**DECLARATION OF – Off-site Storage**

*Regional: This form is required when organic or transitional product or packaging is stored in off-site storage facilities, owned, leased managed by other parties.*

*COR: This form is required when organic or transitional product or packaging is stored in off-site*

*storage facilities, owned, leased managed by other parties* and

- *your product or packaging is packaged or enclosed in a container before being received*

*at the storage site; and*

- *you own the goods or packaging during transport and storage.*

Certification of the facility is required in any other circumstance

**THIS FORM IS TO BE COMPLETED BY THE STORAGE PROVIDER**

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Storage Facility Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organic storage is being provided for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type(s) of storage offered: Dry Cold Freezer Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List the general category of products stored at facility.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**By signing the following, I am confirming that the storage facility name above:**

* has a tracking & recordkeeping system sufficient to track movement of lots in, around, and out of the storage facility
* maintains records detailed enough to disclose description, lot numbers and amounts of organic products and packaging handled
* records the organic status of product lots in its record keeping system
* ensures there are legible tags/labels on lots of organic goods and packaging identifying the organic status
* segregates organic product and packaging effectively from possible contaminants (e.g. cleaning products and pesticides including fogging materials)
* trains employees effectively on organic requirements

**Name (Facility Manager):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing this form, the storage facility is granting permission to the certification body of the organic operator to inspect any facility storing this organic operator’s products or packaging. The organic operator will be held responsible for all nonconformities identified.

Do not complete this form if the receiving storage facility

* receives loose goods (not sealed in a container)
* does further processing such as sorting, culling, trimming, icing, hydrocooling, vacuum cooling etc.
* treats the product with water or ethylene gas or a controlled atmosphere treatment.
* Repacks, labels or relabels the product.

These activities must be inspected on an annual basis and hold valid certification documentation. Contact your certification body for further instructions.

**Additional comments:** (if applicable)

*The purpose of this form is to help Certified Organic (CO) enterprises meet audit trail requirements of the Canadian Organic Standards as maintaining organic integrity is paramount to Certified Organic Status. Filling out this form assists the certification body in assessing the potential risks. It is the CO Enterprise’s responsibility to ensure that this declaration is valid and remains on file. Please refer to the Canadian Organic Standards for detailed information regarding maintaining organic integrity.*