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| 1. **OPERATION INFORMATION:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.1 Operation Name and Primary Location** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Owner** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | **Legal Representative** | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **Mailing Address** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Zip** | | | |  | | | | | | | |
| **City/State/ Dep.** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Country** | | | |  | | | | | | | | | | | | | | | | |
| **Phone** | | | | | | |  | | | | | | | | | | | | | **Fax** | | | | | | |  | | | | | | | | | | | **E-mail** | | | |  | | | | | | | | | | | | | | | | |
| **1.2 Inspected operation address if different than the one specified above** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Mailing Address** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Zip** | | | |  | | | | | | | |
| **City /State/ Dep.** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Country** | | | | |  | | | | | | | | | | | | | | | | |
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| **1.3 Legally Responsible/ Person in Charge Contact** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Full name** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | **Current occupation** | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **Phone** | | | | | | |  | | | | | | | | | | | | | **Cellphone** | | | | | | |  | | | | | | | | | | | **E-mail** | | | |  | | | | | | | | | | | | | | | | |
|  | |  |  |  | | |  |  | |  | |  | | |  | |  | |  | | |  | |  | |  | | |  | | |  | | |  | | |  |  | |  | |  | |  |  | | | | | |  | | |  | | |  | |  | |  |
| **1.4 Growers Information** | | | | | | | | | | | | | | | | | | | | | | |  | | **1.5 Certification Standards that you are requesting assessment to:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Number of Groups** | | | | | | | | | | | | | | | | | |  | | | | |  | | **NOP-USDA (USA)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **Number of Men** | | | | | | | | | | | | | |  | | | |  | | **MAYACERT-EU Equivalency** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **Number of Women** | | | | | | | | | | | | | |  | | | |  | | **LPO MEXICO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **Total of Growers** | | | | | | | | | | | | | |  | | | |  | | **JAS (Japan)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | **Other, Describe:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **2. General Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | **No** | | | | **In part** | | | | | |
| **2.1 Does the ICS count with the following documentation/ Information?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | |  | | | | | |
| 1. **Grower full name** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | |  | | | | | |
| 1. **Location or area** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | |  | | | | | |
| 1. **Grower Code** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | |  | | | | | |
| 1. **Sketch/ Map by Organic Plot or Apiary** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | |  | | | | | |
| 1. **Total hectares managed by grower** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | |  | | | | | |
| 1. **Hectares dedicated to organic production** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | |  | | | | | |
| 1. **If beekeeping, the total number of hives** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | |  | | | | | |
| 1. **Organic production with its respective Surface (or hives if Beekeeping), Expected Yield, including under which standards it’s being produced** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | |  | | | | | |
| 1. **List of organic Crops/Production** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | |  | | | | | |
| 1. **List of non-organic Crops/Production** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | |  | | | | | |
| **Comments**: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2.2 Do you have an Internal Control System (monitoring System)?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | |  | | | | | |
| **2.3 Do you have internal policies?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | |  | | | | | |  | | | |
| **2.4 Do you have Inspection procedures?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | |  | | | | | |
| **2.5 Do you have an Internal Inspection Sheet?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | |  | | | | | |
| **2.6 Do you have approval and disapproval procedures?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | |  | | | | | |
| **2.7 Do you have a Sanction System for members that are found not to comply with Internal Policies?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | |  | | | | | |
| **2.8 Inspectors/ Approvals committee members profiles** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | |  | | | | | |  | | | |
| **2.9 Do you have an Approval Committee?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | |  | | | | | |
| **2.10 How many Internal Inspectors do you have?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| **2.11 What is the frequency of farm inspections?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| **2.12 Do you maintain records of Plots Internal Inspections?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | |  | | | | | |  | | | |
| **2.13 Who is the person responsible for keeping producers records? (Field records, Inputs…)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| **2.14 How many producers have been inspected/ controlled this year by the ICS?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| **Comments** : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| |  |  |  |  | | --- | --- | --- | --- | | **3. MANAGEMENT** | | | | | **3.1 Provide a description of the Internal Control Procedures, Mechanisms and Frequency:** | | | | |  | | | | | **STRUCTURE** | **NAME** | **EDUCATION/ TRAINING** | **AREA OF ACTIVITY** | | **3.2 Person responsible for internal control** |  |  |  | | **3.3 Internal Approvals Committee** |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | **3.4 Internal Inspectors:** |  |  |  | |  |  |  | |  |  |  | |  |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **4. DOCUMENTS THAT SHOULD BE ANNEXED TO THIS OSP** | | | |
| **Required Documents** | **Yes** | **No** | **N/A** |
| 4.1 Production history table (Farms / Groups) |  |  |  |
| 4.2 Internal and External inspections’ control table (Groups) |  |  |  |
| 4.3 Producers’ list (Groups) |  |  |  |
| * 1. ICS Structure Chart |  |  |  |
| 4.5 ICS Functioning and members |  |  |  |
| 4.6 ICS Members Competences, Education and Training |  |  |  |
| 4.7 Copy of the internal inspection sheet (Groups) |  |  |  |
| 4.8 Copy of the ICS technical opinion/decision (Groups) |  |  |  |
| 4.9 Copy of Organic Production Internal Regulation (Groups) |  |  |  |
| 4.10 Copy of the current Constitutive Act |  |  |  |
| 4.11 Example of Organic Plots or Organic Apiaries Maps and Sketches |  |  |  |
| **Optional Documents** | | | |
| 4.12 Management plan of plots (Groups) |  |  |  |
| 4.13 Soil analysis (Producer) |  |  |  |
| 4.14 Absence of conflict of interest |  |  |  |
| 4.15 Input use Sheet |  |  |  |

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| ***Affirmation of the ICS Operator:***  ***I further understand and accept that Mayacert shall take full responsibility for confidentiality of the information in this document. The information will be shared to a third party only if I give a verbal approbation or a writing notice.***  ***I affirm that everything in this document is correct and represents the operation.***    Name and Signature of the Legally Responsible or the Person in Charge Place and Date |

**This section must be completed by Mayacert’s inspectors:**

|  |  |  |
| --- | --- | --- |
| **Point of the OSP** | **Description** | **Comments** |
| **1 (Ej.)** | **1.6 OPERATION HISTORY AND BACKGROUD INFORMATION** | **The operator did not indicate by which agency(s) he were certified** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |

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| ***The results of MAYACERT’s verification:*** *The operation is:* |
| ***recommended to continue the certification process*** |
| ***NOT recommended to continue the certification process*** |
| ***recommended to continue the certification process under the conditions set below:*** |
| ***DATE:*** Haga clic aquí para escribir una fecha.  ***Signature of MAYACERT’s Representative that reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |