



## Facility and Location Information – WSDA Organic Program

**Business Name:** \_\_\_\_\_ **Cert No:** \_\_\_\_\_

Facilities and locations are areas other than organic sites (fields) under your management that are used to produce, process, or handle an organic product. They must be covered by your organic system plan and may be inspected.

### Location Information

Is this a new facility, or an update to a facility already on file with the WSDA Organic Program?

- New facility                       Update/revisions to an existing facility

Location name (if applicable): \_\_\_\_\_

Address (or location): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

### Activity Information

Identify the general types of activities occurring at this facility or location

#### General activities:

- Equipment storage
- Input material storage
- Record storage
- Retail sales to public

#### Production activities:

- Milking parlors
- Livestock barns or housing
- Propagation houses

#### Handling and processing activities:

- Brokering or marketing of products
- Multi-ingredient processing
- Packaging and/or labeling products
- Pre-sizing or sorting products
- Single ingredient processing
- Slaughter of livestock
- Storage of bulk/unpackaged products
- Storage of packaged products
- Transloading, combining, or splitting bulk shipments

### Description

Provide a description of the specific activities occurring at this location, or any additional comments or information.



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### Floorplan or Map

If handling or processing activities are occurring at this facility you must submit a map or floor plan. The map or floorplan must:

- Show the movement of all organic products, from incoming/receiving through production to outgoing/shipping
- Identify all storage areas associated with organic production, including incoming inventory, partially packed products, packaging material, and finished product. Identify non-organic products storage as well

Floorplan/map attached       No handling or processing activities occurring at this facility

### Authorized Representative

By printing your name below and submitting this form you attest all information provided is correct and accurate

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Title \_\_\_\_\_