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| 1. **OPERATION DATA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.1 Name and full address of the entity to be inspected** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Owner** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Legal Representative** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Full Address** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Zip** | | | |  | | | | | | | | | | | |
| **City /State/ Dep.**: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Country:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Phone** | | | | | | | |  | | | | | | | | | | | | | **Fax**: | | | | | |  | | | | | | | | | | | | | | | | | | | | | **E-mail:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.2 Address of the unit to be inspected, if different from 1.1** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Full Address** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **C.P.** | | | |  | | | | | | | | | | | |
| **City /State/ Dep.**: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Country:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **1.3 Person responsible for the inspected unit** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Full name:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Current occupation/function** | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Phone:** | | | | | | | |  | | | | | | | | | | | | | **Cel.**: | | | | | |  | | | | | | | | | | | | | | | | | | | | | **E-mail:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **1.4 Type of production:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Individual Production** | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | **1.5 Certification Standards requested:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Group of producers** | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | **NOP (United States)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| **No. men** | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | **MAYACERT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| **No. women** | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | **LPO MEXICO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| **Total of producers** | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | **JAS (Japan)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| **Processing/ handling company** | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | **Others, Describe:** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Trader (Exporter)** | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | |  | | | | | | | | | | | | | | | | | |
| **Sub-Contracted unit** | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
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| **1.6 OPERATION HISTORY AND BACKGROUND INFORMATION OF THE LAST THREE YEARS**  **1.6.1 Type of inspection**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **First Inspection** |  | | | **Annual Inspection** |  | | | **If it’s a first inspection, complete the following** | | | | | | | | **Operation’s first inspection** | |  | **Operation’s first inspection by Mayacert** | | |  | | Justifications/ Evidences/ Explanations/ clarifications, describe: | | | | | | |   **1.6.2 Certification History**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **a) Is the operation currently certified as Organic?** | | **YES** | |  | **NO** |  | |  | **Date** | | **Certification agency** | | | | | **b) If the operation was certified by Mayacert, since when?** |  | |  | | | | | **c) If the operation was already certified by another agency, by which agency(s) was it certified and since when?** |  | |  | | | | | **d) If the operation has ever been certified, under which organic international standards was it (NOP, UE, JAS, LPOMEX,Other)?** |  | | | | | | | **e) If the operation was certified by another agency, please attach a copy of the report, the response to any finding and the decision of the certification and the last certificate.** |  | | | | | | | **f) If such documents are not in your possession, do you authorize Mayacert to obtain further information from the other agency?** |  | | | | | | | **g) When was performed the first inspection of the operation?** |  | | | | | | | **h) When did the system conversion period start?** |  | | | | | | | **i) When was the operation first organic certification and by which agency?** |  | | | | | |   **1.6.3 Operation history and background information**   |  | | --- | | **In sum, please describe the operation background, history, activities and every relevant information:** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

* + 1. **Indicate the products and the quantities that you wish to certify for this cycle (Please indicate the list as it should appear on the certificate).**

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| **Product** | | **Organic** | | **Transition** | | | | | | | | | | |
| **ha\*** | **MT\*\*** | **1st year /** *(T1)* | | | | **2nd year** *(T2)* | | | | **3rd year/ (***T3)* | | |
| **ha** | | **MT** | | **ha** | | **MT** | | **ha** | **MT** | |
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| *\* ha = Hectares, \*\*MT= Metric Ton of 1000kg* | | | | | | | | | | | | | | |
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| **1.6.5 IMPLEMENTATION OF PREVIOUS CORRECTIVE ACTIONS** | | | | | | | | **There were no corrective actions** | | | | | | |  |
| **Corrective actions** | | | | | | **Had to be met before** | | **Were the corrective actions met?** | | | | | | | |
| **YES** | | **NO** | | **PARTIALLY** (%) | | | |
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| **2. PRODUCTION DETAILS** | | | |
| **2.1 What is the total harvesting/collection area? (please attach identification map of the area)** |  | **Surface (ha)** | |
| **2.2 Category of harvesting/collection area (mark with X)** | | | |
| 1. **National Park** | | |  |
| 1. **Protected area** | | |  |
| 1. **Forest Reserve** | | |  |
| 1. **Private area without conventional agricultural and / or forest management** | | |  |
| 1. **Crop Area (s) under organic management system** | | |  |
| 1. **Grazing area under organic management system** | | |  |
| 1. **Other** | | |  |
| **Comments:** | | | |
| **2.3**  **Where is the harvesting/collection area (mark with X)** | | | |
| 1. **Within a legally protected area** | | |  |
| 1. **Within an area not declared as a nature reserve** | | |  |
| 1. **Within a crop area** | | |  |
| 1. **Within a grazing area** | | |  |
| **Comments:** | | | |

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| **3. USE OF PROHIBITED SUBSTANCES** | **YES** | **NO** | | **N/A** |
| **3.1 Wild harvesting was obtained in an area that has not had prohibited substances for a period of 3 years** |  |  | |  |
| **3.2 Is Wild harvesting a destructive activity for the environment?** |  |  | |  |
| 1. **affects the habitat for other organisms, especially wild animals** |  |  | |  |
| 1. **affects the natural regeneration of the species** |  |  | |  |
| 1. **affects the flora of the region.** |  |  | |  |
| 1. **affects the abiotic resources of the area** |  |  | |  |
| **3.3 What is the harvest intensity? (Number of harvests per year and in which months)** |  | | | |
| **Comments:** | | | | |
| **3.4 If the harvesting area is located within protected areas, are there extraction licenses issued by the competent authority?** |  |  | |  |
| **3.5 What is the maximum amount that can be exploited without damaging the ecosystem, according to the competent authority** |  |  | |  |
| **3.6 Is there an ecological impact analysis product of a study? (including the impact on forest condition, bird species, bird habitat, on mammalian species, mammalian habitat, natural regeneration of the collected species? (If yes, annex the study)** |  |  | |  |
| 1. **It is part of a study at the level of Non-Governmental Organization (NGO)** |  |  | |  |
| 1. **It is part of a national university study** |  |  | |  |
| 1. **Es parte de un estudio universitario internacional** |  |  | |  |
| 1. **It is part of a Consulting study** |  |  | |  |
| 1. **It is part of an own study** |  |  | |  |
| **Comments:** | | | | |
| **3.7 The product or products collected belong to** | | | | |
| 1. **Very common native species** |  |  | |  |
| 1. **Uncommon native species** |  |  | |  |
| 1. **Rare native species** |  |  | |  |
| 1. **Exotic species** |  |  | |  |
| 1. **Native species in danger of extinction** |  |  | |  |
| **Comments:** | | | | |
| **3.8 Detail the legal / contractual relationship between collectors, buyers, transporters and the client requesting the certificate** | | | | |
| **Comments:** | | | | |
| **3.9 Describe in detail potential sources of contamination inside the harvesting site and in near areas (application of pesticides, industry, traffic, contaminated water, etc.)** | | | | |
| **Comments:** | | | | |
| **3.10 What sources of contamination exist inside the collection area and i near/ contiguous areas? - mark with X / can be more than one option** | | | | |
| 1. Pesticides application | | |  | |
| 1. Application of chemical synthesis Fertilizers | | |  | |
| 1. Industry Contaminants (Liquid discharges, inorganic waste, metal waste, scrap metal, smoke and/or other gas emissions, etc.) | | |  | |
| 1. Traffic Congestion | | |  | |
| 1. Contaminated Waters | | |  | |
| 1. Other: | | |  | |
| 3.11 **How do you ensure that products are not harvested in conventionally cultivated areas?** | | | | |
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| 3.12 **In case the harvesting is carried out in an agricultural or livestock area, describe the production process, including the type of crops, the use of fertilizers and pesticides** | | | | |
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| 1. **HARVEST AND POST-HARVEST** | | | | | | | | | | | | |
| **Describe the technique used for harvesting, including all the materials used and the particularities of the harvest according to the product.** | | | | | | | | | | | | |
| **ACTIVITY** | | **DESCRIPTION** | | **DOCUMENTATION** | | | | | | | | |
| **Harvest** | |  | |  | | | | | | | | |
| **Post-harvest packaging** | |  | |  | | | | | | | | |
| **Post-harvest storage** | |  | |  | | | | | | | | |
| **Post-harvest transportation** | |  | |  | | | | | | | | |
|  | | | | | | | | | | | | |
| 1. **PARALLEL PRODUCTION** | | | | | | | | | | | | |
| **5.1 Is there parallel production in your production unit?** | | | | | **YES** | |  | | **NO** | | |  |
| **5.2 Is machinery or equipment used for both types of production ; conventional and organic?** | | | | | **YES** | |  | | **NO** | | |  |
| **COMMENTS:** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **6. COMMERCIALIZATION/SALES** | | | | | | | | | | | | |
| **6.1 Please indicate where organic and / or in-conversion products will be traded or shipped (eg, local market, wholesalers, retailers, exporters, intermediaries, etc.).** | | | | | | | | | | | | |
| **COMMENTS:** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **7. RECORDS** | | | | | | | | | | | | |
| **7.1 What kind of control records are kept?** | | | | | | | | | | | | |
| 1. **Records of the purchase of external inputs** | | | | | | **YES** | |  | | **NO** |  | |
| 1. **Application of external inputs (Date, Place, Quantity, frequency, etc.)** | | | | | | **YES** | |  | | **NO** |  | |
| 1. **Field records (including activity, date, applications, dose, responsible, etc.) / Beekeeping production book** | | | | | | **YES** | |  | | **NO** |  | |
| 1. **If there is parallel production, harvest records in organic and conventional production hives (Date, Location, Quantity, Parcel No.)** | | | | | | **YES** | |  | | **NO** |  | |
| 1. **Harvest / collection records (Date, Location, Quantity, Parcel No., Organic Designation).** | | | | | | **YES** | |  | | **NO** |  | |
| 1. **Transport Cleaning Logs** | | | | | | **YES** | |  | | **NO** |  | |
| 1. **Product shipping notes** | | | | | | **YES** | |  | | **NO** |  | |
| 1. **Sales records. Invoices that include date, quantity, product and condition of the product.** | | | | | | **YES** | |  | | **NO** |  | |
| 1. **Labels for organic products (in storage, transportation, bulk or finished products).** | | | | | | **YES** | |  | | **NO** |  | |
| 1. **Others, mention;** | | | | | | **YES** | |  | | **NO** |  | |
| **7.2 If there are no records, please detail the reasons** | | | | | | | | | | | | |
| **COMMENTS** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **8. CLAIMS** | | | | | | | | | | | | |
| **8.1 Is there a record of claims kept?** | | | | | | **YES** | |  | | **NO** | |  |
| **8.2 Does the record identify the cause of the problem and the person responsible?** | | | | | | **YES** | |  | | **NO** | |  |
| **8.3 In response to claims that occurred,** **were the appropriate measures taken?** | | | | | | **YES** | |  | | **NO** | |  |
| **COMMENTS:** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **9. GEO-POSITIONED POINTS OF ALL HARVESTING AREAS** | | | | | | | | | | | | |
| **No.** | **NORTH COORDINATE** | | **WEST COORDINATE** | | | | | | | | | |
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| **10. DOCUMENTS TO BE ATTACHED WITH THIS PLAN** | | | | | |
| ***MANDATORY DOCUMENTS*** | ***Yes*** | ***No*** | | ***NA*** | |
| **10.1** Service contract (s), with signatures |  |  |  | |
| **10.2** Producer / Processor Agreement (NA for NOP), with signatures |  |  |  | |
| **10.3** Producer / Processor Letter of Intent (NA for NOP), with signatures |  |  |  | |
| **10.4** Production Record Chart (Farms / Groups) |  |  |  | |
| **10.5** Control chart of Internal and External Inspections (Groups) |  |  |  | |
| **10.6** List of Producers (Groups) |  |  |  | |
| **10.7**  Documents supporting product traceability |  |  |  | |
| **10.8** Original label or a copy of the original product label (color if the label is colored). |  |  |  | |
| **10.9** Labels of the inputs in use. |  |  |  | |
| **10.10** Documents supporting requests for reduction of conversion period (if applicable):   1. Affidavit of previous land use in the last three years and the production history of the productive unit. 2. Records of activities of the previous management of the productive unit. 3. Evidence of third-party entities that are related to organic production or that are related to the activity carried out in the productive unit (government agencies, NGOs, etc.) that support the history or record of the crop and / or management in the last three years. |  |  |  | |
| **10.11** Documents that support operators that already had an organic certificate from another certifying agency (if applicable):   1. Last organic certificate. 2. Certification opinion or decision. 3. Inspection report. |  |  |  | |
| **10.12** Documents that support producers from other groups that already had organic certification (If applicable)   1. Act or record issued by the group to which the producer belonged, where the reason for the departure is stated. 2. Organic certificate of the group to which it belonged, and a list attached to the certificate where the name of the producer can be seen. |  |  |  | |
| **10.13** Process Flow Diagram |  |  |  | |
| **10.14** Map and/or Sketch for individual units (Farm/Processing Plant) and in case of organizations, geographic location map. In the case of wild harvesting, detailed map of the area where the location of the operation and harvesting areas is specified |  |  |  | |
| **10.15.** Copy of Internal Inspection Sheet (Groups), if it is a first inspection or if there are changes |  |  |  | |
| **10.16** Copy of Internal Control System (ICS) Technical Opinion (Groups) |  |  |  | |
| **10.17** Copy of Internal Organic Production Regulations (Groups), if it is a first inspection or if there are changes |  |  |  | |
| **Optional Documents** | | | | |
| **10.18** Plots Management Plan (Groups) |  |  |  | |
| **10.19** Soil analysis (Producer) |  |  |  | |
| **11.22** Previous harvest sales flow (Producer / Processor) |  |  |  | |
| **11.23** Operator Organization Chart |  |  |  | |
| **11.24** Physical-chemical and microbiological analysis of the finished product (Processor) |  |  |  | |
| **12.25** Physicochemical and microbiological analysis of the water used in the process |  |  |  | |

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| ***Wild Harvesting Operator Statement***  ***I understand and accept that the information previously provided will be handled by MAYACERT confidentially. The data will only be sent to a third party if I give a written authorization or agreement.***    ***I declare, that all the aforementioned represents exactly my operation.***            Haga clic aquí para escribir una fecha.  ***NAME AND SIGNATURE OF THE MANAGER OR LEGAL REPRESENTATIVE PLACE AND DATE*** |

**This part must be filled by Mayacert inspectors**

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| **OSP Items** | **Description** | **Comments** |
| **1 (E.g.)** | **1.6** History and background of the operation | The operator has not indicated who carried out the first inspection of the operation |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
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| ***MAYACERT verification result:***  *The operation* |
| ***is recommended to continue with the certification process*** |
| ***is NOT recommended to continue with the certification process*** |
| ***is recommended to continue the certification process with the following condition (s):*** |
| ***Date:*** Haga clic aquí para escribir una fecha.  ***Signature of the MAYACERT representative, who reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |