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| Instrucciones para actualización de tu Plan de procesamiento orgánico agrícola  Instructions for updating your Organic Handling Plan  Para facilitar el proceso de actualización y seguimiento de tu AB4-BBB te pedimos que actualices este formato. Si has realizado cambios relevantes en tu operación desde la última actualización, por favor, sigue estos pasos:  Marca con Color: Utiliza la herramienta marcadora de color amarillo para resaltar todos los cambios relevantes directamente en este documento. Esto incluye cualquier adición, eliminación o modificación en tus procedimientos, productos o prácticas.  To simplify the process of updating and tracking your AB4-BBB, we ask that you use this same form. If you have made significant changes to your operation since the last update, please follow these steps: Highlight in Color: Use the yellow highlighter tool to clearly mark all relevant changes directly in this document. This includes any additions, deletions, or modifications to your procedures, products, or practices. | |
|  | Confirmo que, tras una cuidadosa revisión, el Plan de procesamiento orgánico agrícola, de mi operación se mantiene actualizado y refleja de manera precisa las operaciones previstas para el próximo año.  I confirm that, after careful review, the Organic handling plan of my operation remains up-to-date and accurately reflects the operations anticipated for the coming year. |

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| **SECCION 1** | | **Información general** / General information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **1.1 Tipo de Operador** / Operator type**:** | | | | |  | | | | | **Individual** | | | | | | | | | |  | | | **Colectivo (cooperativas, asociaciones, etc)** / Collective operators (cooperatives, smallholder organizations) | | | | | | | | | | | | | | | | | | | | | | | |
| **Solicitante/Nombre de la Compañía** / Applicant/Company name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Representante Legal** / Owner/Manager | | | | | | | | | | | | | | | **Persona de contacto**/Contact person | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Productos solicitados para la certificación** / Products asked for the certification | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Dirección**/Address: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Ciudad**/City: |  | | **Departamento**/region**:** | | | | | | | | | |  | | | | | **País**/Country: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Teléfono**/Phone: |  | | | | | | **Fax:** | | | | | |  | | | | | | **E-mail:** | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **1.2 Categoría Legal (Cooperativa, Empresa Unipersonal, Corporación, ONG, ETC)** / Legal status (Cooperative, Sole proprietorship, Corporation, NGO, ETC) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Código de tributación (RUC/NIT)**/Tax identification number: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Fecha de Fundación Compañía**/Year company began: | | | | | | | | |  | | | | | | | **Número de empleados** /Number of employees | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **Nombre del Supervisor de producción orgánica**/Name of person overseeing organic production: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.3 Indique si la certificación orgánica actual es realizada por otra(s) certificadora(s)**/List current organic certification by other agencies | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | **Sí/Yes** | | | | | | | |  | | | | | | **No** | | |
| **1.4 Enumere las certificaciones orgánicas obtenidas en años anteriores y el nombre de la(s) certificadora(s)**/ List previous organic certification by other agencies and the name of the certifying agent: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Año en el cual por última vez fue enviado el plan de manejo anual completo** /Year when complete Organic Farm Plan Questionnaire was last submitted: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.5 ¿Ha solicitado la certificación con otras certificadoras antes de pasar la solicitud a Bio Latina? En caso afirmativo, responda las siguientes preguntas.** / Have you ever applied for certification with another certifying agent before applying with Bio Latina? If yes, answer the following questions: | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | **Sí/Yes** | | | |  | | | | | | | **No aplica** | | | | | | |
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| **- ¿Le ha sido negada la certificación?** / Has certification ever been denied? | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | **Sí/Yes** | | | | |  | | | | | | | **No** | | | | | | | |
| **- ¿Le ha sido suspendida la certificación?** / Has certification ever been suspended? | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | **Sí/Yes** | | | | |  | | | | | | | **No** | | | | | | | |
| **- ¿Le ha sido revocada la certificación?** / Has certification ever been revoked? | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | **Sí/Yes** | | | | |  | | | | | | | **No** | | | | | | | |
| **Si marcó Si en alguna de las preguntas anteriores la siguiente información**:  **1. Nombre del solicitante** 2**. Año de solicitud 3. Resultados de la solicitud presentada (Si aplica, incluir copia de cualquier notificación de incumplimiento o negación 4. emitida por la certificadora y una descripción de las acciones tomadas para corregir las no conformidades indicadas, incluyendo la evidencia de tal corrección por parte del solicitante)** **5. Estatus de certificación actual (anexar certificado ecológico o en transición, si aplica)**  If yes, enclose following information: Name of the applicant, Year of application, Results of the application (if applicable, include copy of any notice of non-compliance or denial issued by the certifying agent and a description of the actions taken in order to address the non-compliances and any documentation proving its compliance). Current certification (enclose organic or in transition certification certificate, if applicable. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.6 Marque los programas para los cuales usted está solicitando la certificación**/ Mark the programs for which you are applying for certification: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | |  | | |
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| |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | Norma de BIO LATINA (CEE 834/2007 y 889/2008) [Unión Europea]  BIO LATINA standards (Cee 834/2007; 889/2008) European Union | | |  | | Reglamentos retenidos 834/2007, 889/2008 y 1235/2008 [Gran Bretaña]  Retain Regulations 834/2007, 889/2008 and 1235 | | | | | |  | National Organic Standard del NOP  [United States of America] | | |  | | COR - Acuerdo de Equivalencia Orgánica entre Estados Unidos y Canadá [Canadá]  U.S.-Canada Organic Equivalency Arrangement | | | | | |  | JAS [Japón]  Japan | | |  | | Elija un elemento. | | | | | **Otros programas de certificación. Marque las opciones correspondientes.**  Other certification programs. Select those applicable. | | | | | | | | |  | | Bio Suisse [Suiza]  Switzerland |  | |  | | Bird Friendly (Smithsonian Migratory Bird Center) | | |  | | Stop Climate Change | | |  | | Otro  Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | |  | | | | | | | | | | |  | | |
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| **1.7 Equivalencia COR (Canadá) /** US-CANADA EQUIVALENCY AGREEMENT (CANADA) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | |  | | | | | | | | | | |  | | |
| La etiqueta presentada esta conforme a los requerimientos del SFCR parte 14? Does the label presented comply with the requirements of the SFCR part 14? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | **Sí/ Yes** | | | | | |  | | | | | **No** | | | | | | |
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| **¿Cuentan los proveedores con un certificado que indique en ingles: “Certificado en cumplimiento con los términos del Acuerdo de equivalencia orgánica entre Estados Unidos y Canadá”?** Do the suppliers have a certificate with a statement indicating:: "Certified in compliance with the terms of the U.S.-Canada Organic Equivalency Agreement"? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | **Sí/ Yes** | | | | | | **No** | | | | | | | | | | | |  | | | |
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| **¿Cuenta su operación con un certificado que declare en ingles:”**Certificado en cumplimiento con los términos del Acuerdo de equivalencia orgánica entre Estados Unidos y Canadá” (Certified in compliance with the terms of the U.S.-Canada Organic Equivalency Agreement) Does your operation holds a certificate that states:: "Certified in compliance with the terms of the U.S.-Canada Organic Equivalency Agreement"?  NOTA: No aplica para primeros aplicantes. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | **Sí/ Yes** | | | | | **No** | | | | | | | | | | |
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| **¿Tiene copia actualizada de las normas que está solicitando y entiende éstos estándares ecológicos actuales? (En caso negativo indicar cuál)** / Do you have a copy of the standards that you are applying for and understand current organic standards? If no, indicate which. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | |  | | | | | | | | | | | |  | | | |
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| **1.8 Realiza algún tipo de procesamiento en la Unidad o por fuera? (Limpiado, empacado, embotellado, etc.) Por favor, tenga presente que usted debe tener un Plan de Manejo/Procesamiento Ecológico, para certificar el procesamiento externo o una parte de su operación. (Anéxelo)** /Do you have any Off-Unit or on-Unit processing done? (Cleaning, bagging, bottling, etc.) Please note that you must have an Organic Handling Plan Questionnaire on file to certify the processing/handling portion of your external operation. (To annex) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | **No** | | | | | | | | | | |  | | |
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| **1.9 Clase de proceso/operación de manejo. Ejem. Enlatado, congelado, etc.** Type of processing/handling operation Ejem. Enlatado, congelado, etc. | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Su operación es** /Is your operation a: | | | | | |  | | | | | **Principal** / Primary | | | | | | | | | | | | |  | | | **Procesamiento contratado** / Contract processor | | | | | | | | | | | | | | | | | | | |
| **1.10 Si el procesamiento es contratado, diligencie la siguiente información:**  If you use contract processors, give the following information: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | **No aplica** | | | | | | | | | | | | | | | | | |
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| **NOMBRE DEL PROCESADOR CONTRATADO Name of contract processor** | | | | **DIRECCIÓN**  **Address** | | | | | | | | | | | | | | | | | **TELÉFONO**  **Phone number** | | | | | | | | **CERTIFICADO POR**  **Certified by** | | | | | | | | | | | | | | | | | | | | | | | |
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| **Producción anual estimada /**Estimated annual total production | | | | | | | | | | | |  | | **% orgánica /** organic | | | | | | | |  | | | | **% convencional /** non-organic | | | | | | | | | | | | | | | | | | | | |
| **1.11 Enumere una lista de las categorías generales de los productos convencionales elaborados por su empresa.** List stating the general categories of non-organic products produced by your company. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | **No aplica** | | | | | | | | | | | | | | | | |
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| **1.12 ¿Cuándo está Usted disponible para la inspección?** / When are you available for the inspection? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **SECCION 2** | **Etiquetado y Composición del Producto / Labeling and Product Composition** | | | | | | | | | | | | | |
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| **2.1 Anexe el Formulario Perfil del Producto Orgánico y muestras de todas las etiquetas usadas para cada producto a certificar. Además anexar copia de los certificados de los proveedores.** Attach an Organic Product Profile sheet, examples of all labels used for each product requested for certification and copies of Certificates of Organic Operation. | | | | | | | | | | | | | | |
| **PRODUCTOS ETIQUETADOS “100% ORGÁNICO” (Todos los ingredientes están certificados como 100% orgánico, incluyendo los coadyuvantes) PRODUCTS LABELED AS “100% ORGANIC” (All ingredients are certified 100%organic, including processing aids)** | | | | | | | | | | **No aplica** | | | | |
| **2.2 Enumere todos los productos que contienen 100% de ingredientes orgánicos** / List all products labeled or planned to be labeled as “100% organic”. | | | | | | | | | | | | | | |
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| **PRODUCTOS ETIQUETADOS “ORGÁNICO” (al menos 95% ingredientes orgánicos certificados) PRODUCTS LABELED AS “ORGANIC” (at least 95% certified organic ingredients)** | | | | | | | | | | **No aplica** | | | | |
| **2.3 Enumere todos los productos que contienen al menos entre 95% de ingredientes orgánicos** List all products labeled or planned to be labeled as “organic” | | | | | | | | | | | | | | |
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| **2.4 ¿Usa algún ingrediente convencional de origen agrario? Si la respuesta es afirmativa, enumere todos los productos orgánicos que contengan ingredientes convencionales de origen agrícola. Describa los esfuerzos que ha hecho para encontrar los ingredientes orgánicos que reemplacen los ingredientes convencionales.** Are any non-organic agricultural ingredients used? If yes, list all organic products which contain non-organic agricultural ingredients. describe your attempts to source organic ingredients. | | |  | | | |  | | **Sí/ Yes** | | | |  | **No** |
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| **2.5 ¿Durante los procesos de producción o manejo se adicionan sulfitos, nitratos o nitritos? Si la respuesta es afirmativa enumere todos los productos orgánicos elaborados que contengan sulfitos, nitratos o nitritos.** Are sulfites, nitrates, or nitrites added during the production or handling process? If yes, list all organic products produced with sulfites, nitrates, or nitrites. | | |  | | | |  | | **Sí/ Yes** | | | |  | **No** |
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| **2.6 ¿Algún producto etiquetado “orgánico” muestra el porcentaje de ingredientes orgánicos en la etiqueta? Si la respuesta es afirmativa, enumere todos los productos etiquetados de esa manera.** Do any products labeled “organic” show the percentage of organic ingredients on the label? If yes, list all products so labeled | | |  | | | |  | | **Sí/ Yes** | | | |  | **No** |
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| **2.7 ¿El porcentaje anteriormente declarado excede en más de la mitad el tamaño de la letra más grande en la sección en la cual se muestre la declaración?** Does the size of the percentage statement exceed one-half the size of the largest type size on the panel on which the statement is displayed? | | |  | | | |  | | **Sí/ Yes** | | | |  | **No** |
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| **2.8 ¿El porcentaje que aparece declarado en su totalidad es del mismo tamaño, estilo y color sin resaltar?** Does the percentage statement appear in its entirety in the same type size, style, and color without highlighting? | | | | | | |  | |  | | | |  |  |
|  | | | | | | |  | | **Sí/ Yes** | | | |  | **No** |
|  | | | | | | |  | |  | | | |  |  |
| **2.9 ¿El porcentaje está aproximado al número entero anterior más cercano?** Is the percentage rounded down to the nearest whole number? | | | | | | |  | | **Sí/ Yes** | | | |  | **No** |
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| **PRODUCTOS ETIQUETADOS “ELABORADOS CON ORGANICOS (ESPECIFICANDO INGREDIENTES O GRUPO DE ALIMENTO(S))” (entre 95% al 70% de ingredientes orgánicos certificados; pueden ser listados hasta con 3 ingredientes o grupo de alimento(s) PRODUCTS LABELED AS “MADE WITH ORGANIC (SPECIFIED INGREDIENTS OR FOOD GROUP(S))” (Between 95 to 70% certified organic ingredients; up to 3 ingredients or food groups can be listed)** | | | | | | | | | | | **No aplica** | | | |
| **2.10 Enumere todos los productos que contienen entre 95% al 70% de ingredientes orgánicos.** List all products to be labeled “Made with organic (ingredients or food group(s)” | | | | | | | | | | | | | |  |
| **2.11 ¿El tamaño declarado de “elaborado con ingredientes orgánicos” excede en más de la mitad el tamaño de la letra más grande en la sección en la cual se muestre la declaración?** Does the “made with organic ingredients” statement on the principal display panel exceed one-half the size of the largest type size on the panel? | | |  | | | | | | **Sí/ Yes** | | | |  | **No** |
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| **2.12 ¿La declaración “elaborados con ingredientes orgánicos” establecida en la tabla de información principal aparece en su totalidad del mismo tamaño, estilo y color sin resaltar?** Does the “made with organic ingredients” statement on the principal display panel appear in this entirely in the same type size, style, and color without highlighting? | | |  | | |  | | |  | | | |  |  |
|  | | |  | | |  | | | **Sí/ Yes** | | | |  | **No** |
|  | | |  | | |  | | |  | | | |  |  |
| **2.13 ¿Algún producto etiquetado “elaborado con ingredientes orgánicos” muestra el porcentaje de ingredientes orgánicos en el producto? Si la respuesta es afirmativa ¿el tamaño del porcentaje declarado excede en más de la mitad el tamaño del ingrediente mayor de otro tipo declarado en la misma tabla?** Do any products labeled “made with organic ingredients” show the percentage of organic ingredients in the product?If yes, does the size of the percentage statement exceed one-half the size of the largest type size on the panel on which the statement is displayed? | | |  | | |  | | |  | | | |  |  |
|  | | |  | | |  | | | **Sí/ Yes** | | | |  | **No** |
|  | | |  | | |  | | |  | | | |  |  |
| **2.14 ¿El porcentaje que aparece declarado en su totalidad es del mismo tamaño, estilo y color sin resaltar?** Does the percentage statement appear in it entirely in the same type size, style, and color without highlighting? | |  | |  | | | | |  | | | |  |  |
|  | |  | |  | | | | | **Sí/ Yes** | | | |  | **No** |
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| **2.15 ¿El porcentaje está aproximado al número entero menor más cercano?** Is the percentage rounded down to the nearest whole number? | |  | | | | | | | **Sí/ Yes** | | | |  | **No** |
| PRODUCTOS CON MENOS DEL 70% DE INGREDIENTES ORGANICOS (ingredientes orgánicos enumerados sólo en la tabla de información) PRODUCTS WITH LESS THAN 70% ORGANIC INGREDIENTS (organic ingredients listed only on the information panel) | | | | | | | | | | | **No aplica** | | | |
| **2.16 Enumere todos los productos que contienen menos del 70% de ingredientes orgánicos /** List all products which contains less than 70% organic ingredients | | | | | | | | | | | | | | |
| **PRODUCTOS ETIQUETADOS EN CONTENEDORES NO MINORISTAS**  LABELING OF NONRETAIL CONTAINERS | | | | | | | | | | | **No aplica** | | | |
| **2.17 Enumere todos los productos etiquetados en contenedores no minoristas /** List all products labeled in non-retail containers. | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **2.18 ¿Está claramente identificado el producto como orgánico (como una declaración breve, "orgánico", una abreviatura, un acrónimo o un sello del USDA) en los contenedores no minoristas utilizados para enviar o almacenar productos agrícolas certificados?/** Is the product clearly identified as organic (such as a brief statement, "organic", an abbreviation, an acronym, or a USDA seal) on nonretail containers used to ship or store certified agricultural products? | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **2.19 ¿Incluyen los contenedores no minoristas el número de lote de producción, la identificación de envío u otra información única que los vincule con la documentación de la cadena de auditoría?** /Do nonretail containers include the production lot number, shipping identification, or other unique information that links them to the audit trail documentation? | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **2.20 ¿Qué métodos o señalizaciones se utilizan para identificar claramente los contenidos como orgánicos en los contenedores que son difíciles de etiquetar debido a su tamaño, forma o material?/** What methods or signals are used to clearly identify the contents as organic in containers that are difficult to label due to their size, shape, or material? | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **2.21 ¿De requerirse, incluyen los contenedores no minoristas información adicional, por ejemplo, instrucciones especiales de manejo o nombres de operaciones? Descríbalas./** If required, do nonretail containers include additional information, for example, special handling instructions or operation names? Describe them. | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| SUBPRODUCTOS / BY-PRODUCTS | | | | | | | | | | **No aplica** | | | | |
| **2.22 ¿Algún subproducto del producto certificado como orgánico será vendido como orgánico? Si la respuesta es afirmativa, enumere todos los productos orgánicos elaborados desde estos subproductos.** Will any by-products from certified organic products be sold as certified organic? If yes, list all organic products manufactured from by-products. | |  | | |  | | | **Sí/ Yes** | | | |  | | **No** |
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| AGUA / WATER | | | | | | | | | **No aplica** | | | | | |
| **2.23 Indique los usos del agua durante las etapas de elaboración de producto y mencione de donde proviene. Si el producto tiene contacto con el agua, se debe anexar análisis de agua.** Specify the uses of water during the stages of product development and to acknowledge the source. If the product has direct contact with water, Attach copy of water test. | | | | | | | | | | | | | | |
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| **2.24 ¿Cómo comprueba que el agua cumple con los estándares de agua potable? ¿Qué tratamientos de agua se realiza en las instalaciones?** How you verify that the does the water meet the Safe Drinking Water Act? What on-site water treatment processes are used? | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **2.25 ¿Se usa el vapor durante el procesamiento o empaque de productos orgánicos? Si la respuesta es afirmativa, describa la forma de uso y por medio de que es aplicado.** Is steam used in the processing or packaging of organic products? If yes, describe how steam is used. | | |  | | | |  | | **Sí/ Yes** | | | |  | **No aplica** |
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| **2.26 Enumere los productos usados como aditivos en la caldera. Si aplica, anexe hoja de datos de seguridad de materiales y/o la información de la etiqueta de los coadyuvantes en la caldera.** List products used as boiler additives. Attach MSDS and/or label information for boiler additives, if applicable. | | |  | | | |  | | **No aplica** | | | | | |
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| **2.27 Describa cómo supervisa la calidad del agua e indique la frecuencia del monitoreo.** Describe how you monitor water quality and How often do you conduct water quality monitoring? | | | | | | | | | | | | | | |
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| **SECCION 3** | | | | | | | | **Garantía de Integridad Orgánica** / Integrity | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| FLUJO DEL PRODUCTO / PRODUCT FLOW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **No aplica** | | | | | | | | | | | |
| 3.1 Anexe un manual / protocolo / documento en el cual se describan detalladamente los procedimientos internos de elaboración de los productos mostrando las diferentes etapas por las que transita el producto orgánico desde su ingreso/recepción, a través del proceso hasta su envío/embarque: la actividad que se realiza, descripción de cómo se realiza, quien es el responsable y que registro se genera en cada etapa. Asegúrese que el documento contenga también un flujograma del producto. Attach a manual / protocol / document which details the internal procedures of the products showing the different stages through which passes the organic product from its entry / reception through the process until dispatch / shipment: A description of how it is done, who is responsible and that log is generated at each stage. Make sure the document also contains a flow chart of the product. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3.2 Anexe el plano de las instalaciones reflejando las dimensiones de cada área, la identificación, además de la maquinaria de cada área. Attach the facility map for each facility which will handle organic products reflecting the dimensions of each area, identification as well as the machinery of each area. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INTEGRIDAD ORGANICA / ORGANIC INTEGRITY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **No aplica** | | | | | | | |
| **3.3 ¿Tiene una identificación de Puntos Críticos Orgánicos donde se identifiquen las áreas como generadoras de posible riesgo y/o mezcla con productos convencionales y/o sustancias prohibidas con el fin de garantizar la integridad orgánica? Si la respuesta es afirmativa, favor anexe la identificación de puntos críticos orgánicos (CJ1).**  Do you have an organic integrity program in place to address areas of potential commingling and/or contamination? If yes, attach a copy of your organic integrity program (CJ1) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | |  | |
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| **3.4 Si la respuesta es negativa, ¿Tiene planeado implementar algún programa de integridad orgánica? (Explique)** If no, do you have plans to implement an organic integrity program? (Explain) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | **Sí/Yes** | | | | | | |  | | | | | **No** | |
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| MONITOREO / MONITORING | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **No aplica** | | | | | | | | | |
| **3.5 ¿Tiene algún programa de Aseguramiento de Calidad implementado? Si la respuesta es afirmativa, ¿Qué programa usa?** Do you have a Quality Assurance program in place? If yes, what program do you use? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | **Sí/Yes** | | | | | | |  | | | | | **No** | |
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|  |  | | **ISO** | | | | | | | | | | | | | | | | | | | | |  | | HACCP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | **Otro (Especifique)** Other (specify) **:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **3.6 ¿Se realizan análisis en los productos? Si la respuesta es afirmativa, favor indique los análisis y las etapas del proceso en que se realizan. Además, señale como previene el uso de ingredientes elaborados a través de procesos excluidos, fango de aguas residuales o radiación ionizante.** Do you test on products? If yes, please provide analysis and process steps that are performed. Also bring as preventing the use of ingredients produced through processes excluded, sewage sludge or ionizing radiation. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | |  | | | | | | |  | | |  | | | |
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| **3.7 ¿Conservan muestras de los ingredientes? Si la respuesta es afirmativa, ¿Por cuánto tiempo las conservan?** ¿Are ingredient samples retained? If yes, how long? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | **Sí/ Yes** | | | | | | | |  | | | **No** | | | |
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| **3.8 ¿Tiene algún sistema de supervisión para retirar del mercado los productos que no cumplen los parámetros de certificación orgánica por motivos como mezcla, contaminación con sustancias prohibidas, etc.? Si la respuesta es afirmativa, describa el sistema usado.** Do you have a product recall system in place? f yes, what system do you use? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | **Sí/ Yes** | | | | | | | |  | | | **No** | | | |
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| SANIDAD / SANITATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **No aplica** | | | | | | | |
| **3.9 Anexe Licencia de operación / funcionamiento sanitario de la unidad, en la cual se hace constar que usted cumple con las normas nacionales de sanidad de su país.** Attach the sanitary license of the unit. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | **No aplica** | |
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| **3.10 Anexe hoja de datos de seguridad de materiales (MSDS) (Ficha técnica) y/o la información de la etiqueta de los productos usados en aseo y sanidad. Además de muestras de los registros de limpieza llevados en la unidad.** Attach MSDS and/or label information for cleaning and sanitizing products, if applicable. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | |  | |
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| **3.11 Seleccione todos los métodos de aseo usados** / Check all cleaning methods used**:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | **Sí/ Yes** | | | | | | | |  | | | | | **No aplica** | |
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|  |  | | | **Barrido /** Sweeping | | | | | | | | | |  | | **Raspado** / Scraping | | | | | | | | | | |  | | | **Aspirado** / Vacuuming | | | | | | | | | | |  | | | **Lavado manual** / Manual washing | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | **Aire comprimido**/ Compressed air | | | | | | | | | |  | | **Desinfección**/ Sanitizing | | | | | | | | | | |  | | | **Vaporización** / Steam cleaning | | | | | | | | | | |  | | | **Limpieza local (CIP)** Cleaned in place (CIP) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | **Otro (Especifique)** Other (specify): | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **3.12 Brinde la información respectiva relacionada con el programa y los productos usados en el proceso de aseo:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ÁreaAREA | | | | | | | | | **Forma y Equipo de limpieza**  TYPE OF CLEANING / Equipment | | | | | | | | | | | | | | | | | | | | **Producto Utilizado** PRODUCTS USED | | | | | | | | | | **Frecuencia**  FREQ. | | | | | | | | | | | | | | | | | | **¿El aseo es documentado?** CHECK IF CLEANING IS DOCUMENTED | | | | | | | | | | | | | | |
| **Área de recepción**  Receiving area | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **Almacén ingredientes**  Ingredient storage | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **Traslado del producto**  Product transfer | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **Área de producción**  Production area | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **Equipos producción**  Production equipment | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **Área de empaque**  Packaging area | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **Almacén producto terminado**  Finished product storage | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **Muelle de carga**  Loading dock | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **Edificio exterior**  Building exterior | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **Derrames accidentales**  Accidental spills | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **Otros (especifique)**  Other (specify)**:** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| 3.13 ¿Dónde se almacenan los productos de aseo/desinfección? Where are cleaning/sanitizing materials stored? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | **No aplica** | | | |
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| **3.14 Enumere la lista completa de los equipos y maquinaria usados durante el proceso. (Agregue más filas si es necesario) /** List all equipment and machinery used in processing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | **Ninguno** / NONE | | | | | | | | | | | | | |
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| NOMBRE DEL EQUIPO / MAQUINARIA EQUIPMENT NAME / MACHINERY NAME | | | | | | | | | | **CAPACIDAD**  CAPACITY | | | | | | | | | | | **SEÑALE SI EL EQUIPO ES PREVIAMENTE ASEADO A LA PRODUCCION ORGANICA**  CHECK IF EQUIPMENT IS CLEANED PRIOR TO ORGANIC PRODUCTION | | | | | | | | | | | | | **SEÑALE SI EL PROCESO DE ASEO ES DOCUMENTADO**  CHECK IF CLEANING IS DOCUMENTED | | | | | | | | | | | | | | | | | | **SEÑALE SI EL EQUIPO ES PURGADO(LIMPIADO) PREVIO A LA PRODUCCION ORGANICA** CHECK IF THE EQUIPMENT IS PURGED PRIOR TO ORGANIC PRODUCTION | | | | | | | | | | | | | | | | | | | |
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| **3.15 Si el equipo es purgado (limpiado), enumere y describa los procesos de purga, cantidad de producto que se desecha como resultado del proceso de purga y la respectiva documentación.** If equipment is purged, list and describe purge procedures, quantities purged, and documentation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | **Sí/ Yes** | | | | | | | | | |  | | | | | **No aplica** | | | | |
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| **3.16 ¿Todas las superficies con las que entran en contacto los productos orgánicos son aptas para alimentos?** Are all surfaces which contact organic products food grade? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | **Sí/ Yes** | | | | | | | |  | | | | | **No** | |
| **EMPAQUE** / PACKAGING | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **No aplica** | | | | | | | | | |
| **3.17 Por favor mencione las clases de materiales usados para el empaque de los productos** / List types of packaging material used: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **3.18 ¿Dónde almacena los materiales de empaque?** /Where are packaging materials stored? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | **No aplica** | |
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| **3.19 ¿En esa área de almacenamiento se usa algún fungicida o pesticida sintético para el control de plagas? Si la respuesta es afirmativa, enumere todos los productos y describa su uso.** Are any fungicides, fumigants, or pest control products used in this storage area?If yes, describe use and list specific products. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | **Sí/ Yes** | | | | | | | |  | | | | **No** | |
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| **3.20 ¿Algún material de empaque ha sido expuesto a fungicidas, preservantes o fumigantes sintéticos? Si la respuesta es afirmativa, describa cómo fue la exposición e indique el nombre de los productos.** Have any packaging materials been exposed to synthetic fungicides, preservatives, or fumigants? If yes, describe use and list specific products | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | **Sí/ Yes** | | | | | | | |  | | | | **No** |
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| **3.21 ¿Los materiales usados para empaque son reutilizados?** /Are packaging materials reused? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | **Sí/ Yes** | | | | | | | |  | | | | **No** |
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| **3.22 ¿Los materiales usados para empaque son retornables?** / Are packaging materials returnable? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | **Sí/ Yes** | | | | | | | |  | | | | **No** |
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| ALMACENAMIENTO / STORAGE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **No aplica** | | | | | | | | | |
| **3.23 Diligencie la información relacionada con el área de almacenamiento, requerida en la siguiente tabla** / Provide information on your storage areas by completing the following table: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | **No aplica** | | | | | | | | | | | | | |
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| USO USE | | | | | | | | | **TIPO (Tanque, silo, congelador, sección del almacén, etc.) y CAPACIDAD**  TYPE/CAPACITY | | | | | | | | | | | | | | | **NOMBRE/NUMERO DE IDENTIFICACION**  IDENTIFICATION  NAME OR NUMBER | | | | | | | | | | | | | | **COMENTARIOS SOBRE PROBLEMAS**  **POTENCIALES DE MEZCLA Y/O CONTAMINACION CON OTROS PRODUCTOS**  COMMENTS ON POTENTIAL FOR CONTAMINATION OR COMMINGLING PROBLEMS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Almacén ingredientes** Ingredient storage | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Almacén materiales empaque** Packaging material storage | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Almacenamiento durante el proceso** In-process storage | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Almacén producto terminado** Finished product storage | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Almacén externo\*** Off-site storage\* | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Otro** Other (specify)**:** | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3.24 ¿Las áreas de almacenamiento están señalizadas? (Líneas delimitantes, rotulación, etc) En caso afirmativo describir.** IS STORAGE UNIT DEDICATED ORGANIC? IF YES, DESCIRBE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | **Sí/Yes** | | | | | | | | | |  | | | | | | | | | **No** | | |
| ***\*Si el almacén queda ubicado fuera de las instalaciones, indique el nombre, dirección, teléfono, persona de contacto y el tipo de producto allí almacenado.*** \* If there is off-site storage, give name, address, phone number, contact person and type of products store at off-site facility. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TRANSPORTE DE LOS PRODUCTOS ORGÁNICOS / TRANSPORTATION OF ORGANIC PRODUCTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **No aplica** | | | | | | | | |
| **RECEPCIÓN** / INCOMING: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3.25 ¿Cómo se reciben los productos?** In what forms are incoming products received? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | A granel (seco) Dry bulk | | | | | | |  | | | **Sacos sellados** Tote bags | | | | | | | | | |  | | | **Toneles de metal** Metal drum | | | | | | | | |  | | | **Bolsas de papel** Paper bags | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | A granel (líquido) Liquid bulk | | | | | | |  | | | **Cajones plásticos** Tote boxes | | | | | | | | | |  | | | **Toneles de cartón** Cardboard drums | | | | | | | | |  | | | **Bolsas para alimentos (plásticas, con cobertura de aluminio)** Foil bags | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | **Otro (Especifique)** Other (specify): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 3.26 Indique si usted es el encargado directo del transporte de los productos y describa cómo son transportados los productos recibidos, además de cómo se asegura que el interior de la unidad de transporte esté libre de productos o residuos prohibidos antes de cargarlas con productos orgánicos (documentación de limpieza, unidades nuevas). Indicate if you are directly in charge of transporting the products and describe how they are transported, and how it ensures that the interior of the transport unit or are free of prohibited waste before loading with organic products (documentation, new units) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **3.27 ¿Los productos orgánicos son enviados al mismo tiempo y en las mismas unidades de transporte con productos convencionales? Si la respuesta es afirmativa, señale todas las medidas usadas para separar los productos orgánicos** / Are organic products transport at the same time as non-organic in the same transport units? If yes, check all steps taken to segregate organic products: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | **Sí/Yes** | | | | | | | | | |  | | | | | | | | | **No** | | |
|  |  | | | | **Uso de paletas separadas** Use of separate pallets | | | | | | | | | | | | | | | | |  | **Productos orgánicos envueltos en plástico transparente** Organic products shrink wrapped | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | **Paletas etiquetadas con “orgánico”** Pallet tags identifying “organic” | | | | | | | | | | | | | | | | |  | **Áreas separadas en la unidad de transporte** Separate area in transport unit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | **Productos orgánicos en contenedores sellados e impermeables** Organic product sealed in impermeable containers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | **Otro (Especifique)** Other (specify): | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| EN EL PROCESO / IN-PROCESS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **No aplica** | | | | | | | | | | | |
| **3.28 ¿Cómo son transportados los productos en el proceso?** How are in-process products transported? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **3.29 ¿Cómo se asegura que en el proceso las unidades de transporte sean debidamente aseadas antes de cargar los productos orgánicos?** How do you insure that in-process transport units are cleaned prior to loading organic products? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **3.30 ¿El proceso de inspección/limpieza es documentado (cardex de limpieza)?** Is the inspection/cleaning process documented? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | **Sí/Yes** | | | | | | | | | |  | | | | | | | | | **No** | | |
| **ENVÍO DEL PRODUCTO TERMINADO** /OUTGOING FINISHED PRODUCT: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **No aplica** | | | | | | | | | | | |
| **3.31 ¿De qué formas es transportado el producto terminado?** In what form are finished products shipped? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | **Toneles de metal** Metal drums | | | | | | | | | | |  | | | Cajas de cartón Cardboard cases | | | | | | | | | | | | | | |  | Toneles de cartón Cardboard drums | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | **Sacos sellados** Tote bags | | | | | | | | | | |  | | | **Cajón plástico** Plastic crates | | | | | | | | | | | | | | |  | **Container** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | **Bolsas de papel** Paper bags | | | | | | | | | | |  | | | **Bolsas para alimentos (plásticas, con cobertura de aluminio)** Foil bags | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | **Otro (Especifique)** Other (specify)**:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **3.32 Indique si usted es el encargado directo del transporte y describa cómo son transportados los productos enviados ¿Cómo se asegura que las unidades de transportes no ponen en riesgo la integridad del producto?** Indicate if you are directly in charge of transport and describe how they are transported products shipped. How do you ensure that the transport units not jeopardize the integrity of the product? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **3.33 ¿El proceso de inspección/limpieza es documentado (cardex de limpieza)?** Is the inspection/cleaning process documented? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | **Sí/Yes** | | | | | | | | | |  | | | | | | | | | **No** | | |
| **3.34 ¿Los productos orgánicos son transportados al mismo tiempo y en las mismas unidades de transporte con productos convencionales? Si la respuesta es afirmativa, señale todas las medidas usadas para separar los productos orgánicos.** Are organic products shipped at the same time as non-organic in the same transport units? If yes, check steps taken to segregate organic products: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | **Sí/Yes** | | | | | | | | | |  | | | | | | | | | **No** | | |
|  | |  | | | | | **Uso de paletas separadas** Use of separate pallets | | | | | | | | | | | | | | | | | | | | | | | |  | **Paletas etiquetadas con “orgánico”** Pallet tags identifying “organic” | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | **Productos orgánicos envueltos en plástico transparente** Organic products shrink wrapped | | | | | | | | | | | | | | | | | | | | | | | |  | **Áreas separadas en la unidad de transporte** Separate area in transport unit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | **Productos orgánicos en contenedores sellados e impermeables** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | **Otro (Especifique)** Other (specify): | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **SECCION 4** | | | | **Control de Plagas** / Pest Management | | | | | | | | | | | | | | | | | | | |
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| CONTROL DE PLAGAS EN LA UNIDAD / Pest Management | | | | | | | | | | | | | | | | | | | | **No aplica** | | | |
| **4.1 Anexe el plano de las instalaciones con la ubican las trampas, los monitores y suministre hoja de datos de seguridad de materiales (MSDS) (Ficha técnica) y/o la información de la etiqueta de las sustancias usadas para el control de plagas. Además de muestras de los registros de control de plagas llevados en la unidad.** Attach a facility map showing the location of traps and monitors, and submit MSDS and/or label information for substances used for pest control, if applicable. | | | | | | | | | | | | | | | | | | | | | | | |
| 4.2 ¿Qué clase de sistema utiliza para el control de plagas? What type of pest management system do you use? | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | Interno: (nombre de la persona responsable) In-house: (name responsible person): | | | | | | | |  | | | | | | | | | | | | |
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|  |  | | Servicio de control de plagas contratado: (nombre, dirección y teléfono de la empresa) Contract pest control service: (name, address, phone number) | | | | | | | |  | | | | | | | | | | | | |
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| 4.3 Señale todos los problemas que generalmente tiene con plagasCheck all pest problems you generally have: | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | Insectos voladores Flying insects | | | | | |  | Ratas Rats | | | |  | | | Arañas Spiders | | | | | | |
|  |  | | Insectos rastreros Crawling insects | | | | | |  | Ratones Mice | | | |  | | | Pájaros Birds | | | | | | |
|  |  | | Otro (Especifique) Other (specify): | | | | | |  | | | | | | | | | | | | | | |
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| **4.4 Señale todas las formas que utiliza para el control de plagas**  Check all pest management practices you use: | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | **Nebulización** Fogging | | | | |  | **Buen estado sanitario** Good sanitation | | | | | | | | | |  | **Tratamiento con frío** Freezing treatments | | | | |
|  |  | **Limpieza de vertimientos** Clean up of spilled products | | | | |  | **Exclusión** Exclusion | | | | | | | | | |  | **Aspirador** Vacuum treatments | | | | |
|  |  | **Ventanas con rejas, etc.** Screened windows, vents, etc. | | | | |  | **Reparar huecos, grietas, etc.** Repair of holes, cracks, etc. | | | | | | | | | |  | **Nitrógeno** Nitrogen | | | | |
|  |  | **Puertas/ventanas selladas** Sealed doors and/or windows | | | | |  | **Barreras físicas** Physical barriers | | | | | | | | | |  | **Piretrina** Pyrethrum | | | | |
|  |  | **Hojas de metal en exterior del edificio** Sheet metal on sides of building exterior | | | | |  | **Fumigación** Fumigation | | | | | | | | | |  | **Rotenona** Rotenone | | | | |
|  |  | **Aire presurizado en instalaciones** Positive air pressure in facility | | | | |  | **Monitoreo** Monitoring | | | | | | | | | |  | **Cortinas de aire** Air curtains | | | | |
|  |  | **Inspección de ingredientes** Incoming ingredient inspection for pests | | | | |  | **Inspección de zonas del perímetro interno** Inspection zones around interior perimeter | | | | | | | | | |  | **Eliminación de fuentes de alimentos y de hábitat** Removal of exterior habitat/food sources | | | | |
|  |  | **Trampas ultrasonido/luz** Ultrasound/light devices | | | | |  | **Cebos de vitamina** Vitamin batís | | | | | | | | | |  | **Globos intimidantes** Scare eyes balloons | | | | |
|  |  | **Trampa pegajosas** Sticky traps | | | | |  | **Ácido bórico** Boric acid | | | | | | | | | |  | **Tratamiento con calor** Heat treatments | | | | |
|  |  | **Trampas de feromonas** Pheromone traps | | | | |  | **Trampas mecánicas** Mechanical traps | | | | | | | | | |  | **Dióxido de carbono** Carbon dioxide | | | | |
|  |  | **Otro (Especifique)** Other (specify)**:** | | |  | | | | | | | | | | | | | | | | | | |
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| 4.5 Señale todas las formas que utiliza en su sistema para manejo de desechosCheck all aspects of your waste management system that apply: | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | **Basureros internos** On-site dumpster | | |  | **Reciclaje** Material recycling | | | | | |  | | | **Aplicación de desechos en cultivos** Daily pick-up of waste | | | | | | | | |
|  |  | **Compostaje** Composting | | |  | **Recolección diaria de desechos** Field application of waste | | | | | |  | | | **Otro (Especifique)** Other (specify)**:** | | | | | | |  | |
| 4.6 ¿Mantienen registro de las actividades de control de plagas? Are records kept of all pesticide applications? | | | | | | | | | | | | |  | | | **Sí/Yes** | | | |  | | | **No** |
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| **4.7 ¿El sistema de manejo de desechos utilizado es fuente y/o hábitat para plagas?** Does your waste management system provide habitat and/or food sources for pest? | | | | | | | | | | | | |  | | | **Sí/Yes** | | | |  | | | **No** |
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| 4.8 Usa sustancias para el control de plagas, enumere las medidas tomadas para evitar su contacto con productos e ingredientes orgánicos y materiales de empaque. If a pest control substance is used, list all measures taken to prevent contact with organic products, ingredients or packaging materials. | | | | | | | | | | | | |  | | | **Sí/Yes** | | | |  | | | **No** |
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| 4.9 ¿Alguna de las sustancias usadas son registradas como restringidas o prohibidas de acuerdo con la Lista Nacional NOP, BIO LATINA, o Normas Nacionales? Are any substances used which are restricted or prohibited according to the NOP, BIOLATINA`s or Nationals standard? | | | | | | | | | | | | |  | | | **Sí/Yes** | | | | |  | | **No** |
| Si la respuesta es afirmativa, describa cual, ¿Su uso fue previamente autorizado por la certificadora? If yes, did you contact the certifying agent for prior approval before using? | | | | | | | | | | | | | | | | | | | | | | | |
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| **4.10 ¿Considera usar alguna sustancia diferente a las enunciadas anteriormente?**  **Si la respuesta es afirmativa, enumere las sustancias a utilizar.** Are there any substances intended for use which are not listed above? If yes, please list | | | | | | | | | | | | |  | | | **Sí/Yes** | | | | |  | | **No** |
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| **SECCION 5** | **Trazabilidad /**  Traceability | | | | |
| **5.1 ¿Son sus registros lo suficientemente detallados para ser fácilmente comprendidos y auditados, cubriendo todas las etapas desde la compra hasta la venta o transporte del producto? /** Are your records detailed enough to be easily understood and audited, covering all stages from purchase to sale or transportation of the product? | |  | **Sí/Yes** |  | **No** |
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| **5.2 ¿Puede asegurar que la trazabilidad de sus productos se mantiene hasta la última operación certificada dentro de su cadena de suministro? Si su respuesta es afirmativa, describa el método utilizado para mantener esta trazabilidad. /** Can you ensure that the traceability of your products is maintained up to the last certified operation within your supply chain? If your answer is affirmative, describe the method used to maintain this traceability. | |  | **Sí/Yes** |  | **No** |
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| **5.3 Cuando utiliza intermediarios no certificados, como mayoristas o compañías de envíos, ¿tiene registros que demuestren que la última operación certificada mantuvo la posesión o manejo del producto y que la integridad orgánica fue preservada por el intermediario? Si es así, explique cómo se documenta esta información./** When using uncertified intermediaries, such as wholesalers or shipping companies, do you have records that demonstrate the last certified operation maintained possession or handling of the product and that the organic integrity was preserved by the intermediary? If so, explain how this information is documented. | |  | **Sí/Yes** |  | **No** |
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| **5.4 ¿Implementa medidas para asegurar que la integridad orgánica del producto se mantiene a lo largo de toda la cadena de suministro, incluso cuando se involucran entidades no certificadas? Si su respuesta es afirmativa, describa estas medidas./** Do you implement measures to ensure that the organic integrity of the product is maintained throughout the entire supply chain, even when uncertified entities are involved? If your answer is affirmative, describe these measures. | |  | **Sí/Yes** |  | **No** |
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| **5.5 ¿Mantiene su operación registros de *seguimiento de auditoría* que permitan la identificación clara de los productos como "100% orgánicos", "orgánicos", o "hechos con productos orgánicos"? En caso afirmativo, por favor describa cómo estos registros facilitan la trazabilidad y la clasificación precisa de los productos en las auditorías. /** Does your operation maintain audit trail records that allow for the clear identification of products as "100% organic," "organic," or "made with organic products"? If affirmative, please describe how these records facilitate traceability and accurate classification of products in audits. | |  | **Sí/Yes** |  | **No** |
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| **5.6 ¿Su operación gestiona y asegura la obtención de Certificados de Importación NOP para cada envío de productos agrícolas a los Estados Unidos, de acuerdo con las regulaciones del USDA? /** Does your operation manage and ensure the obtaining of NOP Import Certificates for each shipment of organic agricultural products to the United States, in accordance with USDA regulations? | |  | **Sí/Yes** |  | **No** |
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| **SECCION 6** | | | **Plan de prevención del fraude orgánico (PPFO) /** Organic Fraud Prevention Plan (OFPP) | | |
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| Ante la creciente necesidad de asegurar la integridad y confianza en los productos orgánicos, la implementación de un Plan de Prevención del Fraude Orgánico (PPFO) se ha vuelto esencial. Este formulario incluye los aspectos claves para el desarrollo de un PPFO efectivo, respondiendo a los requisitos del nuevo reglamento SOE del NOP USDA.  El PPFO; es una herramienta estratégica para proteger su operación, sus productos y sus consumidores del fraude orgánico. Al completar este formulario, usted estará tomando pasos significativos hacia la mitigación de riesgos potenciales a lo largo de su cadena de suministro, desde la verificación de proveedores hasta el monitoreo de la integridad de los productos orgánicos  Given the increasing need to ensure the integrity and trust in organic products, the implementation of an Organic Fraud Prevention Plan (OFPP) has become essential. This form includes the key aspects for the development of an effective OFPP, responding to the requirements of the new NOP USDA SOE regulation. The OFPP is a strategic tool to protect your operation, your products, and your consumers from organic fraud. By completing this form, you will be taking significant steps towards mitigating potential risks along your supply chain, from supplier verification to monitoring the integrity of organic products.  **Antes de completar el PPFO**  Before completing the OFPP  Le recomendamos revisar la guía completa del PPFO **(FSH-PPF).** Esta guía es crucial para entender la profundidad y el alcance de las respuestas esperadas en el formulario. Cada sección del formulario está diseñada para reflexionar sobre aspectos críticos de su operación, desde la selección de proveedores hasta la capacitación de su equipo y la respuesta ante incidentes de fraude.  We recommend reviewing the complete OFPP guide (FSH-PPF). This guide is crucial for understanding the depth and scope of the responses expected in the form. Each section of the form is designed to reflect on critical aspects of your operation, from supplier selection to your team's training and response to fraud incidents.  **Aspectos Clave para la Efectividad del PPFO:**  Key Aspects for the Effectiveness of the OFPP:   * **Comprensión Completa de la Cadena de Suministro**: Identifique con precisión cada nodo y flujo de su cadena de suministro orgánico. * **Análisis Riguroso de Riesgos**: Determine las vulnerabilidades específicas y desarrolle estrategias de mitigación adaptadas a su contexto. * **Implementación y Monitoreo**: Establezca procedimientos claros para la aplicación de medidas preventivas y sistemas de monitoreo para evaluar su efectividad. * **Cultura de Integridad y Responsabilidad**: Fomente un entorno donde la formación continua y el compromiso con la integridad sean fundamentales. * Comprehensive Understanding of the Supply Chain: Accurately identify each node and flow of your organic supply chain. * Rigorous Risk Analysis: Determine specific vulnerabilities and develop mitigation strategies tailored to your context. * Implementation and Monitoring: Establish clear procedures for the application of preventive measures and monitoring systems to assess their effectiveness. * Culture of Integrity and Responsibility: Promote an environment where continuous training and a commitment to integrity are fundamental.   Su diligencia en completar este formulario, es crucial para el éxito de su PPFO. Este proceso es más que un ejercicio de cumplimiento; es una oportunidad para reforzar la resiliencia de su operación frente a los desafíos del fraude orgánico.  Durante la inspección la implementación efectiva de este PPFO será evaluada.  Your diligence in completing this form is crucial for the success of your OFPP. This process is more than a compliance exercise; it's an opportunity to strengthen the resilience of your operation against the challenges of organic fraud. During the inspection, the effective implementation of this OFPP will be assessed. | | | | | |
| **6.1 - Mapa de la Cadena de Suministro**  9.1 - Supply Chain Map | | | | | |
| Adjunte un diagrama detallado que muestre el flujo completo de sus productos orgánicos, desde el punto de origen hasta el consumidor final. Considere operaciones certificadas, identifique claramente las operaciones certificadas orgánicas antes y después de su proceso, incluidos los proveedores y clientes; procesos de manipulación, detalle los procesos intermedios de manipulación, transporte, almacenamiento, procesamiento, entre otros, por los que pasan los productos; cambios de propiedad, especifique dónde se realizan los cambios de propiedad, así como las etapas de importación o exportación.  Attach a detailed diagram showing the complete flow of your organic products, from the point of origin to the final consumer. Consider certified operations, clearly identify the certified organic operations before and after your process, including suppliers and customers; handling processes, detail the intermediate handling processes, transport, storage, processing, among others, through which the products pass; changes of ownership, specify where the changes of ownership are made, as well as the stages of import or export. | | | | | |
|  |  | Confirmo que he incluido de manera adjunta a este plan, el Mapa de la cadena de suministro.  I confirm that I have attached the Supply Chain Map to this plan. | | | |
| **6.2 - Evaluación de Riesgos y Vulnerabilidades**  9.2 - Risk and Vulnerability Assessment | | | | | |
| Para identificar potenciales áreas de fraude orgánico en su cadena de suministro, es crucial llevar a cabo una evaluación de riesgos (vulnerabilidades) detallada. Por favor, describa su proceso, enfocándose en cómo los siguientes elementos se integran en su evaluación de riesgos:  *Recuerde considerar aspectos como variabilidad estacional de productos, diversidad de ingredientes y regulaciones por región en su análisis. Estos factores, junto con su experiencia previa y la relación con los proveedores, son esenciales para una evaluación efectiva.*  To identify potential areas of organic fraud in your supply chain, it's crucial to conduct a detailed risk (vulnerabilities) assessment. Please describe your process, focusing on how the following elements are integrated into your risk assessment:  *Remember to consider aspects such as the seasonal variability of products, diversity of ingredients, and regulations by region in your analysis. These factors, along with your prior experience and relationship with suppliers, are essential for an effective evaluation.* | | | | | |
| ¿Cómo utiliza el mapa de su cadena de suministro para identificar puntos de riesgo (vulnerables)? (Considere la importancia de las etapas de transporte, almacenamiento y procesamiento).  How do you use the map of your supply chain to identify risk points (vulnerabilities)? (Consider the importance of transport, storage, and processing stages). | | | | | |
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| Mencione cómo identifica áreas específicas con potencial de fraude, tanto en proveedores como en procesos internos. (Piense en criterios como historial de cumplimiento, complejidad operativa, etc.).  Mention how you identify specific areas with potential for fraud, both in suppliers and internal processes. (Think about criteria such as compliance history, operational complexity, etc.). | | | | | |
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| Describa el tipo de información y datos que recopila para apoyar su evaluación. (Incluya ejemplos como el seguimiento de certificaciones de proveedores o la evaluación de riesgos agronómicos).  Describe the type of information and data you collect to support your evaluation. (Include examples like tracking supplier certifications or assessing agronomic risks). | | | | | |
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| **6.3 – Puntos Críticos de Control Orgánicos (PCCO), Medidas de Prevención, Mitigación y Monitoreo**  9.3 – Organic Critical Control Points (OCCPs), Prevention, Mitigation, and Monitoring Measures | | | | | |
| Identifique y detalle los Puntos Críticos de Control Orgánicos (PCCO) en su cadena de suministro, donde el riesgo de fraude orgánico es más probable, y describa las medidas de prevención y mitigación específicas que ha implementado para abordar estos riesgos. Además, explique cómo monitorea la efectividad de estas medidas para asegurar la integridad orgánica de sus productos.  Identify and detail the Organic Critical Control Points (OCCPs) in your supply chain, where the risk of organic fraud is most probable, and describe the specific prevention and mitigation measures you have implemented to address these risks. Additionally, explain how you monitor the effectiveness of these measures to ensure the organic integrity of your products. | | | | | |
| **Cuadro # 7 Table # 7** | | | | | |
| Punto Crítico de Control Orgánico (PCCO)  Organic Critical Control Point | | | | Medidas de Prevención y Mitigación  Prevention and Mitigation Measures | Prácticas de Monitoreo  Monitoring Practices |
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| Recuerde que estas estrategias y prácticas deben ser específicas a las necesidades y la realidad de su operación, tomando en cuenta la complejidad de su cadena de suministro y los resultados de sus evaluaciones de riesgo. Remember that these strategies and practices must be specific to the needs and realities of your operation, taking into account the complexity of your supply chain and the results of your risk assessments. | | | | | |
| **6.4 - Respuesta al fraude**  9.4 - Fraud Response | | | | | |
| ¿Cuáles son los mecanismos implementados para la detección temprana de posibles fraudes? Describa el proceso de notificación interna una vez detectado un incidente.  What mechanisms have been implemented for the early detection of potential fraud? Describe the internal notification process once an incident is detected. | | | | | |
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| Explique cómo realiza investigaciones preliminares para confirmar la validez de las denuncias de fraude antes de tomar acciones correctivas o realizar notificaciones externas.  Explain how preliminary investigations are conducted to confirm the validity of fraud allegations before taking corrective actions or making external notifications. | | | | | |
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| Describa el proceso para comunicar los incidentes de fraude confirmados a las autoridades competentes, incluido BIO LATINA y, cuando sea relevante, al NOP. Incluya el procedimiento para informar a clientes y proveedores afectados.  Describe the process for communicating confirmed fraud incidents to competent authorities, including BIO LATINA and, where relevant, the NOP. Include the procedure for informing affected clients and suppliers. | | | | | |
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| ¿Cómo mantiene registros detallados de todas las acciones tomadas en respuesta al fraude, desde la detección inicial hasta las notificaciones al NOP y otras autoridades?  How do you maintain detailed records of all actions taken in response to fraud, from initial detection to notifications to the NOP and other authorities? | | | | | |
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| **6.5 Formación y sensibilización.**  9.5 Training and Awareness. | | | | | |
| Describa cómo estructura y llevará a cabo sus programas de capacitación para asegurar el entendimiento y la aplicación efectiva de su PPFO entre su personal.  Describe how you structure and will conduct your training programs to ensure the understanding and effective application of your OFPP among your staff. | | | | | |
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| **6.6 – Revisión y actualización del PPFO**  9.6 - Review and Update of the OFPP | | | | | |
| Describa cómo y con qué frecuencia revisará el Plan de Prevención del Fraude Orgánico para asegurar su actualización y adecuación frente a nuevos riesgos o cambios en las regulaciones y condiciones del mercado. (Ejemplo: revisiones anuales o tras incidentes específicos de fraude).  Describe how and how often you will review the Organic Fraud Prevention Plan to ensure it is updated and adapted to new risks or changes in regulations and market conditions. (Example: annual reviews or following specific fraud incidents). | | | | | |
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| Explique el procedimiento para integrar las mejoras en el plan, incluyendo cómo se toman en cuenta los comentarios de las partes interesadas y la implementación de nuevos procedimientos.  Explain the procedure for integrating improvements into the plan, including how feedback from stakeholders is considered and new procedures are implemented. | | | | | |
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| **6.7 - Asignación de Responsabilidades en el PPFO**  9.7 - Assignment of Responsibilities in the OFPP | | | | | |
| ¿Quiénes son los designados para supervisar, ejecutar y responder dentro del Plan de Prevención del Fraude Orgánico, incluyendo la supervisión del plan, la implementación de tareas preventivas en la cadena de suministro y la acción ante fraudes detectados? Indique sus roles y cómo se integran estas responsabilidades en la estructura organizativa.  Who are designated to oversee, execute, and respond within the Organic Fraud Prevention Plan, including overseeing the plan, implementing preventive tasks in the supply chain, and acting on detected frauds? Indicate their roles and how these responsibilities are integrated into the organizational structure. | | | | | |
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| **SECCION 7** | **Mantenimiento de registros para las operaciones certificadas** / Record Keeping | | | | |
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| **7.1** **Describa su sistema de registros de la unidad** / Describe your record keeping System | | | | | |
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| **7.2 ¿Hubo actualizaciones de registros con respecto a la última vez que entrego todos los registros? Si la respuesta es afirmativa favor indique los cambios.** In case of having updates of registries please describe the changes: | |  | **Sí/ Yes** |  | **No** |
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| **7.3 ¿Por cuánto tiempo mantiene sus registros?** How long do you keep your records? | | | | | |
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| **SECCIÓN 8** | | | **Anexos/** Annexes |
| Como parte del proceso de evaluación de su Plan de procesamiento orgánico agrícola, es esencial asegurar que este se encuentre completo.  As part of the evaluation process of your Organic handling plan, it is essential to ensure that it is complete.  Para facilitar este proceso, remítase a la **Lista de Chequeo para la Solicitud de Certificación AD0-ORG**, la cual detalla todos los documentos complementarios necesarios a su Plan de procesamiento orgánico agrícola.  To facilitate this process, refer to the Checklist for AD0-ORG Certification Application, which details all the supplementary documents necessary for your Organic Handling Plan.  Antes de enviar su Plan de procesamiento orgánico agrícola, asegúrese de adjuntar cada uno de los anexos relevantes a su Plan de procesamiento orgánico agrícola.  Before submitting your Organic handling plan, make sure to attach each of the relevant annexes to your Organic handling plan. | | | |
|  |  | Confirmo que he incluido de manera adjunta a este plan, los documentos complementarios necesarios, según la **Lista de Chequeo para la Solicitud de Certificación AD0-ORG**  I confirm that I have attached to this plan the necessary supplementary documents, as per the Checklist for the AD0-ORG Certification Application. | |

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| **SECCIÓN 9** | **Juramento** / Affirmation |
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| **Afirmo que todo lo declarado en el presente Plan de procesamiento Orgánico es verídico y correcto. Entiendo que la unidad productiva queda sujeta a inspecciones (avisadas y sin aviso) y que Bio Latina se reserva el derecho a hacer diferentes tipos de análisis, en cualquier momento, según se considere necesario, con el fin de garantizar el cumplimiento con el Reglamento NOP, del CEE 834/2007, CEE 889/2008, COR Canadá, Gran Bretaña, JAS Japón, Ley 3525 Bolivia, Reglamento Técnico Centroamericano 67.06.74:16 (RTCA) y/o Reglamento Técnico para los Productos Orgánicos (RTPO) según D.S. 044-2006-AG; - D.S. 002-2020-MINAGRI. Entiendo que el llenado de este plan de manejo de ninguna manera implica el otorgamiento de certificación por BIO LATINA. Estoy totalmente de acuerdo con cumplir el NOP, del CEE 834/2007, CEE 889/2008, COR Canadá, Gran Bretaña, JAS Japón, Ley 3525 Bolivia, Reglamento Técnico Centroamericano 67.06.74:16 (RTCA) y/o Reglamento Técnico para los Productos Orgánicos (RTPO) según D.S. 044-2006-AG; - D.S. 002-2020-MINAGRI.**  I affirm that everything stated in this Organic Processing Plan is true and correct. I understand that the production unit is subject to inspections (announced and unannounced) and that Bio Latina reserves the right to make different types of analysis, at any time, as deemed necessary, in order to ensure compliance with Regulation NOP, CEE 834/2007, CEE 889/2008, COR Canada, Great Britain, JAS Japan, Law 3525 Bolivia, Central American Technical Regulation 67. 06.74:16 (RTCA) and/or Technical Regulation for Organic Products (RTPO) according to D.S. 044-2006-AG; - D.S. 002-2020-MINAGRI. I understand that the completion of this management plan in no way implies the granting of certification by BIO LATINA. I fully agree to comply with the NOP, CEE 834/2007, CEE 889/2008, COR Canada, Great Britain, JAS Japan, Law 3525 Bolivia, Central American Technical Regulation 67.06.74:16 (RTCA) and/or Technical Regulation for Organic Products (RTPO) according to D.S. 044-2006-AG; - D.S. 002-2020-MINAGRI.  **Estoy de acuerdo con brindar cualquier información adicional que sea requerida por BIO LATINA y notificar por escrito cualquier cambio que pueda surgir en cuanto a: información de contacto de la finca, información de contacto del solicitante, estatus legal, posesión o control de la unidad productiva.**  I agree to provide further information as required by Bio Latina and notify about any change that might occur regarding: contact information (farm, contact person), legal status, ownership or control of the operation.  **Estoy de acuerdo en cancelar todas las cuotas impuestas por BIO LATINA.**  I agree to pay the fees charged by Bio Latina. | |

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| **Ciudad**  City |  | | **País**  Country |  | | **Fecha**  Date |  |
| **dd/mm/aaaa /** dd/mm/yyyy |
| **Nombre y apellido del solicitante**  Applicant's First and Last Name | |  | | |  | | |
| **Cargo**  Position | |  | | | **Firma**  Signature | | |

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| **Uso exclusivo de BIO LATINA /** For BIO LATINA use only | | | | | |
| **RECEPCIÓN DEL PLAN /** Receipt of the plan | | | | | |
| **Fecha Recepción**  Date received | | **Nombre y Código del Responsable**  Responsible code | | | **Pago recibido**  Fees received |
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| **Observaciones** / Comments | | | | | |
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| **REVISIONES AL PLAN /** Revisions to the plan | | | | | |
| **Número de revisión** Revision No. | **Fecha de evaluación**  Evaluation Date | | | **Nombre y Código del Responsable**  Name and Code of Responsible | |
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| **Aspectos de incumplimiento normativo / Observaciones en el llenado del formato** Aspects of regulatory non conformities, comments | | | | | |
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| **Conclusiones y recomendaciones** Conclusions and recommendations | | | | | |
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| **APROBACIÓN FINAL DEL PLAN** Final plan approval | | | | | |
| **Fecha de aprobación**  Approved Date | | | **Nombre y Código del Responsable**  Name and Code of Responsible | | |
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| **ASPECTOS SOBRESALIENTES DE LA CORRECIÓN DEL PLAN POR EL OPERADOR** Highlights of the plan for correction of the operator | | | | | |
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