Data Sheet for Wild Collection

We kindly request you to fill in this Data Sheet and send it to us **within 15 days of reception**. This allows us a thorough preparation of the inspection, which will lead to a more efficient, smooth and shorter inspection. Please add additional pages if the space provided is not sufficient. Use the numbering system for reference.

In case of any changes during the year (change in address, organization, facilities, subcontrators, areas, collected plants, precautionary measures) please provide an updated Data Sheet to bio.inspecta before implementation of the change. Not announcing of changed activities might lead to sanctions.

Important: All relevant records must be updated and be available during inspection. For activities which are not relevant for your operation, please put NR.

# Basic information on the operator:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name (company/ operation) | |  | | |
| *Operators in Turkey only:*  Project name | |  | | |
| bio.inspecta client number | |  | | |
| Legal status | | Single ownership  Corporation  Cooperation  Non-profit company  Legal partnership  Other | | |
| Owner / legal responsible | |  | | |
| Country | |  | | |
| Town | |  | | |
| Address | |  | | |
| Postal code | |  | | |
| Phone | |  | | |
| Email | |  | | |
| Website | |  | | |
| Physical farm address, if different from above address | |  | | |
| **Contact**  **information\*** |  | **Owner** | **Farm Manager** | **Consultant or contact person for bio.inspecta** |
|  | Surname, name |  |  |  |
|  | Phone |  |  |  |
|  | Mobile |  |  |  |
|  | Email |  |  |  |

**\*Please be aware that the contact person will be the recipient of correspondence with bio.inspecta, including information about findings during inspection, certification decision, information about residue cases or COIs.**

# Certification according to following standards

|  |  |  |  |
| --- | --- | --- | --- |
|  | Regulation (EU) 2018/848 |  | Bio Suisse |
|  | Equivalent Great Britain organic standard |  | Demeter |
|  | NOP (USA) |  | Naturland |
|  | Turkish Regulation |  | Others: |
|  | Albanian Law 106/2016 |  |  |

# History and Background

## This section is relevant only for new operators

|  |  |
| --- | --- |
| Have you been certified organic before?  No  Yes **If yes 🡪** Answer the questions below: | |
| Date of first certification |  |
| By which certification body |  |
| Which standards | EU  NOP  Bio Suisse  Other |
| Has certification ever been refused or withdrawn?  No  Yes **If yes** **🡪** Briefly describe the reason: | |
| Have you ever changed your certification body?  No  Yes **If yes** **🡪** Briefly describe the reason with date of cancelation: | |

## This section is relevant for all operators

|  |
| --- |
| Are you currently also registered by another organic certification body than bio.inspecta?  No  Yes **If yes 🡪** Indicate standard, name of certification body, reason and registering date: |
| Give a brief summary of the history and background of your company. |
| Select below all activities realised by your operation or its subcontractors and fill additional data sheets if relevant.   * **Unprocessed products:** including cleaning, husking, drying of grain * **Unprocessed products:** dividing parting grounding cutting cleaning trimming husking milling chilling freezing deep-freezing thawing*(fill the data sheet 24\_2582)* * **Processed products - food:** heating smoking curing maturing drying marinating extraction extrusion *(fill the data sheet 24\_2582)* * **Other preparation and distribution:** storing packing/ repacking labelling export of own products trade of own products on local market processing conventional products storing conventional products trading conventional products * **Trade, collection and transport:** trading products purchased from other operators collection transport *(fill the data sheet 24\_2582)* |
| Explain your organizational structure or submit an organizational chart of your company stating the responsible staff members for all different departments (*Attachment 1*). |

# Confirmations for collection

## Collection permits

Is there an official system of granting/receiving collection permits?

No  Yes **If yes 🡪** Describe the system and fill the table below and attach the translated and original permits as *Attachment 2*:

|  |  |
| --- | --- |
| Who issues the permits: |  |
| Description of the system: |  |
| Which criteria are covered: | Collection areas  Permit owner  Collection activity is ecologically sustainable  The plant names mentioned in product list  Sustainable harvest potential of the different species  Collection period  No bushfire for the last two years in the collection area (*Turkish Regulation)*  Other |
| Validity of permits: | Start date:       End: |

## Third parties confirmations (treatment and sustainability)

How can it be ensured that no prohibited inputs have been used in the collection areas, and that the collection is sustainable? Which guarantees by third parties may be provided?

|  | **Description** | **Confirmation by third party (authority or proven expert)** | |
| --- | --- | --- | --- |
| **Yes** | **No** |
| The collection areas have not been treated for a period of at least three years before the collection, with products other than those authorised for use in organic production. |  |  |  |
| The collection does not affect the stability of the natural habitat or the maintenance of the species in the collection area. |  |  |  |
| Others |  |  |  |
| Inspector’s comment: | | | | |

Attach third party confirmation about non-treatment as *Attachment 3* and sustainability as *Attachment 4*.

# Collection unit

## List of collection areas

Please list all wild collection areas which are under your management in the table below and submit a map (Google or similar), showing all areas and the following information (*Attachment 5)*:

* code/ name of each collection area
* borders of the areas
* position of collection center
* risky zones (all the information of table 5.2)
* buffer zone of risky areas

| **Location/ name of collection area** | **Area code** | **Size of area (ha)** | **Number of**  **collectors** | **Location of collection center** | **GPS coordinates of collection center** | **Responsible person of the area** |
| --- | --- | --- | --- | --- | --- | --- |
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## Environmental information/ evaluation of potential sources of contamination within the collection areas

Please tick the environmental risk.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Is there a potential source of pollution** | **Yes** | **No** | **Distance (m)** | **Description** | **Inspector’s comment** |
| High road (heavy metals) |  |  |  |  |  |
| Industrial site |  |  |  |  |  |
| Dumping Ground |  |  |  |  |  |
| Intensive livestock unit |  |  |  |  |  |
| Non-organic agricultural area |  |  |  |  |  |
| Residential areas |  |  |  |  |  |
| Other (e.g. polluted watershed, waste water channels etc.): |  |  |  |  |  |

# Collection system

## Internal collection rules/ Collection method/ Monitoring of collectors

Describe how the collection of wild plants is organized and attach your internal collection rules as *Attachment 6 (*e.g. species wise collection method, percentage of plants left to ensure that the collection does not affect maintenance of the species in the collection area, time of collection, transportation to the operation, monitoring to ensure that the rules are followed and that collection takes place only within the defined areas).

Add comments here, if relevant:

## Collectors

### Collectors contract

Enclose a sample of the contract with the collectors *(Attachment 7)*.

Add comments here, if relevant:

### Collectors list

Fill in the table below or provide your collectors list (covering all information as per the table below) *(Attachment 8)*.

| **Collection area** | **Name of collector** | **Address, place** | **Number of collecting members of the household** | **Training date** | **Inspector’s comment** |
| --- | --- | --- | --- | --- | --- |
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## Training

Please describe your procedures to train all collectors, responsible staff of collection centers or any other relevant person and fill the table below.

| **Function of Participants** | **Date of training** | **Trainer** | **Content of the course** | **Checked by inspector:** | |
| --- | --- | --- | --- | --- | --- |
| **Yes** | **No** |
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## Collected products

Fill information about the collected species and plant parts in the bio.inspecta excel sheet 24\_2585A (*Attachment 9*).

## Purchasing

Describe your purchasing procedure for collected products and fill the table below for all collection centers or warehouses.

| **Name/ code collection center** | **Address, location** | **Activity** | **Managed by:** | | | **Remark** |
| --- | --- | --- | --- | --- | --- | --- |
| **Collector** | **Project operator** | **Subcontractor\*** |
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**\***Please fill *Annex 2* (subcontractor list) if you subcontract any activity. Reminder: If the operator has any subcontracted collection system/ purchase center, this needs to be certified individualy.

## Preparation

### On-site preparation steps

Are there any preparation activities (refer to definitions in point 3.2) onsite in collection area, collector’s homes, purchasing center or any other units?

No  Yes

**If yes 🡪** Fill information about the collected species and plant parts in the bio.inspecta excel sheet 24\_2585A (*Attachment 9*).

### Preparation premises

List all sites including their address where production, storage and post harvest activities take place including the relevant activities (e.g. cleaning, packaging, etc.).

Please enclose maps (Google or similar including GPS coordinates) and detailed sketches of the premises(*Attachment 10*).

| **Name and address of the premises** | **Rented** | | **Owned** | **Function (what is done there)** | **Surface or volume in the case of storage facilities** |
| --- | --- | --- | --- | --- | --- |
| **from** | **until** |
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# Subcontracting

If any activities are subcontracted to a third party, this operator either must be certified, or included in your certification.

For any subcontractors included in your certification, a contract must be signed, confirming that the subcontractor's activities will be subject to the control procedure according to Reg. (EU) 2018/848 (or other relevant standards, such as Bio Suisse). Such subcontractors should grant access to the bio.inspecta inspectors any time and need to be visited at least once annually by bio.inspecta.

Do you subcontract any activities to operators with an own certification according to Reg. (EU) 2018/848?

No  Yes  **If yes 🡪** Fill *Annex 2*

Do you subcontract any activities to operators which shall be included in your certification, but you remain responsible as regards the organic production and do not transfer that responsibility to the subcontractor?

No  Yes  **If yes 🡪** Fill *Annex 2* and required documents as per the table below:

|  |  |  |
| --- | --- | --- |
| **Definitions** | | **Required documents** |
| Preserving | Storing, port or customhouse, cleaning/ husking/ drying of grains | *Fill data sheet for subcontractor 24\_2588 for each subcontractor separately* |
| Dividing, parting, grounding, cutting, cleaning, trimming, husking, milling, chilling, freezing, deep-freezing or thawing | *Fill data sheet for processing 24\_2582 for each subcontractor separately* |
| Processing | Heating, smoking, curing, maturing, drying, marinating, extraction, extrusion | *Fill data sheet for processing 24\_2582 for each subcontractor separately* |

Do you do any activities for subcontracting operators (services provided to other certified organic operators)?

No  Yes  **If yes 🡪** Fill *Annex 3*.

# Precautionary measures, internal control and measures in case of suspicion

## Precautionary measures

Operators must maintain measures that are proportionate and appropriate to identify and avoid risks of contamination of organic production and products with non-authorised products or substances, including systematic identification of critical procedural steps. The measures must be regularly reviewed and adjusted if needed. The bio.inspecta template *24\_2001, Checklist – Precautionary measures, Attachment 11*, shall help you to describe the specific risks and measures of your operation. If you have an own documentation, describing all the points in the *24\_2001*, you may submit it instead of filling the document At the end of the table you’ll find some free space to specify other potential critical procedural steps.

## Measures taken in case of suspicion that products do not comply with the organic regulation at all steps in the operation or subcontracted storage or port (no need to fill chapter 6.2 if you also fill the Data Sheet 24\_2582)

|  |  |
| --- | --- |
| **Measures** | **Please describe procedure** |
| Procedure for identification, separation and blocking of products. |  |
| Investigation procedure to check whether the suspicion is substantiated |  |
| Information of the control body. |  |
| Information of all staff concerned about the situation (blocking, suspicion). |  |
| In case of confirmation of suspicions, information of buyers in written form (if product is already sold) and guarantee that all indication on organic agriculture on the products is removed. |  |

## Internal control

|  |  |
| --- | --- |
| **Measures** | **Please describe procedure** |
| Describe internal controls to ensure that the requirements of the organic regulation are met. |  |

# Record keeping/ documentation/ traceability/ product flow documentation

Please describe here how you control your product flow and specify all documents that allow to trace the flow of products from your purchase to processing and sales of organic products.

Ensure that mentioned records/ documents are continuously updated and kept in the premises:

| **Documents for follow-up of collection/ purchase/ sales** | **Procedure** | **Name of the supporting documents** | **Who is responsible (function and/or name)** | **Inspector’s comment** |
| --- | --- | --- | --- | --- |
| Collection records (including location, period, species, quantity collected) |  |  |  |  |
| Purchase records |  |  |  |  |
| Transferring records (from collection area to operator) |  |  |  |  |
| Storage records |  |  |  |  |
| Delivery and sales records |  |  |  |  |
| Financial records |  |  |  |  |
| Others: |  |  |  |  |
| Describe your lot number system |  |  |  |  |

# Preparation and Marketing (no need to fill chapter 10 if you also fill the Data Sheet 24\_2582)

## Pest management, cleaning and disinfection in units for preparation and storage

| **Measures** | **Yes** | **No** | **Please describe your activities** |
| --- | --- | --- | --- |
| Is pest management done in the units for preparation and storage?  Please describe, including:   * equipments/ products used * maintaining purchase documents * recording * observation of waiting periods * written contract if pest management is assigned to a third party. |  |  |  |
| Are cleaning agents and disinfectants used during preparation and storage?  Please describe, including:  Prevention of contamination through cleaning agents; address the:   * maintaining purchase documents * recording * keeping MSDS |  |  |  |

## Sales markets

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Final market destination (markets in which product will be sold to consumers)** | | | | | | | | |
| Export markets |  | EU countries |  | USA |  | Canada |  | Switzerland |
|  | Other: | | | | | | |
| Local market |  |  | | | | | | |

## Sales packages, labelling and transport

|  |  |  |  |
| --- | --- | --- | --- |
| **Kind of package/ transport** | **Yes** | **No** |  |
| Bulk sales |  |  | Describe transport vehicles/ containers and how they are closed/ sealed:    *Submit a sample transport document (Attachment 11).* |
| Sales in transport packages (e.g. big bags) |  |  | Describe how packages are closed/ sealed:    *Submit a sample label (Attachment 11)* |
| Transport of products not closed or sealed *(allowed only if there is direct transport to the buyer, only organic or only in-conversion products are transported)* |  |  | Comments: |
| Sales in end consumer packages (layouts must have been approved by bio.inspecta). |  |  | Comments: |
| Describe transport vehicles (own/ rented), points of reloading under your responsibility and, in case of export, before the product leaves the country. |  |  | *In case of a complex supply chain, bio.inspecta may request a supply chain flow chart.* |

# Enclosures

|  |
| --- |
| **Checked by inspector** |
|  | Annex 1: Records of storage**Required (except if covered in Data Sheet 24\_2582)** | Yes No |
|  | Annex 2: List of subcontractors **Only if relevant** | Yes No |
|  | Annex 3: List of services for subcontracting operators **Only if relevant** | Yes No |
|  | Attachment 1 Organizational chart **Required** | Yes No |
|  | Attachment 2 Collection permits **Required** | Yes No |
|  | Attachment 3 Non-treatment declaration of third party **Required** | Yes No |
|  | Attachment 4 Sustainability declaration of third party **Required** | Yes No |
|  | Attachment 5 Maps **Required** | Yes No |
|  | Attachment 6 Internal collection rules**Required** | Yes No |
|  | Attachment 7 Contract with collectors**Required** | Yes No |
|  | Attachment 8 Collectors list **Required** | Yes No |
|  | Attachment 9 Product list/ list of collected plants (attached bio.inspecta excel file 24\_2585A) **Required** | Yes No |
|  | Attachment 10 Facility Google map (or similar) and sketches**Required** | Yes No |
|  | Attachment 11 Labels and/ or sample commercial documents**Required (except if covered in Data Sheet 24\_2582)** | Yes No |
|  | Attachment 12 Checklist – Precautionary measures**Required** | Yes No |

# Declaration of the operator

|  |  |  |
| --- | --- | --- |
| The signatory confirms/ undertakes:   * That the operation is not certified by another control body in relation to activities carried out in the same country regarding the same category of products, including different stages of production, preparation or distribution. * To give bio.inspecta access to all parts of all production units and all premises for control purposes, as well as to the accounts and relevant supporting documents. * To submit, when requested by bio.inspecta, the results of its own quality assurance programmes. * To inform in writing and without undue delay buyers of the products and to exchange relevant information with bio.inspecta, in the event that a suspicion of non-compliance has been substantiated, that a suspicion of non-compliance cannot be eliminated, or that non-compliance that affects the integrity of the products in question has been established. * To accept the transfer of the control file in the case of change of control body or, in the case of withdrawal from organic production, the keeping of the control file for at least five years by the last control body. * To immediately inform bio.inspecta in the event of withdrawal from organic production. * To accept the exchange of information among bodies in the event that subcontractors are subject to controls by different control bodies. * To perform the activities in accordance with the organic production rules * To accept the enforcement of the corrective measures established by bio.inspecta in the event of non-compliances.To notify bio.inspecta immediately on changes with respect to above-mentioned information.   The operator herewith confirms the acceptance, correctness and completeness of above information and all annexes / attachments. | | |
| Place, date, signature, stamp: | | Name of operator: |
| Verified by the inspector: | | |
| Place, date, signature, stamp: | Name of inspector: | |

# Annex 1: Records of storage (no need to fill this Annex if you also fill the Data Sheet 24\_2582)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Product name**  **(as used for marketing/ processing)** | **Certification status** | | | **Total production in 20XY (kg)** | **Quantity in stock per 1.1.20XY**  **(kg)** | **Storage name / number** | **Package type** |
| **bi-OS** | **NOP** | **…** |
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# Annex 2: List of subcontractors

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of subcontractor** | **Address, phone, email, website** | **Validity of contract** | **Type of activity** | **Final products** | **Subcontractor has own certificate1 for relevant standards** | | **Filled by inspector** | |
| **Checked during inspection** | |
| **Yes** | **No** | **Yes** | **No** |
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1Please attach certificates of subcontractors.

# Annex 3: List of subcontracted activities (services for certified organic operators)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of subcontracting operator** | **Address, phone, email, website** | **Validity of contract** | **Type of activity** | **Filled by inspector** | |
| **Checked during inspection** | |
| **Yes** | **No** |
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Please attach certificates of subcontracting operators.