not contaminate organic products (check all that apply):

residue testing on food contact surfaces  pH testing of rinsate  other (specify)

**C. GENERAL SANITATION:**

Attach MSDS and/or label information for all cleansers/sanitizers used in facility and in production equipment, if applicable.

Describe all cleaning methods for all other facility areas not listed above:

AREA	CLEANING METHOD(S) AND FREQUENCY	CLEANING EQUIPMENT USED	PRODUCTS USED	PRODUCT STATUS (ALLOWED OR PROHIBITED)	DOCUMENTATION
Receiving area					
Ingredient storage					
Preparation areas					
Display areas					
Serving areas					
Building exterior					
Accidental spills					
Other:					
Other:					
Other:					

Describe compliance with any annotations/restrictions stated on the National List for materials noted above:

What methods are used to maintain employee hygiene?

How, and how often, is general sanitation monitored?

Where are cleaning/sanitizing materials stored?

How do you ensure that transport units delivering organic products/ingredients were cleaned prior to loading organic products?

Is this inspection/cleaning process documented?  Yes  No

**E. STORAGE INFORMATION:**

Please describe your storage areas in the table below: Storage areas must be indicated on facility map(s).

STORAGE USE	LOCATION AND NAME OR NUMBER ON MAP	TYPE/CAPACITY	DEDICATED ORGANIC? YES (Y) NO (N)	COMMENTS ON POTENTIAL FOR CONTAMINATION/COMMINGLING PROBLEMS
Ingredient storage				
Cookware storage				
In-process storage				
Finished Product storage				
Tableware storage				
Other (specify):				
Other (specify):				

**F. WASTE MANAGEMENT PLAN:**

List components of your waste management system (check all that apply):  on-site dumpster  material recycling  
 water recycling  water filtering  smokestack filters  composting  daily pickup of waste  grease collection  
 other (specify)

Do you have records on your waste volume?  Yes  No

**SECTION 4 Plan for Assurance of Organic Integrity**

**NOS §§205.201, .272**

The NOS require that procedures, processes, storage and equipment present no contamination risk to organic products from commingling with similar non-organic products, sanitation products or pest management products. Procedures used to maintain organic integrity must be documented. All personnel working with organic product should receive appropriate training such that food safety and organic integrity are maintained.

**A. ORGANIC CONTROL POINTS:** (OCP'S), similar to Hazard Analysis Critical Control Points (HACCP), are points in the handling and preparation system where the integrity of the organic product may be compromised. Factors to consider include physical proximity, inadequate storage, equipment labeling, and employee training. Examples of compromised integrity include commingling with non-organic products, contamination by sanitizers or pesticides, and improper cleaning of equipment prior to contact with organic products.

Do you have an Organic Control Point program in place to address areas of potential contamination?  Yes  No

If yes, list Organic Control Points you have identified in your process, and means of protecting organic integrity, or submit a copy of your Organic Control Point Program:

If no, do you have plans to implement an Organic Control Point program?  Yes  No

If no, how do you ensure that organic integrity is maintained?

Please indicate any other means used to monitor organic integrity:

**B. EDUCATION AND TRAINING:**

How many persons are employed at your organic production facility(s)?

Please describe your procedures ensuring personnel have appropriate training in organic handling practices and general food handling/protection:

Is this training documented?  Yes  No

**C. QUALITY ASSURANCE:**

Do you have a QA program in place?  Yes  No

If yes, what program do you use?  HACCP  TQM  other (specify)

Indicate type(s) of product testing used: (check all applicable types)  ingredients prior to purchase  ingredients  
 product during preparation  finished product  other (specify)

How do you ensure ingredients have not been produced using genetic engineering, sewage sludge, or ionizing radiation?  
(Check all that apply)  GE/GMO testing  verification letters from

Specify any type(s) of environmental testing conducted:  none

Please indicate any other means used to monitor product quality:

Do you anticipate any changes to your quality assurance system?  No  Yes (specify)

**SECTION 5 Pest Management Plan**

**NOS §§205.201, .271, .272**

*The NOS require that pest management is primarily handled by preventative methods as noted in NOS §205.271. When these are not effective, non-synthetic or synthetic substances consistent with allowed materials for organic processing and handling may be used. If prevention and allowed materials are not effective, any substance may be used for pest management, provided it is used in compliance with legal restrictions, and provided the operator and MOSA agree on the substance used, methods of application, and measures taken to maintain organic integrity. Substances must be applied in a manner that prevents contamination of ingredients or prepared food to be sold, labeled or represented as organic. All treatments used must be justified. A pest management plan must be in place for each facility operated, and a program of regular preventative inspection must be a part of this plan.*

**A. GENERAL INFORMATION**

**What type(s) of pest management system do you use?**

- in-house ( give name of responsible person):
- contract pest control service (give name, address, phone no.):

**Check all pest problems you generally have:**  flying insects  crawling insects  spiders  birds  rats  mice  
 other (spec ify)

**B. CHECK ALL PEST MANAGEMENT PRACTICES USED:**

- good sanitation  removal of exterior habitat/food sources  cleanup of spilled product  sealed doors and/or windows
- exclusion  repair of holes, cracks, etc.  screened windows, vents, etc.  sheet metal on sides of building exterior
- physical barriers  mowing  ingredient inspection for pests  inspection zones around interior perimeter  monitoring
- ultrasound/light devices  sticky traps  electrocutors  pheromone traps  mechanical traps  freezing treatments
- heat treatments  vacuum treatments  carbon dioxide  nitrogen  vitamin baits  boric acid  crack and crevice spray
- fumigation  fogging  other (spec ify)

**Are your pest prevention methods and structural pest management system effective?**  Yes  No (specify)

**Are records kept of your monitoring activities?**  Yes  No

**How often do you inspect your pest prevention system?**

**What changes do you anticipate to your pest management system?**

**C. PESTICIDE USE INFORMATION FOR THE LAST 12 MONTHS:**

no pesticides used

SUBSTANCE	TARGET PEST	LOCATION WHERE USED (Include those used outdoors)	METHOD OF APPLICATION	DATE OF LAST APPLICATION

**Are any products used which are prohibited by the National List?**  Yes  No

If yes, did you contact MOSA for approval prior to product use?

**Indicate type of pesticide application records maintained:**  None

**Describe methods to prevent pesticide contamination of organic ingredients, prepared products, or materials or equipment coming into contact with food:**

**Describe measures to reduce or prevent pest control product use in the future:**

**Where are pest control substances stored?**

*Attach facility map showing location of traps and monitors. Attach MSDS and/or label information, if applicable.*



## SECTION 6 Audit Trail and Inventory Control System NOS §§205.103, .201

**Audit trail and inventory control procedures must be adequate to trace all ingredients and products from the supplier(s) through the entire restaurant system, including preparation, storage, and serving. Organic handlers must retain valid proof of certification for all organic ingredients. Amounts of organic product sold must balance with certified organic ingredients purchased. All relevant documents must identify products as "organic." Records must be maintained for five years and must demonstrate compliance with the NOS and MOSA certification requirements. Records must be accessible to inspector(s) at initial inspection as well as at additional inspections as described in the MOSA Program Manual.**

Please indicate the types of records kept to track organic products at this restaurant operation (check all that apply):

### Incoming:

- Organic Certificate copies       Certificates       purchase orders     receipts
- contracts       bills of lading     Customs forms     shipping documents

### In process:

- ingredient inspection forms       reports     production records       equipment cleaning records
- production summary records       other (specify) \_\_\_\_\_

### Storage:

- ingredient inventory reports       (specify) \_\_\_\_\_ product inventory report     other \_\_\_\_\_

### Serving/Sales:

- purchase orders       sales (specify) \_\_\_\_\_     sales invoices     sales summaries

### Indicate other records you maintain (check all that apply):

- labels and/or full ingredients and source information for all ingredients, processing aids, sanitizers used       equipment maintenance records     kitchen logs
- Material Safety Data Sheets       records of written complaints       verification of ingredient non-GMO compliance
- verification of ingredients produced w/o sewage sludge use       verification of food safety
- documentation showing lack of commercial availability
- residue analyses (specify) \_\_\_\_\_     other (specify) \_\_\_\_\_

Can your record keeping system track the **food being served** back to all ingredients at receiving?  Yes     No

Can your record keeping system balance organic product in and organic product out?  Yes     No

Can your record keeping system verify prevention of contact with prohibited substances?  Yes       No

If you answered no to any of the above, what changes will you make to ensure these areas can be tracked/verified?

How long do you plan to retain your records?

Please have all records available at your inspection(s) as noted above.

## SECTION 7 Additional Information NOS §§205.201

*The NOS require that organic production and handling system plans are sufficient to evaluate compliance with the regulations. This questionnaire is intended to be sufficient to document compliance of most, if not all areas of the restaurant establishment. NOS compliance information not sufficiently detailed elsewhere on this organic plan questionnaire must be provided by supplementary documentation.*

Describe how your organic certificate will be displayed to the public:

Describe any educational materials made available to the public:

*Please attach copies of any company policies regarding organic foods, and attach any additional information that you feel is pertinent to the certification of your establishment*

**SECTION 8 Additional Verification**

**MOSA Program Manual, Section V.M.**

*In cases where clientele of an establishment require verification of requirements not covered by the NOS, MOSA, if duly notified, will provide such verification for presentation to the clientele.*

List all additional requirements you need verified for marketing purposes (use additional sheets as necessary):

SAMPLE DO NOT COMPLETE

## SECTION 9 Affirmation

I affirm that all statements made in this application are true and correct. I understand that the facility may be subject to unannounced inspection and/or organic products sampled for residues at any time as deemed appropriate to ensure compliance with the National Organic Standards (NOS) and MOSA certification requirements. I consent to the use of subcontracted inspectors as necessary to assess compliance of my operation. I consent to the use of subcontracted laboratory analysis services to test for residues of prohibited substances. I understand that failure to follow the NOS and MOSA certification requirements or giving false information may result in the denial, suspension or revocation of certification of my operation. I understand that certification of my operation may depend on my ability to supply any and all information requested by MOSA that MOSA needs to evaluate the products and operation requested for certification. I understand that acceptance of this questionnaire in no way implies granting of certification by MOSA. I agree to follow the NOS and MOSA certification requirements as described in the MOSA Program Manual.

Signature of Owner/Manager \_\_\_\_\_

Date \_\_\_\_\_

I have attached the following required documents:

product flow chart or written description

labels/specification sheets

facility map

appropriate NOS, map, filters and monitors  sample menu

**Did you remember to...**

**...sign this questionnaire?**

**...include all required fees?**

**... put your name on all supporting documents?**

**...sign and include the Associate Licensing Agreement?**

**...make copies of this organic system plan and supporting documents for your records?**

**Submit completed form, fees, and supporting documents to:**

**MOSA**

**PO Box 821**

**Viroqua, WI 54665**

SAMPLE DO NOT COMPLETE