



| | | |
|------------------|-------|--|
| Measures Adopted | | |
| | Water | |

4. List of Agricultural Equipments used in your Farms

| Name of the equipment used | Purpose of use and Handling Procedure |
|----------------------------|---------------------------------------|
| | |
| | |
| | |
| | |

5. Soil Fertility Management – Describe and list all inputs used in your production along with their composition, frequency of their use, concentration/application rate with source and supplier of your inputs

| Activities | Yes/No | Practices and Procedures undertaken |
|--|--------|-------------------------------------|
| Are you aware of Cropping Systems and Crop Rotation | | |
| How do you manage wastes and crop residues in your farm? Do you burn crop residues? | | |
| Is Compost added to the soil | | |
| Is green manuring practiced | | |
| Any other measure used to improve soil fertility. (e.g. use of Bio Fertilisers etc) | | |

6. Input Management

| Sl. No. | Name of Input | Source of input (on-farm/Off-farm) | Reason for its use | Plot No. s / Name of the crop/s applied | Total Quantity Used/ha/Year |
|---------|---------------|------------------------------------|--------------------|---|-----------------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |

| | | | |
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|---|--|--|--|--|--|
| 5 | | | | | |
| 6 | | | | | |

7. Irrigation /Water Management

| Source of Irrigation | Method of Irrigation |
|----------------------|----------------------|
| | |
| | |
| | |

8. Encouragement for Ecology Conservation/Bio Diversity Management

| Name of the Trees species | Floral/ Faunal Diversity | Management of Bio Residues |
|---------------------------|--------------------------|----------------------------|
| | | |
| | | |
| | | |
| | | |

9. Weed Management

| Sl. No. | Method of Management |
|---------|--|
| | Crop rotation/Mulching/Soil sterilization /Livestock grazing/Non synthetic mulch /Herbicide/Manual weeding/inter cultivation Others, pls. specify: |
| 1 | 3 |
| 2 | 4 |

10. How do you manage the Pest/Diseases on your farm

| Sl. No. | Pest/Diseases | Method of Management (Crop Rotation /Companion planting/Selection of specific species/varieties/Mechanical traps/Pest repellants/None/Others (specify in details): |
|---------|---------------|--|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |

| | | | |
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11. Seeds and Planting Materials

| Name of seeds/planting material used (Rabi/ Kharif/ Summer /Perennials) | Source (ON Farm/Off Farm) | Status of Seeds/Planting material {Organic/Non organic/Non GMO/Untreated |
|--|------------------------------|---|
| | | |
| | | |
| | | |
| | | |

12. Livestock details of your organic farm

| Name of the species | No. of animals |
|---------------------|----------------|
| Cows: | |
| Calves: | |
| Buffaloes: | |
| Goats: | |
| Poultry birds: | |
| Others: | |

13. Record keeping by certified operators

(Describe your record keeping system practiced to comply with NSOP standard requirements)

| Name of the Documents | Available for verification (yes/No) |
|---|-------------------------------------|
| Farm map (Showing all boundaries of the farm, water sources, roads, crops and any other relevant landmarks) | |
| Farm diary (Do you record farm activities?) | |
| Land documents (RTC, NOC etc) | |
| Incoming and outgoing records with bills | |
| If any other specify (Test Reports etc) | |

14. Harvest /Post harvest Handling:

| Activity | Practices and Procedures undertaken (Manual/Mechanical) |
|------------|---|
| Harvesting | |
| Threshing | |
| Drying | |
| Collection | |

15. Storage Management On-farm Off Farm

| | |
|--|--|
| 15. a. Measures adopted for stored products to prevent commingling and contamination with prohibited substances? | |
| 15. b. Measures adopted for cleaning storage units or bins, and how the same is recorded? | |

| | | | |
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15. c. Type of on farm pest management program used against the type of pest during storage?

15.d. Please give your opinion on potential problem areas, which might come up during the production of organic products?

16. On- Farm processing:

16.a. Do you undertake any processing activity on the farm or outside your farm? Yes No
If yes furnish details:

16.b. Do you get your products processed on hire by other processing units? Yes No
If yes furnish details on name, the processing units and give address:

17. Crop Summary and Yield Estimation

| Season | Crop | Variety | Crop Type (Main/Inter) | Area (in Ha) | Est. Quantity (in MT) |
|--------|------|---------|------------------------|--------------|-----------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Additional Sheet/S may be used

18. Marketing Direct (Domestic or Export) Contracted (Provide the copy of necessary agreements) Additional Sheet/s May be used

19. How will you monitor and review the effectiveness of the implemented procedures and practices to comply with the NPOP requirements?

20. What will you do if your planned and implemented organic production procedures and practices are found insufficient to adequately comply with the NSOP standard requirements?

| | | | |
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21. Declaration by the Farmer/Operator

I hereby declare that I shall carry out the crop production operations in my farm according to the NPOP standard. The information provided in this System plan is correct and true to the best of my knowledge. In case of any change or deviation in the crop production system/ operations from the given information will be immediately informed to Qmark International Certifications Pvt. Ltd.

Date:

Name, Seal and Signature of Operator/
Representative/Authorised Signatory:

22. Comments of the Inspector of Qmark International Certifications Pvt. Ltd.

(Only to be filled in during inspection):

For Internal Use of Qmark International Certifications Pvt. Ltd.

Date of Application and OMSP Review:

Result of OMSP Review: 1. Complete / Incomplete but Inspection can happen and completed during the inspection (with Remarks) :

1. OMSP is incomplete and Inspection can not happen :

If Point 2. Selected, then have you contacted the operator for receiving completed OMP/OSP within reasonable time ?

Final Remarks: Complete / Incomplete but Inspection can happen and can be checked and completed during the inspection (with Remarks):

Signature of Reviewer:

| | | | |
|------|------------|-----------------|-----------|
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