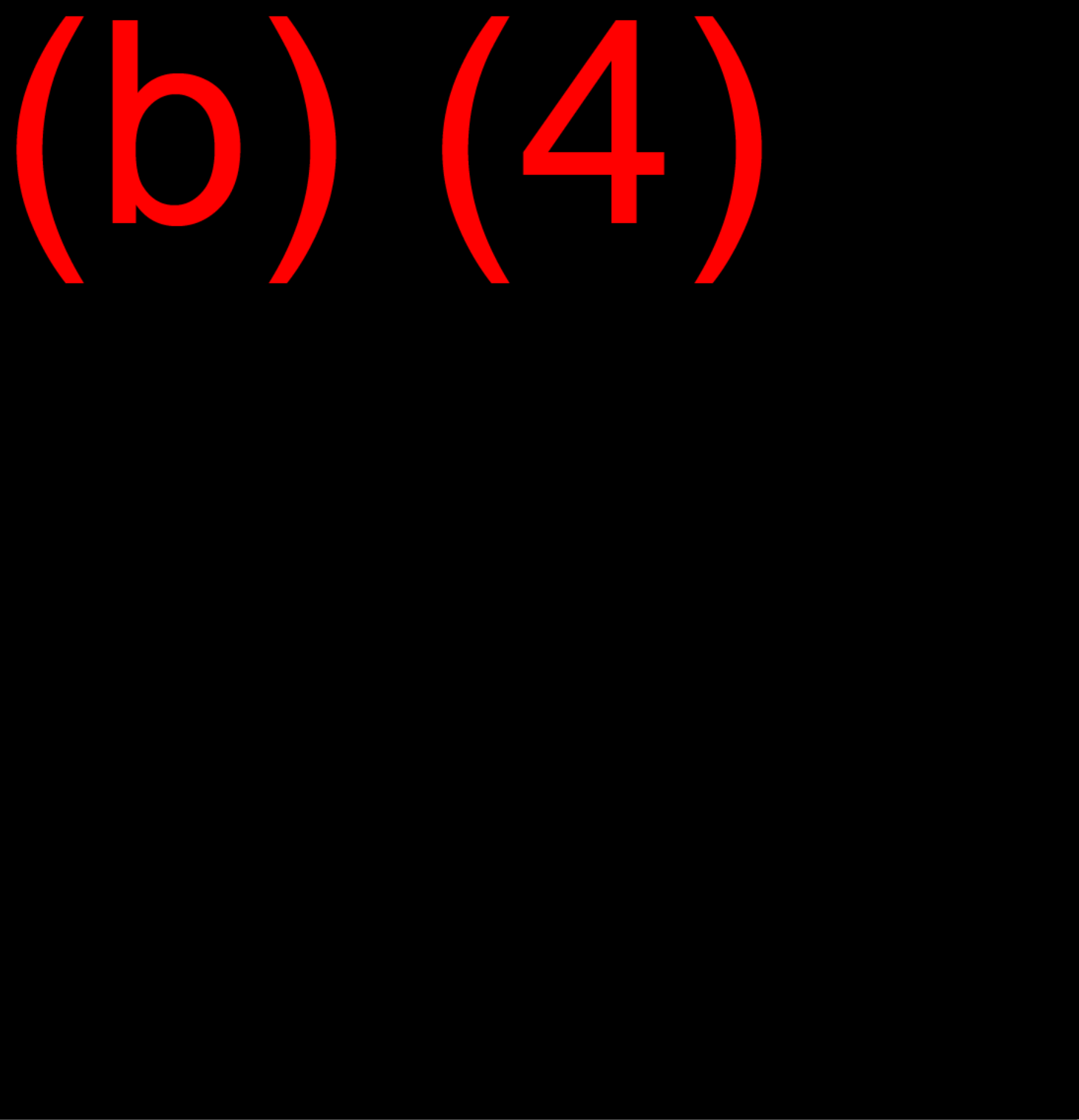
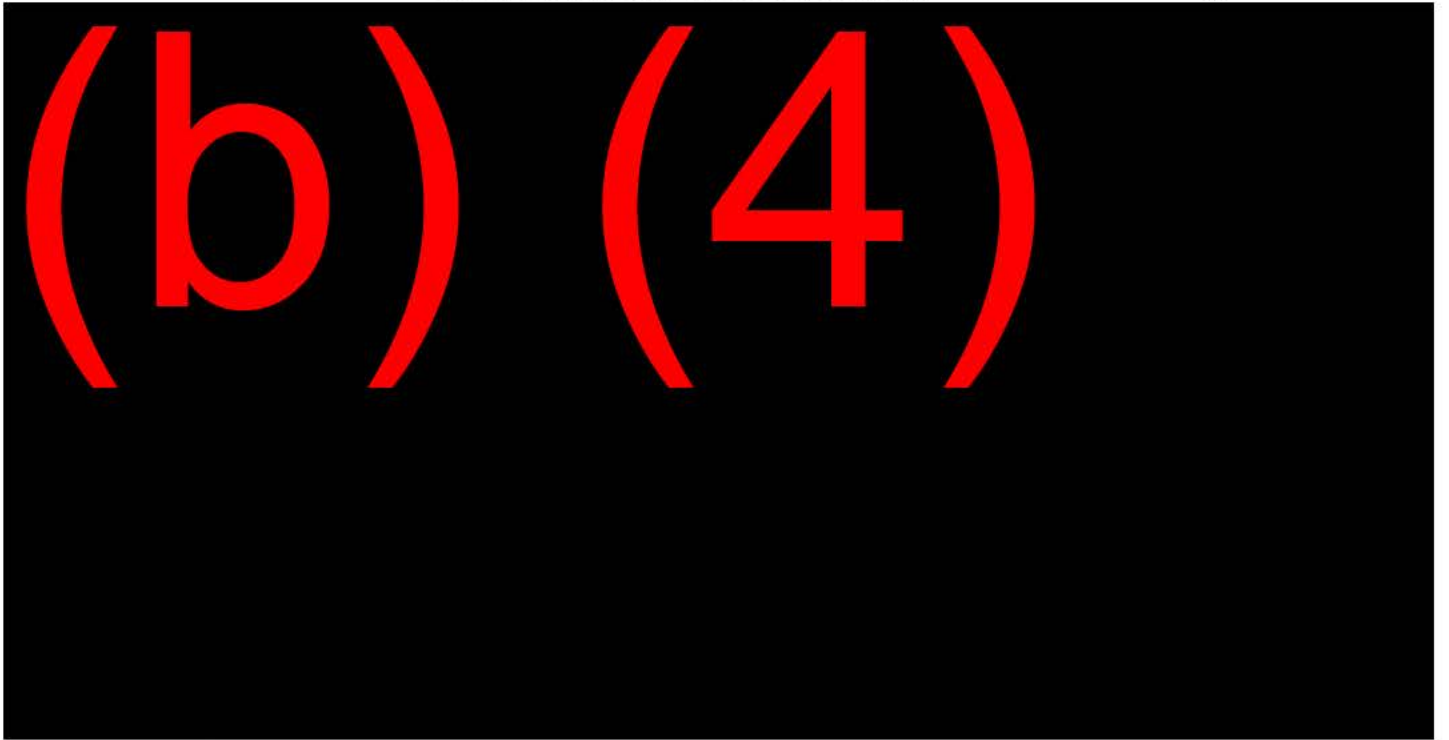


Monitoring Practices & Procedures

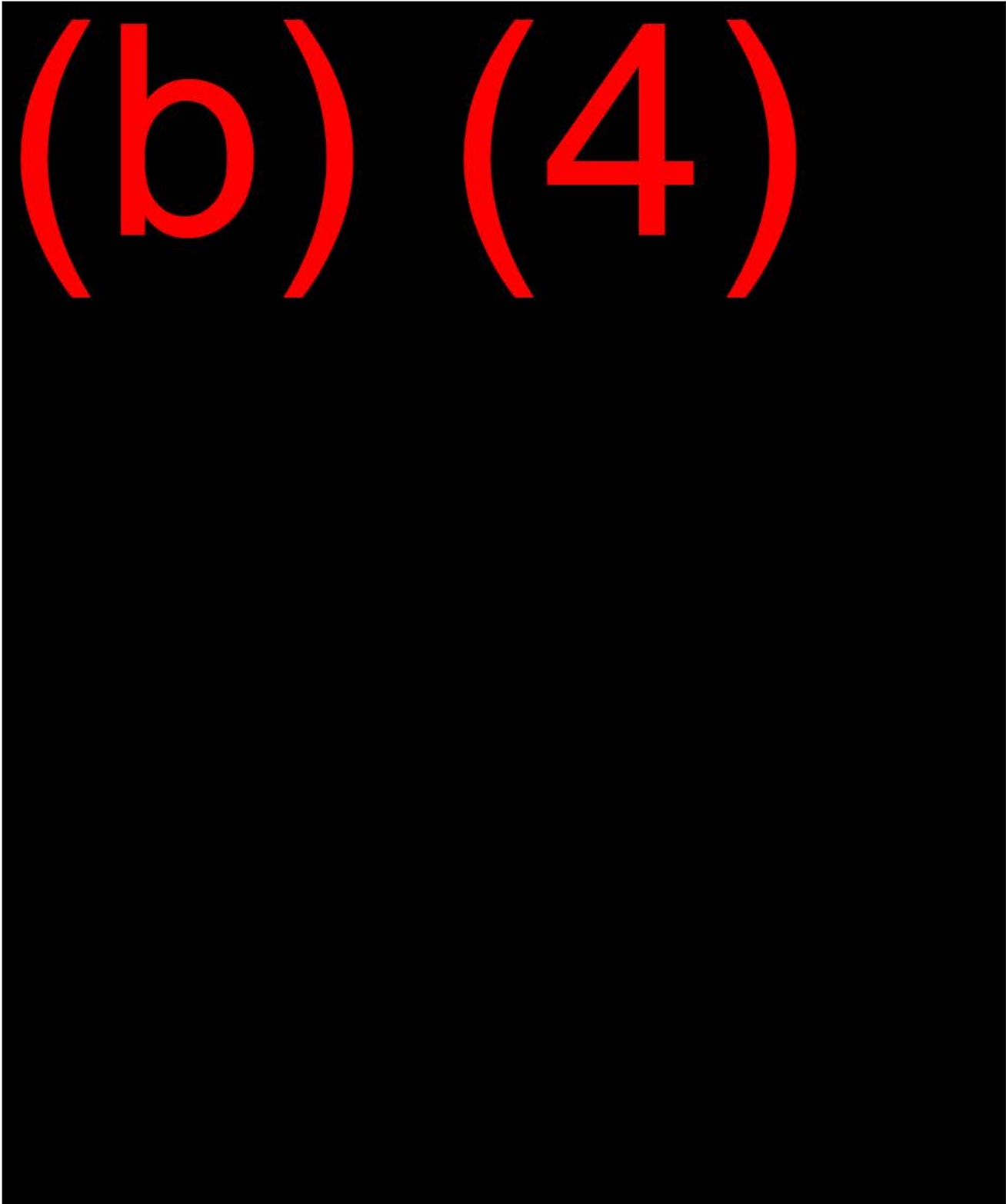
(b) (4)



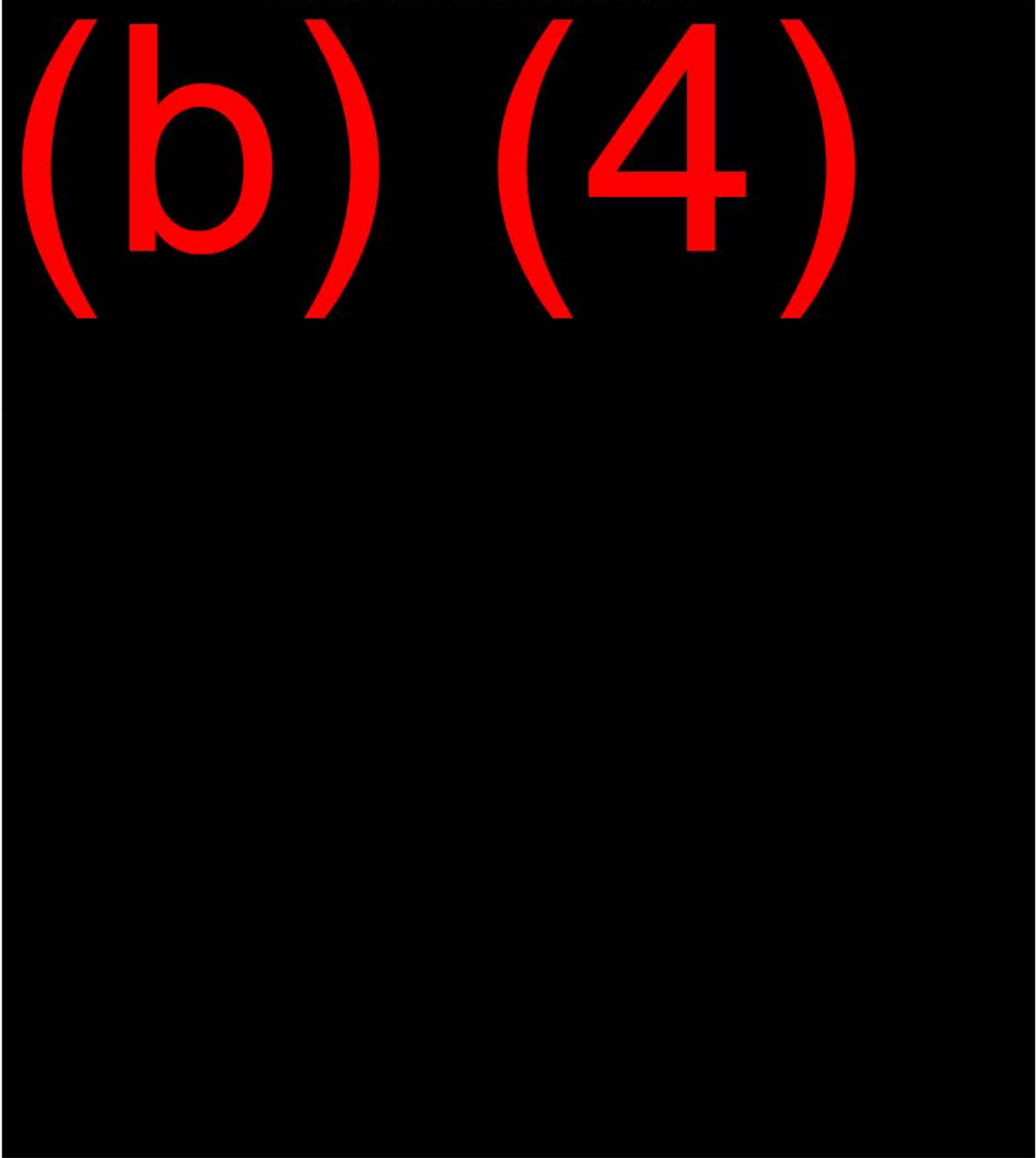
Cattle Movement Flow Chart: Mature Animals



Cattle Movement Flow Chart: Young Stock



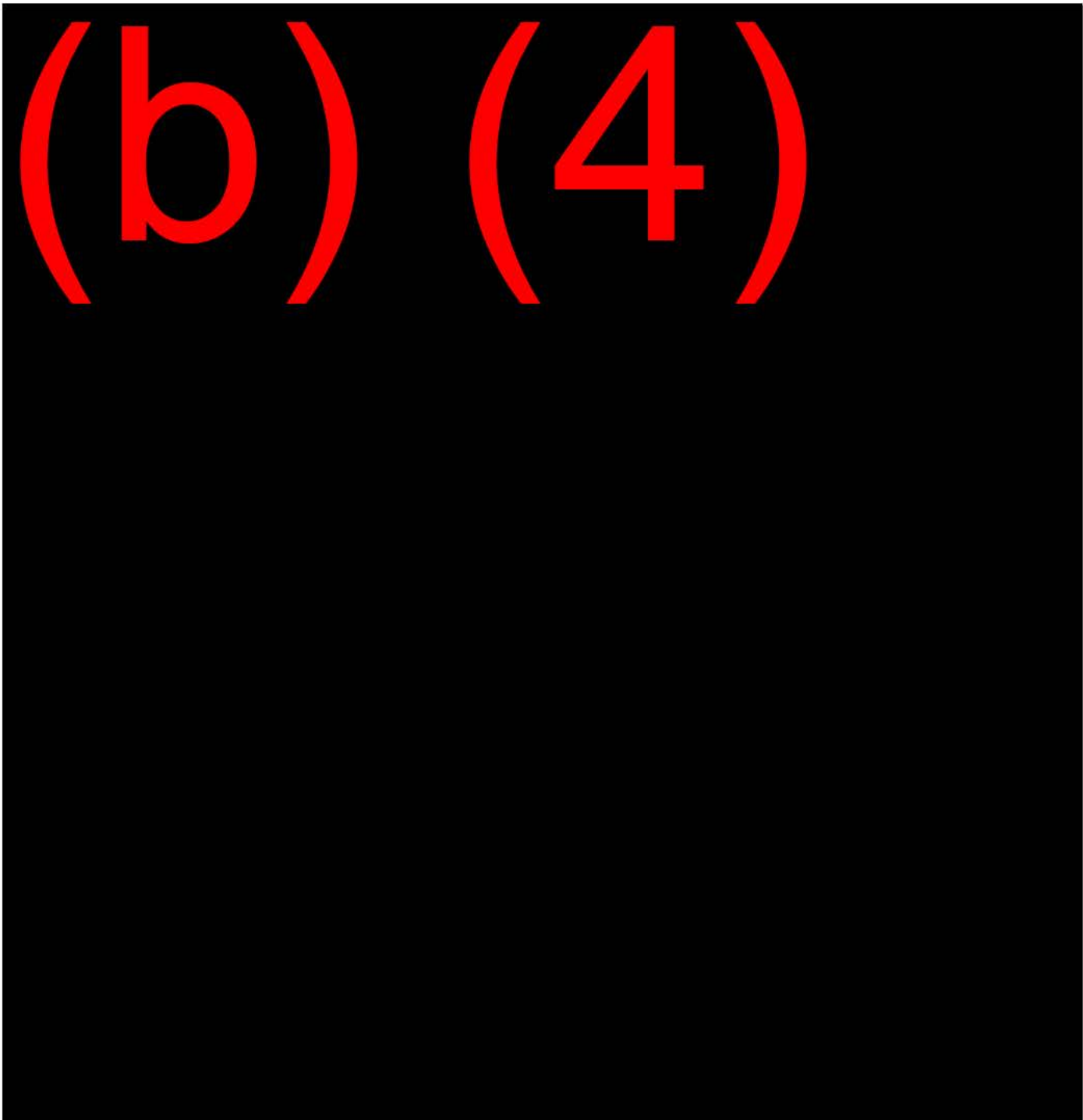
Production Flow Chart: Organic Raw Milk



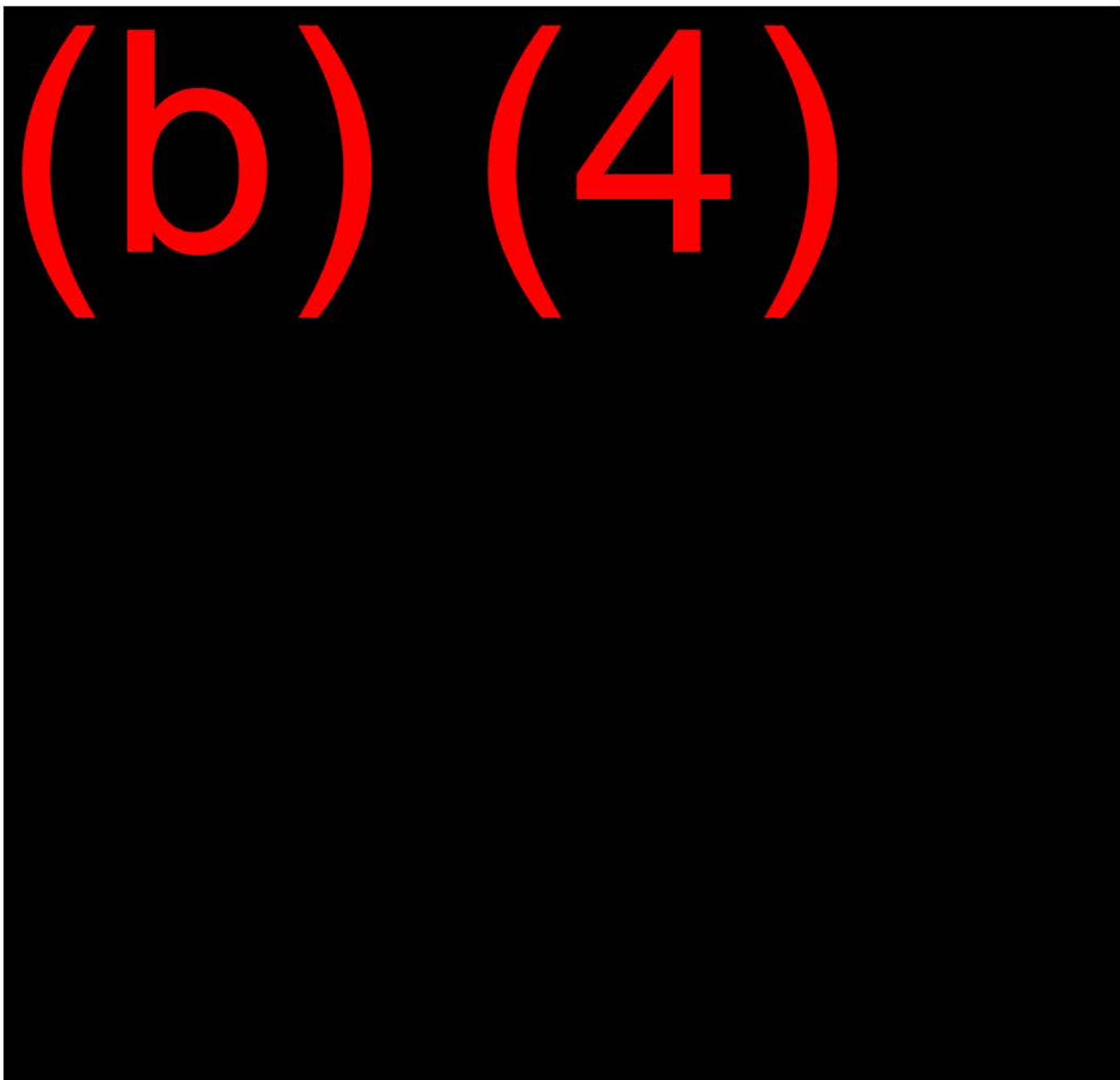
Production Flow Chart: Organic Slaughter Stock *

(b) (4)

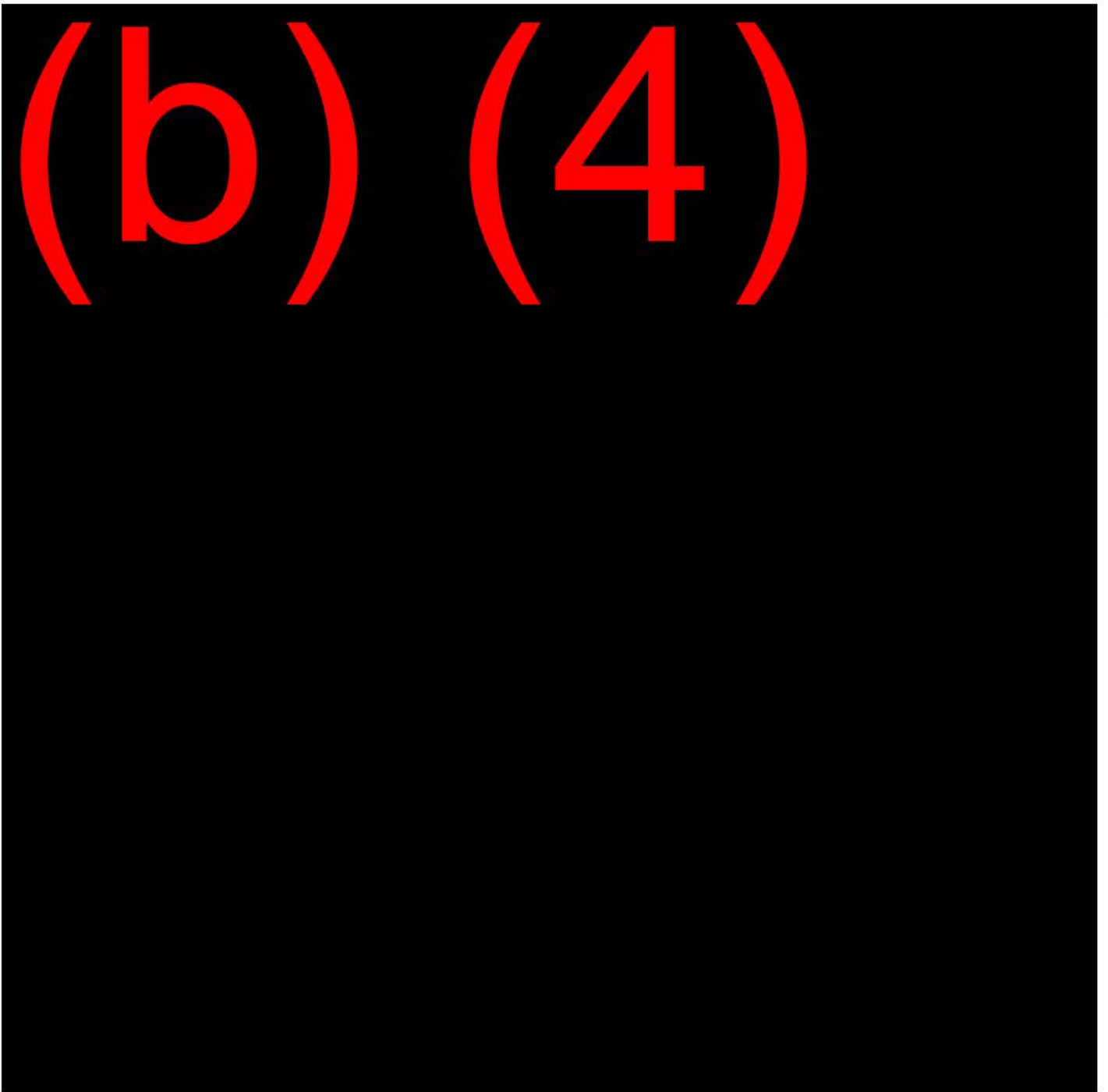
Recordkeeping System Elements



Recordkeeping System Elements



Recordkeeping System Elements



Supplier Certification Verification Procedure

(b) (4)

Supplier Certification Verification Procedure

(b) (4)

Supplier List

Supplier Name	Certifier	Feed	Bedding	Seed Process Handler	Livestock
(b)	(4)	(b) (4)			

Supplier List

Seed
Process

Feed

Bedding

Handler

Livestock

Supplier Name

Certifier

(b) (4)

(b)

(4)

Supplier List

Seed
Process
Bedding Handler Livestock

Feed

Supplier Name	Certifier	(b) (4)	(b) (4)	(b) (4)	(b) (4)	(b) (4)	(b) (4)	(b) (4)	(b) (4)
(b) (4)	(b) (4)	(b) (4)	(b) (4)	(b) (4)	(b) (4)	(b) (4)	(b) (4)	(b) (4)	(b) (4)

Supplier List

Seed
Process
Bedding Handler Livestock

Feed

Supplier Name	Certifier	(b) (4)	(b) (4)	(b) (4)	(b) (4)	(b) (4)	(b) (4)	(b) (4)	(b) (4)
(b) (4)	(b) (4)	(b) (4)	(b) (4)	(b) (4)	(b) (4)	(b) (4)	(b) (4)	(b) (4)	(b) (4)



Organic Feed Rations*

(b) (4)

Organic Feed Rations*

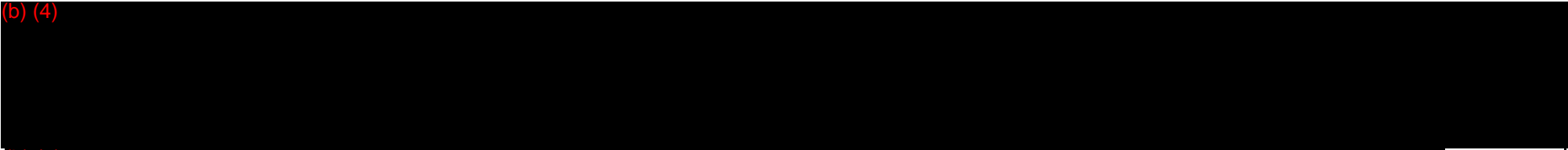
(b) (4)

Label #	Name	Brand	NOP Reference
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(b) (4)

Label #	Name	Brand	NOP Reference
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(b) (4)



(b) (4)

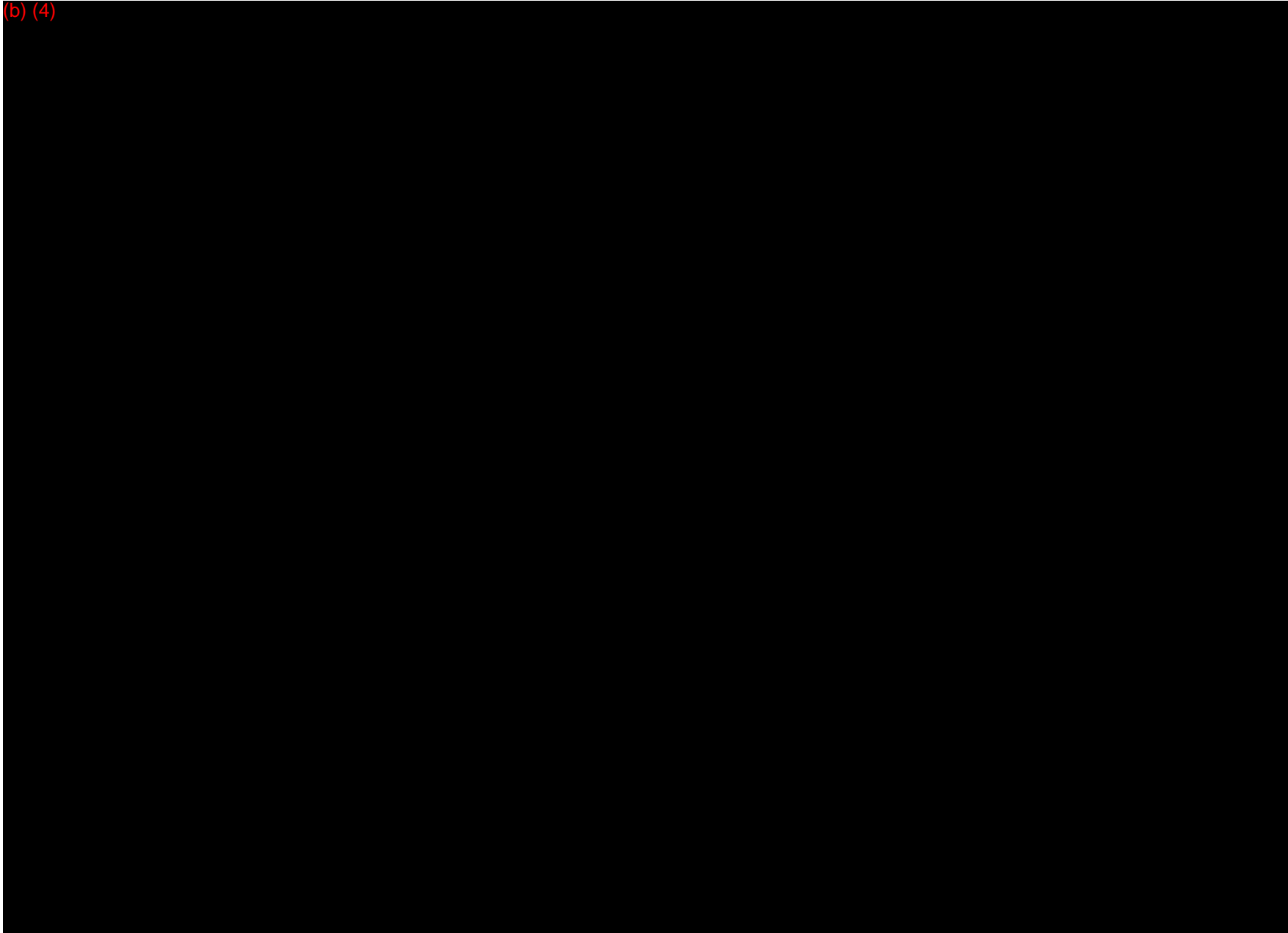
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(b) (4)



(b) (4)





(b) (4)

(b) (4)

(b) (4)



CERTIFIED ORGANIC

6. Do you apply composted manure or other animal products to the organic land?

The composting process must include a C:N ratio of between 25:1 and 40:1 and maintenance of temperatures between 131°F and 170°F for a specific number of days plus turnings, depending on the method of composting. Compost production records to verify compliance need to be maintained. If you purchase compost, please maintain documentation from the vendor verifying compliance to the NOP. NOP 205.203 (c)(2)

(b) (4) No

If yes, is your compost produced in accordance with the requirements of the NOP:

(b) (4) No, please explain:

Appendix 22 Manure Decomposing Methods

(b) (4)

7. If you irrigate your pasture (or crops, if applicable), please answer the following questions:

The operator must protect against contamination from prohibited materials applied through the irrigation system. NOP 205.203(e)(1)

(b) Not applicable, do not irrigate pasture

(a) Are input products applied through the irrigation system?

(b) (4) Yes (b) (4) No

If yes, please include these inputs on your Annual Input Record

(b) Are products used to clean irrigation lines/nozzles or to lubricate irrigation equipment?

(b) (4) Yes (b) (4) No

If yes, please include these inputs on your Annual Input Record

(c) Is the system shared with a non-organic operator?

(b) (4) Yes (b) (4) No

If yes, and there is a potential that prohibited inputs are added to the irrigation water by another upstream operator, is the system flushed and documented between non-organic and organic use?

(b) (4) N/A no inputs are applied through the irrigation system

Yes (b) (4) No, please explain how contamination is avoided:

8. What soil conservation practices are used?

Organic production practices are meant to maintain or improve the natural resources of the operation, including soil and water quality. NOP 205.200, 205.203(a), 205.205(d)

(b) (4) Grazing management	(b) (4) Terraces	(b) (4) Retention ponds	(b) (4) Firebreaks
(b) (4) Windbreaks	(b) (4) Tree lines	(b) (4) Conservation tillage	(b) (4)
(b) (4) Permanent waterways	(b) (4) Undersowing	(b) (4) planting	(b) (4)
(b) (4) Riparian management	(b) (4) Maintain wild	(b) (4) habitat	(b) (4)

Other: (b) (4)

9. What soil erosion problems do you experience (why and on which fields/lands)? (b) (4) None

(b) (4)



CERTIFIED ORGANIC

11. Can you verify that new installations or replacement lumber in contact with soil, pasture/crops or livestock is not treated with prohibited materials?

Wood treated with arsenate or other prohibited substance may not be used for new installations or replacement purposes where it comes into contact with soil, livestock or pasture. This does not apply to wood that is isolated from production, such as fence posts or buildings. NOP 205.206(f)

(b) (4) Not Applicable
Yes (b) No, please explain:

(b) (4)

G) Water

1. In which capacity do you use water? Check all that apply:

Water that comes in contact with an organic product must not contaminate the product with prohibited substances. NOP 205.272

No water used Irrigation for crops or pasture land Hydration for herd

[Tab 9 Water Sample Report](#)

H) Structural Pest Management

Check this box and skip to section I if you do not have any livestock housing structures.

1. Please indicate the **preventative management practices** in place to address **pest control** concerns within the livestock structures (e.g. barn, freestall, etc). Check all that apply.

Preventive pest control measures are required prior to the use of mechanical or chemical means. NOP 205.271(a)(1),(2),(3)

(b) (4) No pest pressure (b) (4) Removal of pest habitat, food sources and breeding areas
(b) (4) Barriers (b) (4) Good sanitation (b) (4) Monitoring
(b) (4) Management of environmental factors (e.g. temperature, humidity, light)

[Appendix 20 Fly Prevention & Control](#)
[Appendix 21 Rat & Mice Prevention and Control](#)



CERTIFIED ORGANIC

3. Please indicate the types of activities for which you maintain written policies and procedures? Check all that apply.

Documented procedures, also known as Standard Operating Procedures (SOPs), will be reviewed to determine if your practices that maintain and protect the integrity of organic products are being consistently applied. Documents may be written in any format applicable to your specific operation. NOP 205.103

- | | |
|----------------------------------|--|
| (b) (4) Purchasing Feed | (b) (4) Purchasing Replacement Animals |
| (b) (4) Herd Health Protocols | (b) (4) Animal birth, death, and culling |
| (b) (4) Administering medication | (b) (4) Pasture management |
| (b) (4) Receiving | (b) (4) Transportation |
| (b) (4) Sanitation | (b) (4) Temporary confinement |
| | (b) (4) Pest control |

Appendix 1 Written Policies and Procedures

4. Do you **maintain all organic records** for a minimum of **five years**?

If your operation is less than five years old, you must have a plan in place to comply with this requirement.

NOP 205.103(b)(3)

(b) (4) please explain:

(b) (4)

5. Do you have a **procedure** for documenting and addressing **complaints** relating to compliance with organic standards?

This is not a requirement of the NOP, however it is a requirement of ISO Guideline 65 and is relevant to other QAI standards and policies.

(b) (4) please explain:

(b) (4)

6. Do you have procedures in place for verifying that all **suppliers** of organic feed or replacement animals are currently certified by a USDA Accredited Certifier and to the National Organic Program?

Certification agencies certify to multiple standards. Your certification documents for suppliers of NOP products, such as organic feed, must indicate that they were certified to the National Organic Program. Additionally, you will need to demonstrate how your procedures verify the certification is current. NOP 205.100 NOP 205.2-Certified Operation

(b) (4) Yes (b) (4) No, please explain:

(b) (4) N/A no organic feed or replacement animals purchased.

(b) (4)

(b) (4)

Operational Overview & Expected Production

(b) (4)



Dairy Location

(b) (4)



Dairy Location

(b) (4)



Business Name Brian Boehning

GENERAL FARM MAP (CONTINUED)

NOP §205.202(c)

Location

(b) (4)

(b) (4)

SECTION C

Make additional copies of this page as needed

Legal Business Name Brian Boehning

GENERAL FARM MAP

(b) (4)

462 4

SECTION C

(b) (4)

Range of Livestock Producer Supporting Documentation

Legal Business Name Brian Boehning

Describe the types of shelter or housing you use for livestock.

(b) (4)

(b) (4)

Business Name Brian Boehning

GENERAL FARM MAP (CONTINUED)

NOP §205.202(c)

Location (b) (4)

(b) (4)

SECTION C

Make additional copies of this page as needed

Brian Boehning Dairy

690 CR 45
Earth, TX 79031
806-946-8273

Lubbock, Texas Feed Processing For "Organic Use" Minerals

Custom Processor Name

(b) (4)

Address

(b) (6)

Date

Nature of Previously Processed Feed

Your "organic use" mineral product being processed

(b) (4)

Quantity (estimated)

Before processing of this product, equipment will be flushed per plant procedures.

I hereby certify that equipment used to process this product has followed plant procedures.

Signature _____ Date _____

Pg

MILK BARN FLOW AND LAYOUT PICTURES

These pictures were part of my original application and are kept on file

Page 4

The Layout of Boehning Dairy

W N
E

(b) (4)



BOEHNING DAIRY

Quality Control of Feeding Evaluation Sheet

(b) (4)

(b) (4)

(b) (4)

(b) (4) LOCATION AREA

(b) (4)

(b) (4)

ESRI Data & Maps, 1988, Texas

Hilltop DAIRY
MULESHOE
LAMB COUNTY, TEXAS

VICINITY MAP
(b) (4)

(b) (4)

Brian Boehning Dairy

690 CR 45
Earth, TX 79031
806-946-8273

Lubbock, Texas Feed Processing For "Organic Use" Minerals

Custom Processor Name (b) (4)

Address (b) (6)

Date

Nature of Previously Processed Feed

Your "organic use" mineral product being processed (b) (4)

Quantity (estimated)

Before processing of this product, equipment will be flushed per plant procedures.

I hereby certify that equipment used to process this product has followed plant procedures.

Signature _____ Date _____

Py

Brian Boehning Dairy

690 CR 45
Earth, TX 79031
806-946-8273

Lubbock, Texas Feed Processing For "Organic Use" Minerals

Custom Processor Name (b) (4)

Address (b) (6)

Date

Nature of Previously Processed Feed

Your "organic use" mineral product being processed (b) (4)

Quantity (estimated)

Before processing of this product, equipment will be flushed per plant procedures.

I hereby certify that equipment used to process this product has followed plant procedures.

Signature _____ Date _____

Pg

Brian Boehning Dairy

690 CR 45
Earth, TX 79031
806-946-8273

Lubbock, Texas Feed Processing For "Organic Use" Minerals

Custom Processor Name (b) (4)

Address (b) (6)

Date

Nature of Previously Processed Feed

Your "organic use" mineral product being processed (b) (4)

Quantity (estimated)

Before processing of this product, equipment will be flushed per plant procedures.

I hereby certify that equipment used to process this product has followed plant procedures.

Signature _____ Date _____

Boh

(b) (4)

Hilltop DAIRY
MULESHOE
LAMB COUNTY, TEXAS

VICINITY MAP
(b) (4)

(b) (4)

(b) (4)

Hilltop Dairy
Muleshoe
Lamb County, Texas

(b) (4) by Map and
(b) (4)

(b) (4)

HILLTOP DAIRY

Quality Control of Milking and Washing

(b) (4)



HILLTOP DAIRY

Quality Control of Feeding Evaluation Sheet

(b) (4)



Brian Boehning Dairy

690 CR 45
Earth, TX 79031
806-946-8273

Lubbock, Texas Feed Processing For "Organic Use" Minerals

Custom Processor Name

(b) (4)

Address

(b) (6)

Date

Nature of Previously Processed Feed

Your "organic use" mineral product being processed

(b) (4)

Quantity (estimated)

Before processing of this product, equipment will be flushed per plant procedures.

I hereby certify that equipment used to process this product has followed plant procedures.

Signature _____ Date _____

Brian Boehning Dairy

690 CR 45
Earth, TX 79031
806-946-8273

Lubbock, Texas Feed Processing For "Organic Use" Minerals

Custom Processor Name (b) (4)

Address (b) (6)

Date

Nature of Previously Processed Feed

Your "organic use" mineral product being processed (b) (4)

Quantity (estimated)

Before processing of this product, equipment will be flushed per plant procedures.

I hereby certify that equipment used to process this product has followed plant procedures.

Signature _____ Date _____

Brian Boehning Dairy

690 CR 45
Earth, TX 79031
806-946-8273

Lubbock, Texas Feed Processing For "Organic Use" Minerals

Custom Processor Name (b) (4)

Address (b) (6)

Date

Nature of Previously Processed Feed

Your "organic use" mineral product being processed (b) (4)

Quantity (estimated)

Before processing of this product, equipment will be flushed per plant procedures.

I hereby certify that equipment used to process this product has followed plant procedures.

Signature _____ Date _____

Business Name

Page _ of _

1 GENERAL FARM MAP (CONTINUED)

NOP 8205.202(a)

Location :

(b) (4)

(b) (4)

SECTION C

Make additional copies of this page as needed

REDLAND DAIRY

FEED QUALITY CONTROL

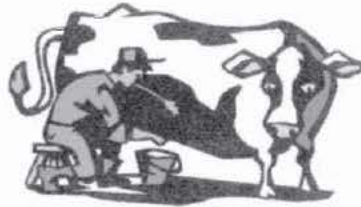
DATE: _____

(b) (4)

REDLAND DAIRY, LLC

QUALITY CONTROL OF MILKING AND WASHING

(b) (4)



(b) (4)



REDLAND DAIRY, LLC.

TANK WASH PROCEDURES

(b) (4)



Business Name NATURAL PRAIRIE ORGANIC

Page ___ of ___

GENERAL INFORMATION (CONTINUED)

Do you intend to certify any livestock? Yes No
(livestock includes all type of animals raised to produce organic food or fiber)
If yes, have you filled out Organic Livestock form (ROR-603)? Yes No

Please note that you must complete an Organic Livestock Producer Supporting Documentation form (ROR-603) in order to certify animals. Please contact the Texas Department of Agriculture (TDA) Organic Certification Program with questions or to request additional forms.

SECTION B (CONTINUED)

Do you conduct any on-farm processing? (cleaning, milling, bagging, bottling, etc.) Yes No
If yes, you may need to fill out an Organic Processor Supporting document form. Please contact the TDA Organic Certification Program to confirm which processor form you will need to complete or to request additional forms.

Do you have any off-farm processing done? (cleaning, milling, bagging, bottling, etc.) Yes No
If yes, the processing facility must also apply for certification of organic product prior to handling/processing of your organic product

Do you have any on-farm storage? Yes No
If yes, please provide a brief description of what products will be stored.

(b) (4)

Please describe what your sanitation and handling practices are.

(b) (4)

(b) (4)

(b) (4)

GENERAL FARM MAP

On the General Farm Map diagram page that follows, display the layout of your farm with relative location of all fields. Fields should be separate and distinct with a field numbering system that is followed throughout this application. Do not duplicate field numbers.

SECTION C

For larger farms, make copies of the General Farm Map diagram page as needed for multiple field locations

Show the following on your map(s): field boundaries (fences, roads windbreaks, etc), buffer zones, adjoining land use, well locations, waterways, buildings, and other landmarks.

If you have multiple locations, indicate which location each map represents.

Business Name

Page of

NOF \$205202(B) & \$205201(B)(2)

SECTION F (CONTINUED)

PRECEDING THREE-YEAR MATERIAL USE INFORMATION (CONTINUED)

Field or Production Unit No.	Previous Year	Current Year	2 Years Ago	3 Years Ago
(b) (4)	(b) (4)	(b) (4)	(b) (4)	(b) (4)
Annual Update	(b) (4)			
New Application	Previous Year (b) (4)	2 Years Ago (b) (4)	3 Years Ago (b) (4)	
Material Name	Date Last Used	Material Name	Date Last Used	Material Name

(b) (4)

Are any other fields treated in an identical manner? (b) (4)

Please attach additional copies for each field not treated in an identical manner

Facility Name MILBERT BERRILL DEKANE

Page of

PRECEDING THREE-YEAR MATERIAL USE INFORMATION

NDP 5285.202(b) & 5285.2016(b)

SECTION F

Field or Production Unit No.	Previous Year	Current Year	Previous Year	Current Year	Previous Year	Current Year
(b) (4)	(b) (4)	(b) (4)	(b) (4)	(b) (4)	(b) (4)	(b) (4)
Annual Update	Previous Year	Current Year	Material Name	Material Name	Material Name	Material Name
New Application	Previous Year	2 Years Ago	Date Last Used	Date Last Used	3 Years Ago	Date Last Used
	Material Name	Material Name			Material Name	

(b) (4) (b) (4)

Continued on Next Page

Regulatory Division

Revised 7/2/19

Business Name: *NATUREL PEOPLE ORGANIC*

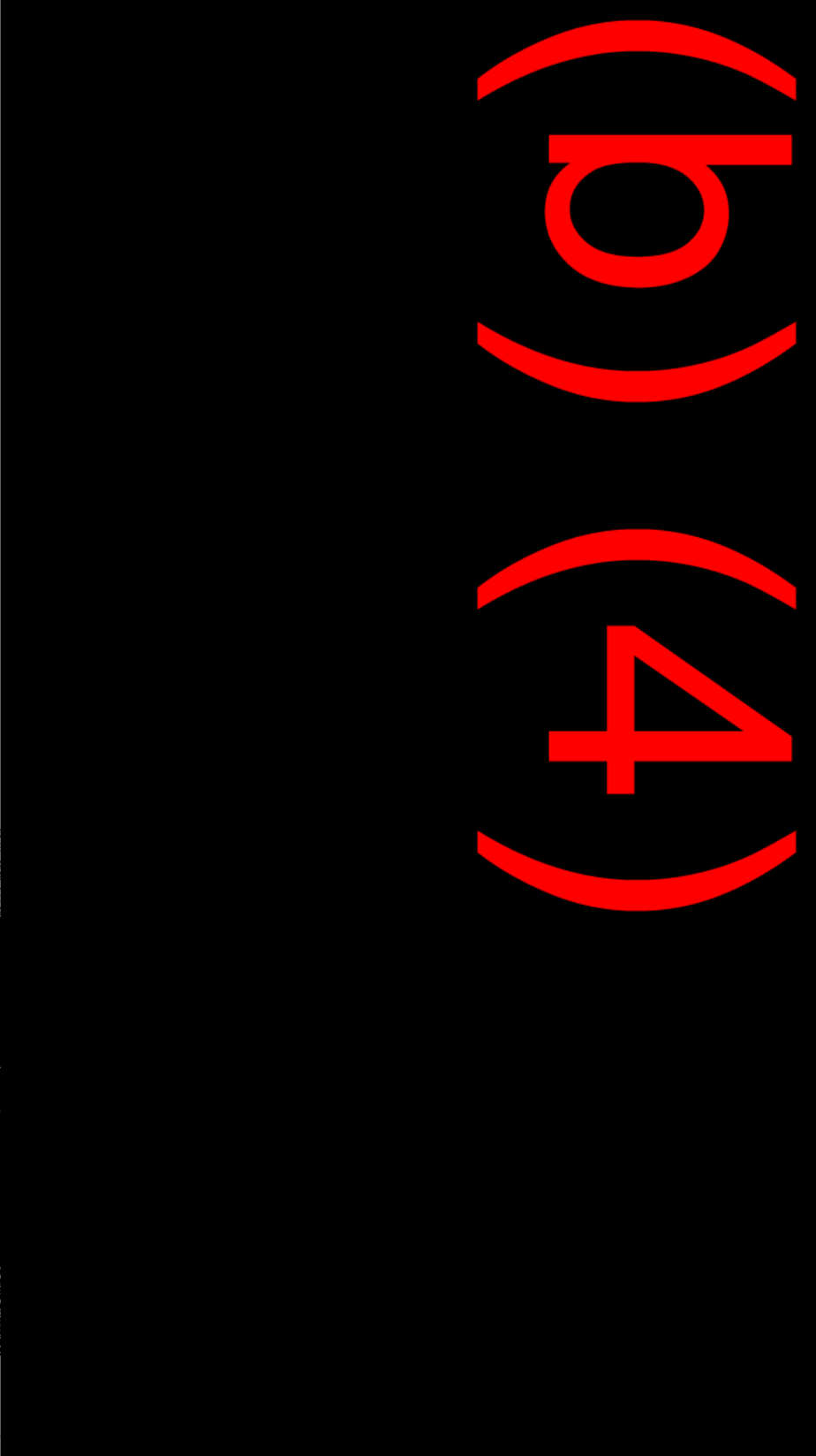
Page *7* of *7*

PRECEDING THREE-YEAR MATERIAL USE INFORMATION (CONTINUED)

NOF §205.202(b) & §205.201(d)(2)

SECTION F (CONTINUED)

Field or Production Unit No.	Previous Year (2010)	Current Year (2011)	2 Years Ago (2009)	3 Years Ago (2008)
Annual Update				
New Application				
Material Name				
Date Last Used				
Material Name				
Date Last Used				



Please attach additional copies for each field not treated in an identical manner

SECTION H (CONTINUED)	⁵GREENHOUSE-INDOOR UNIT INFORMATION - BUILDING CONSTRUCTION (CONTINUED)
	Do drainage, gutters, and /or water collection systems prevent contamination of run-off from other areas, buildings or additional greenhouses? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A – no prohibited materials used in adjacent areas/buildings
	Are any prohibited materials applied within 50-feet of the greenhouse or production area? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how are organic crops protected from drift/contamination?
	Is all information on this page identical for other units? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list unit numbers: _____ (separate pages for these units are not required) How are pests and diseases managed in the greenhouse? Explain:

SECTION I	¹RECORD-KEEPING HISTORY – In the three years prior to application for certification NOP §205.103
	Has there been any agricultural use of the land (including turf, pasture and/or lawn)? (If no, Skip to Subsection ² Record-Keeping Plan)
	Have any farm activity records been maintained? (cultivation, planting, irrigation, etc.)
	Have any records been kept of purchase, types of materials and application of off-farm inputs? (soil amendments)
	Have any records of purchase, certification or treatment of propagation materials been maintained?
	If any crops have been produced, have production records been maintained?
	If any crops have been produced, have sales records been maintained?
	² RECORD-KEEPING PLAN
	Please indicate the records that you maintain or will maintain regarding your Organic production:
	(b) (4)

How many years do you plan to maintain records related to your organic production?

(b) (4)

NOP §205.203 & §205.205

SOIL AND CROP FERTILITY MANAGEMENT - GENERAL INFORMATION AND EVALUATION

What are your general soil types? (b) (4)

Are these soils Highly Erodible (HEL)? (b) (4)

How do you monitor the effectiveness of your fertility management program?
(b) (4)

¹ Provide copies of soil test results. (b) (4)

² How will you record or document your observations?
(b) (4)

What are your soil /nutrient deficiencies? (List below and provide a copy of your most recent soil analysis if applicable).
(b) (4)

What is the organic matter level in your soil?
(b) (4)

What are the major components of your soil and crop fertility plan? (check all that apply)
(b) (4)

Describe your plan to increase or balance nutrients and to maintain or improve organic matter:
(b) (4)

SECTION J

Business Name _____

SOIL AND CROP FERTILITY MANAGEMENT - COMPOST USE Not Applicable - No compost used - Proceed to Section J - C. Manure Use

NOP Rule 205.203(e)(2) requires that the composting process include a carbon to nitrogen ratio between 25:1 and 40:1 and maintenance of temperatures between 131°F and 170°F for a specific number of days, depending on the method of composting. Keep a compost production record to verify compliance.

Do you mix your own compost? (b) (4)

List all compost feedstock ingredients and additives.

What is your C:N ratio? (b) (4)

Do you monitor the temperature? (b) (4) If yes, what average temperature is maintained?

How long is this temperature maintained?

Is compost windrowed? (b) (4) If yes, how many times are materials turned? (b) (4)

Do you use commercial compost or compost made off-site? (b) (4)

If yes, attach copies of labels or a list of ingredients and their source. (b) (4)

SOIL AND CROP FERTILITY MANAGEMENT - MANURE USE (b) (4)

NOP Rule 205.203(e)(1) requires that raw manure be fully composted unless applied to fields with crops not for human consumption or incorporated into the soil 120 days prior to harvest for crops whose edible portion has direct contact with the soil surface or soil particles, or 90 days prior to harvest for all other crops for human consumption.

What forms of manure do you use? (b) (4)

(b) (4)

What types of crop(s) do you grow? (Check all that apply)

(b) (4)

If you grow crops for human consumption and use raw manure, complete the following table. If composting manure, please complete Section J - B, Compost Section above.

Crop(s)	Field No.	Date Manure Applied or plan to apply	Amount Applied	Expected Date of Harvest
(b) (4)				

SECTION J (CONTINUED)

Business Name NATURAL PRAIRIE ORGANIC

Page of

SOIL AND WATER CONSERVATION PLAN NOP §205.200

(b) (4)

Do you maintain annual rainfall records? (b) (4)

Indicate soil and water conservation methods used in your farm management plan: (check all that apply)

(b) (4)

Indicate other soil and water conservation methods used in non-production areas:

(b) (4)

What soil erosion problems do you experience? (b) (4)
water erosion on all applicable maps).

Describe your efforts to minimize all soil erosion problems listed above.

(b) (4)

How do you monitor the effectiveness of your soil conservation program?

(b) (4)

SECTION K

WATER Use

(b) (4)

Sources of water (b) (4)

(b) (4)

Type of Irrigation System:

(b) (4)

What input products are applied through the irrigation system?

(b) (4)

What products do you use to clean irrigation lines/nozzles?

(b) (4)

Is the system flushed between conventional and organic use? (b) (4)

If yes, is this documented? (b) (4)

Business Name NATURAL PRairie ORGANIC

Page of

SOIL AND WATER CONSERVATION PLAN (CONTINUED)

SECTION K (CONTINUED)

What practices are used to protect water quality? (b) (4)

How often do you conduct water quality monitoring? (b) (4)

Date your water was last tested 1 (b) (4)

Does your water contain excess salts or nutrients that affect your soil improvement plan? (b) (4)

If yes, how are these issues addressed? (b) (4)

Business Name NATURAL PRAIRIE ORGANIC

Page of

¹ PROPAGATION MATERIALS

NOF §205.204

Annual seedlings must be produced according to organic standards. Non-organic perennial plantings (planting stock) must be managed organically for at least one year prior to harvest of crop or sale of the plant as certified organic planting stock. Organic seeds and planting stock must be used if commercially available. Contact us if you need to request a variance to use non-organic seedlings because of an emergency.

What kinds of propagation materials do you use?

(b) (4)

² PROPAGATION MATERIALS - ANNUALS

(b) (4)

Do you purchase organic propagation materials? **(b) (4)**

(b) (4)

What proportion of your propagation materials are organic? **(b) (4)**

If certified, by which agency?

Are any treatments applied to propagation material (seed treatment, inoculant, rooting hormone) **(b) (4)**

(b) (4)

If you are NOT using organic seed or planting stock, explain how the varieties fulfill an essential function in your farm plan.

(b) (4)

How do you document your attempts to locate organic seed and planting stock? **(b) (4)**

(b) (4)

Have you kept your seeds labels? **(b) (4)**

(b) (4)

Do you have all labels for seed inoculants?

Do you have invoices for all your purchases of propagation materials?

Are these documents maintained and readily available for an inspector to review during your on-site inspection? **(b) (4)**

SECTION L

¹PEST, DISEASE AND WEED MANAGEMENT PLANS NOP §205.205 & §205.206

NOP Rule requires a crop rotation plan that maximizes soil organic matter content, prevents weed, pest and disease problems, and manages deficient or excess plant nutrients. Producers must utilize sanitation measures to remove disease vectors, weed seeds, and habitat for pests. Cultural practices, including selection of plant species and varieties adapted to site-specific conditions, must be used to enhance crop health.

Approved synthetic materials on the National List §205.601 may only be used when management practices are insufficient to prevent or control problems. All weed, pest, and disease inputs must be approved. A "restricted" input has specific annotations for its use. If you use a "restricted" material, you must attach documentation that describes how you address the materials annotation.

²PEST, DISEASE AND WEED MANAGEMENT PLANS - PEST MANAGEMENT NOP §205.205 & §205.206

What are your problem pests? (Check all that apply) **(b) (4)**

Do you work with a pest control advisor? **(b) (4)**

What strategies do you use to control pest damage to crops? **(b) (4)**

(b) (4)

SECTION M

List all management used or intended for use on your organic and transitional field/crops

Pest Problem	Control Product	Status (A) Approved (R) Restricted (P) Prohibited	If restricted, describe compliance with NOP rule annotation
(b) (4)			

Do you keep a record of how often you utilize these pest control methods, i.e. dates when you scout or apply inputs to a specific field? **(b) (4)**

Business Name NATURAL PRAIRIE ORGANIC

Page of

2 PEST, DISEASE AND WEED MANAGEMENT PLANS - PEST MANAGEMENT (CONTINUED)

NOP §205.205 & §205.206

How do you monitor the effectiveness of your pest management program?

(b) (4)

How often do you conduct pest monitoring?

(b) (4)

3 PEST, DISEASE AND WEED MANAGEMENT PLANS - DISEASE MANAGEMENT

NOP §205.205 & §205.206

What diseases are a concern in the crops you grow?

(b) (4)

What disease prevention strategies do you use?

(b) (4)

List all disease management inputs used or intended for use on your organic and transitional field/crops.

(b) (4)

SECTION M (CONTINUED)

How do you monitor the effectiveness of your disease management program?

(b) (4)

How often do you conduct disease monitoring?

(b) (4)

Do you keep a record of how often you utilize these disease control methods, i.e. dates when you scout or apply inputs to a specific field or crop?

(b) (4)

Business Name NATURAL PRAIRIE ORGANIC

PEST, DISEASE AND WEED MANAGEMENT PLANS - WEED MANAGEMENT

NOP §205.205 & §205.206

What are your weed problems?

What weed control methods do you use?

(b) (4)

SECTION M (CONTINUED)

Do you keep records of how often you utilize these weed control methods, i.e. dates and fields when you cultivate or apply a soap-based herbicide? **(b) (4)**

If you use plastic or other synthetic mulches, is the mulch removed at the end of the growing or harvest season?

(b) (4)

Do you use soap-based herbicides **(b) (4)**

(b) (4)

Do you use newspaper or other recycled paper for mulch? **(b) (4)**

If yes, do you use paper with glossy or colored inks? **(b) (4)**

How do you monitor the effectiveness of your weed management program?
(b) (4)

How often do you conduct weed monitoring?
(b) (4)

Business Name NATURAL PRAIRIE ORGANIC

Page ____ of ____

MAINTENANCE OF ORGANIC INTEGRITY - PARALLEL PRODUCTION

NOP §205.201(a)(5) & §205.202(b)

Do you grow the same crops organically, as well as in transition, and/or conventionally? (b) (4)
This is called "parallel production." If yes, list specific crop varieties in the next table for both organic and transitional/conventional crops.

If you grow any conventional or transitional crops, please fill out the following tables. (b) (4)

SECTION N

(b) (4)

*T = Transitional C = Conventional

** GMO = Genetically Modified Organisms

Business Name NATURAL PRAIRIE ORGANIC

Page ___ of ___

MAINTENANCE OF ORGANIC INTEGRITY - EQUIPMENT

NOP §205.201(a)(5) & §205.202(e)

To prevent commingling and contamination, all equipment used in organic crop production must be free of non-organic crops (residue) and prohibited materials. Equipment used for both organic and non-organic farming must be cleaned and flushed prior to use on organic fields or crops. Keep records of equipment cleaning and flushing activities.

List all equipment used for planting, tillage, cultivation, spraying and harvesting organic crops.
Attach additional sheets if needed.

(b) (4)

(b) (4)

SECTION N (CONTINUED)

Is your equipment maintained to minimize fuel, oil and hydraulic fluid leaks?

(b) (4)

Do you use a sprayer on organic crops or fields?

(b) (4)

(b) (4)

Could any equipment you use have been contaminated by previous use?

(b) (4)

(b) (4)

Business Name NATURAL PRAIRIE ORGANIC

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MAINTENANCE OF ORGANIC INTEGRITY - HARVEST

NOP §205.201(a)(5) & §205.202(c)

NOP Rule 205.272(b)(1) and (2) require that containers, bins, and packaging materials must not contain synthetic fungicides, preservatives, or fumigants. All reusable containers must be thoroughly cleaned and pose no risk of contamination prior to use.

How are your organic crops harvested? (b) (4)

Are any organic crops custom harvested? (b) (4) If yes, provide name and address of custom harvester:

(b) (4)

Describe steps taken to protect organic crops from commingling and contamination during harvest.

(b) (4)

(b) (4)

What containers are used for harvesting?

(b) (4)

Are the containers used for organic crops only?

(b) (4)

Are the containers new or used?

(b) (4)

SECTION N (CONTINUED)

MAINTENANCE OF ORGANIC INTEGRITY – POST-HARVEST HANDLING

NOP §205.201(a)(5) & §205.202(c)

NOP Rule 205.201(a)(5) requires that post-harvest handling procedures do not contaminate organic products with non-organic crops, residues or prohibited materials.

(b) (4)

For on-farm processing, you may need to complete an Organic Handling System Plan and pay additional fees for its review.

Describe your post-harvest handling procedures and equipment:

(b) (4)

Do you use water to clean organic products? (b) (4)

Does your water come from a public utility or a private well? (b) (4)

If water comes from private well, has it been tested for compliance with the Safe Drinking Water Act? (b) (4)

(b) (4)

Is the processing area and/or equipment used for both organic and non-organic crops/products? (b) (4)

(b) (4)

How do you protect packaging from possible contamination?

Types of packaging materials used? (check all that apply)

(b) (4)

In what form are finished products shipped? (check all that apply)

(b) (4)

(b) (4)

SECTION N (CONTINUED)

Facility Name NATURAL PRAIRIE ORGANIC

Page ___ of ___

5 MAINTENANCE OF ORGANIC INTEGRITY - CROP STORAGE NOP §205.201(a)(5) & §205.202(c)

Operators must keep organic and non-organic crops in separate storage areas and prevent commingling and contamination. Storage records must be kept and maintained.

Not Applicable - No organic storage
Proceed to Section N - F. Transportation

Describe your storage locations (attach additional sheets if needed). Storage bins/areas must be shown on farm maps

(b) (4)

SECTION N (CONTINUED)

Do you use the same storage area for organic and non-organic (including buffer and transitional) crops? (b) (4)

(b) (4)

How do you clean storage areas prior to storage of organic crops?
(b) (4)

How do you control rodents in crop storage areas?
(b) (4)

What stored crop inputs have you used in the last three (3) years?
(b) (4)

Are any stored-crop inputs used or planned for use on organic crops or in organic storage areas this year? (b) (4)
(b) (4)

Business Name NATURAL PRAIRIE ORGANIC

Page _____ of _____

6 MAINTENANCE OF ORGANIC INTEGRITY - TRANSPORTATION
NOP §205.201(a)(5) & §205.202(c)

(b) (4)

Who is responsible for arranging transportation of organic products?

(b) (4)

Describe how organic products are transported (from field/harvest to sale).

(b) (4)

What potential contamination or commingling issues could occur during the transport of organic crops?

(b) (4)

(b) (4)

What steps are taken to protect the integrity of organic products during transport?

(b) (4)

How are methods of protecting organic product integrity during transport documented?

(b) (4)

SECTION N (CONTINUED)

Natural Prairie Dairy Farms

Therapeutic/Treatment Protocols

(b) (4)

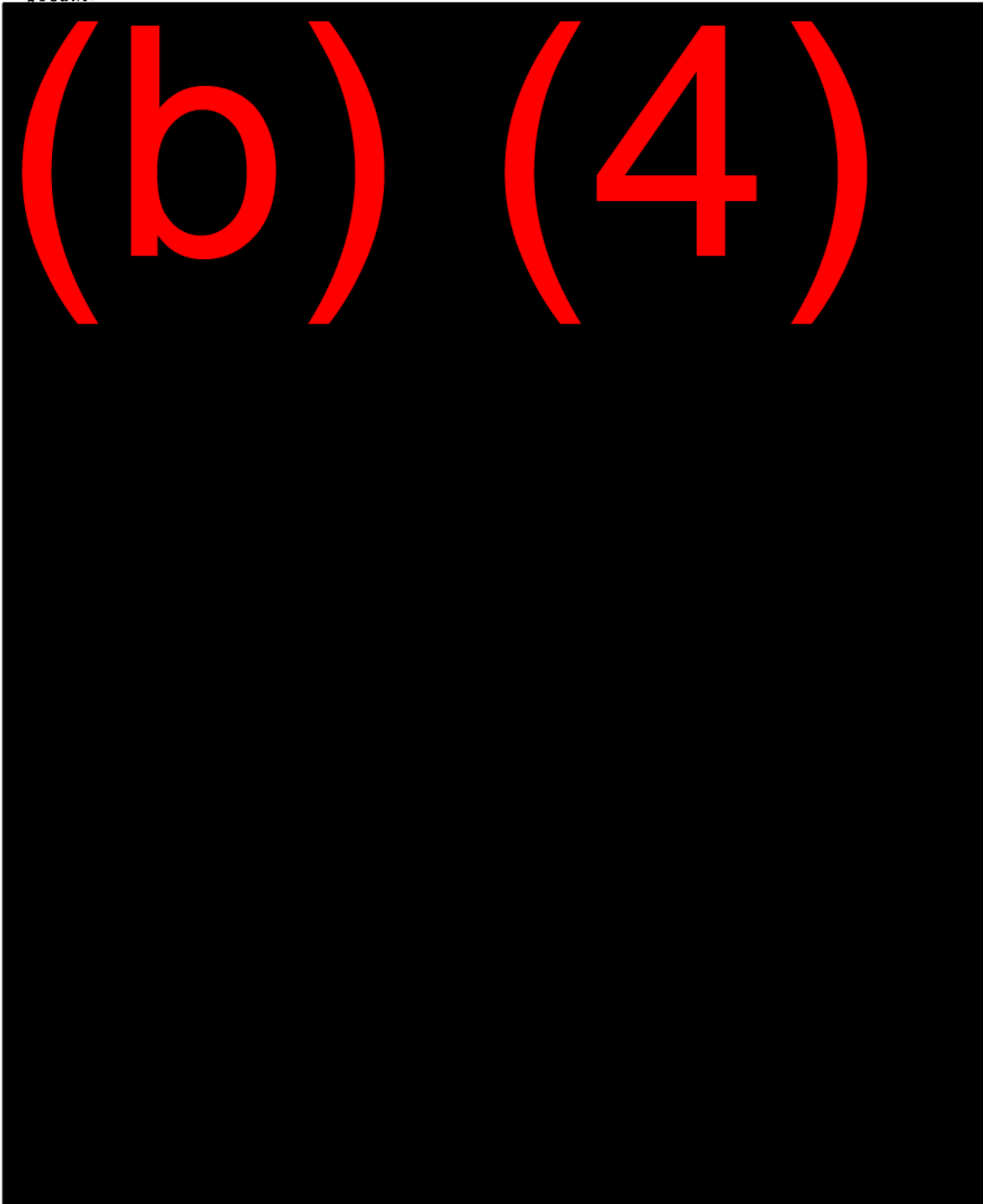
100% Organic

Product

Id Mark

Compliance

Date Added



(b)

(4)



Texas Department of Agriculture
Organic Inspection Findings

ROR-660

Todd Staples, Commissioner

SECTION A	VERIFICATION INFORMATION	
	Client Name Natural Prairie Organic	TDA Client No. 332285
	Facility Name Natural Prairie Organic	TDA Account No. 432132

SECTION B	INSPECTION INFORMATION			
	Inspection Type Routine		Inspection ID No. 7575110525080000	
	Inspector ID 7575	Inspector Name (b) (6)	Region <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
	Date 5 / 25 / 2011 month day year	Time 8 : 00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County Code 205	County Hartley

SECTION C	FINDINGS
	Certification Type: LAND PRODUCER (b) (4) <div style="background-color: black; width: 100%; height: 150px; margin-top: 10px;"></div>

TDA License No. 432132 Inspector ID No. 7575 Inspection Date 5-25-2011

SUMMARY

Person present at time of inspection: Cheri De Jong and Mark Weick

These findings and all comments were discussed with the inspection observer during the exit interview.

COMMENTS

Needed to include M Pede label and information with OSP or updated OSP prior to inspection. ROR-622 was not included in the packet sent to the regional office prior to inspection.

SECTION D



Texas Department of
Agriculture
Organic Land Producer Inspection
Report

ROR-650

Todd Staples, Commissioner

SECTION A	VERIFICATION INFORMATION	
	Client Name <i>NATURAL PRAIRIE ORGANIC</i>	TDA Client No. <i>332285</i>
	Facility Name <i>NATURAL PRAIRIE ORGANIC</i>	TDA Account No. <i>432132</i>

SECTION B	INSPECTION INFORMATION		
	Inspection Type <i>ROUTINE</i>	Inspection ID No. <i>7575/0525080000</i>	
	Inspector ID <i>7575</i>	Inspector Name <i>(b) (6)</i>	Region <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
	Date <i>05/25/2011</i> <small>Enter as MM/DD/YYYY</small>	Time <i>8:00</i> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County Code <i>205</i> County <i>HARTLEY</i>

SECTION C	FARM AND LAND INFORMATION		
	Total farm acres: <i>(b) (4)</i>	Certified farm acres: Organic: <i>(b) (4)</i>	Transitional: _____
		In crop production: Organic: _____	Transitional: _____
		Not in crop production: Organic: _____	Transitional: _____
		Certified Greenhouse area (sq. ft.): Organic: _____	Transitional: _____
	1) Is the information regarding on and off-farm processing under Section B of the ROR-607 accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No ¹
	2) Is the information regarding on-farm storage under Section B of the ROR-607 accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No ¹
	3) Is the information under Section C of the ROR-607 regarding the general farm map accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No ¹
	4) Is the information under Section D of the ROR-607 regarding the listing of fields, greenhouses/indoor production areas accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No ¹
	5) Is the information under Section E of the ROR-607 regarding field crop/greenhouse plan for the one-year certification period accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No ¹
¹ If No, the producer must submit changes directly to the Organic Certification Program.			
6) Is the information under Section F of the ROR-607 regarding preceding three-year material use accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No ²	
² If No, possible noncompliance.			
7) Is this business currently in operation?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No (inspection complete)	
<input checked="" type="checkbox"/> In compliance at time of inspection <input type="checkbox"/> Area(s) of concern <input type="checkbox"/> Possible Noncompliance			
Write comments under comments section.			

RECEIVED

JUN 06 2011

REGULATORY

Revised 8/25/2010

AMS01388

*Reviewed
6/7/11
(b) (6)
Regulatory Division*

TDA License No. 432132 Inspector ID No. 7575 Inspection Date 5-25-2011

SECTION D	BUFFER ZONES		<input type="checkbox"/> NA (if all in-door production)
	7) Are conventional crops grown on farm?		<input type="checkbox"/> Yes ¹ <input checked="" type="checkbox"/> No
	¹ If Yes, describe how boundaries of field units are marked:		
	8) Is the information under Section G of the ROR-607 regarding the location, type, width, and adjoining land use accurate?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ²
	9) Is the information under Section G of the ROR-607 regarding adjacent roadways accurate?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ² <input type="checkbox"/> N/A
	10) Is the information under Section G of the ROR-607 regarding flood waters accurate?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ²
	² If No, possible noncompliance.		
	11) Do any fields have a potential for contamination from drift or run-off?		<input type="checkbox"/> Yes ³ <input checked="" type="checkbox"/> No
	³ If Yes, list the information below:		
	Field(s) at Risk	Additional Steps Taken to Prevent Contamination	
<input checked="" type="checkbox"/> In compliance at time of inspection <input type="checkbox"/> Area(s) of concern <input type="checkbox"/> Possible Noncompliance			
Write comments under comments section.			

SECTION E	GREENHOUSE/INDOOR UNIT INFORMATION		<input checked="" type="checkbox"/> NA (if all out-door production)		
	12) Is the information regarding production systems under Section H Subsection 2 of the ROR-607 accurate?		<input type="checkbox"/> Yes	<input type="checkbox"/> No ¹	
	13) Are all input products used or intended for use in greenhouse/indoor unit production listed in Section H of the ROR-607?		<input type="checkbox"/> Yes	<input type="checkbox"/> No ²	
	² If No, area(s) of concern and list the information below:				
	Product	Brand Name or Source	No. of Applications Per Year	Reason for use	
	14) Is all of the information in Section H Subsections 3, 4, and 5 of the ROR-607 accurate?		<input type="checkbox"/> Yes	<input type="checkbox"/> No ¹	
	¹ If No, area(s) of concern and explain under comments section.				
<input type="checkbox"/> In compliance at time of inspection <input type="checkbox"/> Area(s) of concern <input type="checkbox"/> Possible Noncompliance					
Write comments under comments section.					

TDA License No. 432132 Inspector ID No. 7575 Inspection Date 5-25-2011

SOIL AND CROP FERTILITY MANAGEMENT NA (if all in-door production)

Soil Type: (b) (4)

15) Is the information under Section J Subsection 1 of the ROR-607 regarding the monitoring of fertility management accurate? Yes No¹

16) Is the information under Section J Subsection 1 of the ROR-607 regarding the components of soil and crop fertility plan accurate? Yes No¹

17) Is the list of all soil and crop inputs used or intended for use under Section J Subsection 2 of the ROR-607 accurate? Yes No²

²If No, and if any additional soil or crop inputs are verified that were not included in the application, list the information below:

Product	Brand Name or Source	No. of Applications Per Year	Reason for use

SECTION F

18) Is all of the information under Section J Subsection 2 of the ROR-607 regarding compost use accurate? Yes No¹

19) Are all copies of labels or lists of ingredients and their source available at the time of inspection?² Yes No¹

²If any additional soil or crop input labels are verified during the inspection that were not included with the application, list them in the above table and attach copies of them with this worksheet.

20) Is all of the information under Section J Subsection 3 of the ROR-607 regarding manure use accurate? Yes No¹

¹ If No, area(s) of concern and explain under comments section.

In compliance at time of inspection Area(s) of concern Possible Noncompliance
Write comments under comments section.

TDA License No. 432132 Inspector ID No. 7575 Inspection Date 5-25-2011

SECTION G		SOIL AND WATER CONSERVATION		<input type="checkbox"/> NA (if all in-door production)
	21) Are annual rainfall records maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	22) Is the information under Section K Subsection 1 of the ROR-607 regarding the soil and water conservation methods of production and non-production areas accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No ¹	
	23) Is there any evidence of soil erosion?	<input type="checkbox"/> Yes ²	<input checked="" type="checkbox"/> No	
	² If Yes, what is the cause of erosion and what practices are in place to prevent further erosion?			
	24) Is the information under Section K Subsection 1 of the ROR-607 regarding the uses of water, the sources of water, and irrigation systems accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No ¹	
	25) Is the information under Section K Subsection 1 of the ROR-607 regarding practices used to protect water quality accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No ¹	
	¹ If No, area(s) of concern and explain under comments section.			
	<input checked="" type="checkbox"/> In compliance at time of inspection <input type="checkbox"/> Area(s) of concern <input type="checkbox"/> Possible Noncompliance			
	Write comments under comments section.			

SECTION H		PROPAGATION MATERIALS		
	26) Is the information under Section I Subsection 1 of the ROR-607 regarding the types of propagation materials used accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No ¹	
	27) Is the information under Section L Subsections 2 and 3 of the ROR-607 regarding the sources of propagation materials accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No ²	
	² If No, and if any additional propagation materials are verified that were not included in the application, list the information below:			
	Product	Brand Name or Source	No. of Applications Per Year	Reason for use
	*If any additional propagation material labels are verified during the inspection that were <u>not</u> included with the application, attach copies of them with this worksheet.			
	¹ If No, possible noncompliance and list any discrepancies under the comments section.			
	<input checked="" type="checkbox"/> In compliance at time of inspection <input type="checkbox"/> Area(s) of concern <input type="checkbox"/> Possible Noncompliance			
	Write comments under comments section.			

TDA License No. 432132 Inspector ID No. 7525 Inspection Date 5-25-2011

PEST, DISEASE, AND WEED MANAGEMENT

- 28) Is the information under Section M Subsection 2 of the ROR-607 regarding pest problems and methods used to control pests accurate? Yes No
- 29) Are all materials used to control pest problems listed under Section M Subsection 2 of the ROR-607 accurate? Yes No¹
- 30) Is the information under Section M Subsection 3 of the ROR-607 regarding disease prevention strategies accurate? Yes No
- 31) Are all materials used to control disease problems listed under Section M Subsection 3 of the ROR-607 accurate? Yes No¹
- 32) Is all of the information under Section M Subsection 4 of the ROR-607 regarding weed management accurate? Yes No¹

¹ If No, possible noncompliance. List all materials not listed in the ROR-607 below and attach any labels or source information if available.

SECTION I

Product	Brand Name or Source	No. of Applications Per Year	Reason for use
(b) (4)			

Write comments under comments section.

MAINTENANCE OF ORGANIC INTEGRITY

- 33) Are any crops grown conventionally on farm? Yes No
- 34) Is all of the information under Section N Subsection 1 of the ROR-607 regarding conventional or transitional crops accurate? Yes No¹
- 35) Is all of the information under Section N Subsection 2 of the ROR-607 regarding equipment used in organic production accurate? Yes No¹
- 36) Is all of the information under Section N Subsection 3 of the ROR-607 regarding harvest practices of organic crops accurate? Yes No¹
- 37) Is all of the information under Section N Subsection 4 of the ROR-607 regarding post-harvest practices accurate? Yes No¹
- 38) Is all of the information under Section N Subsection 5 of the ROR-607 regarding crop storage practices accurate? Yes No¹
- 39) Is all of the information under Section N Subsection 6 of the ROR-607 regarding the transportation of crops accurate? Yes No¹ N/A

¹ If No, possible noncompliance. List any discrepancies under the comments section.

In compliance at time of inspection Area(s) of concern Possible Noncompliance

Write comments under comments section.

SECTION J

TDA License No. 432132 Inspector ID No. 7575 Inspection Date 5-25-2011

RECORD KEEPING		
40) Select all records maintained and if they are complete and current:	Records Maintained?	Complete & Current? ¹
Field Activity Log ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
Harvest Records ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
Previous Land Use ² (3 previous years for new applicants)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
Material Storage Records ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
Sales Records ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
Seed Source Documentation ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
Complaint Log ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
Applied Material Records ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
Documentation of Seed and/or Seedling Production	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Equipment Records	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Manure and/or Compost Records	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Labor Records	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Other (specify):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
41) Does record keeping system adequately provide for auditing the organic production? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ³ ¹ Verify that the records were found to be complete and current at time of inspection. <i>If No, possible noncompliance.</i> ² This type of record keeping is required to demonstrate compliance. <i>If these records are not in place or if the information is insufficient to communicate the applicable information, then this is a possible noncompliance.</i> ³ <i>If No, possible noncompliance.</i> *Note, all records must be maintained for 5 years.		
<input checked="" type="checkbox"/> In compliance at time of inspection <input type="checkbox"/> Area(s) of concern <input type="checkbox"/> Possible Noncompliance Write comments under comments section.		

SECTION K

TDA License No. 432132 Inspector ID No. 7575 Inspection Date 5-25-2011

RESIDUE SAMPLE COLLECTION LOG

42) Total number of samples collected: 9

SECTION I

Inspector Sample Number	Reason for Residue Sampling	Sample Source	Sample Type	Field Numbers/ Greenhouse Units Sampled:
7575 " " 014	<input type="checkbox"/> Initial Inspection <input checked="" type="checkbox"/> Routine Inspection <input type="checkbox"/> Re-inspection <input type="checkbox"/> Complaint/Violation	<input type="checkbox"/> Soil <input checked="" type="checkbox"/> Tissue <input type="checkbox"/> Compost <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Composite Sample <input type="checkbox"/> Individual Sample	3, 8, 14, 17, 19 & 22
7575 " " 015	<input type="checkbox"/> Initial Inspection <input checked="" type="checkbox"/> Routine Inspection <input type="checkbox"/> Re-inspection <input type="checkbox"/> Complaint/Violation	<input type="checkbox"/> Soil <input checked="" type="checkbox"/> Tissue <input type="checkbox"/> Compost <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Composite Sample <input type="checkbox"/> Individual Sample	33, 43, 48, 49 & 55
7575 " " 016	<input type="checkbox"/> Initial Inspection <input checked="" type="checkbox"/> Routine Inspection <input type="checkbox"/> Re-inspection <input type="checkbox"/> Complaint/Violation	<input type="checkbox"/> Soil <input checked="" type="checkbox"/> Tissue <input type="checkbox"/> Compost <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Composite Sample <input type="checkbox"/> Individual Sample	57, 58, 60, 63, 67 & 69
7575 " " 017	<input type="checkbox"/> Initial Inspection <input checked="" type="checkbox"/> Routine Inspection <input type="checkbox"/> Re-inspection <input type="checkbox"/> Complaint/Violation	<input type="checkbox"/> Soil <input checked="" type="checkbox"/> Tissue <input type="checkbox"/> Compost <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Composite Sample <input type="checkbox"/> Individual Sample	502, 503, 573, 527, 537 & 539
7575 " " 018	<input type="checkbox"/> Initial Inspection <input checked="" type="checkbox"/> Routine Inspection <input type="checkbox"/> Re-inspection <input type="checkbox"/> Complaint/Violation	<input type="checkbox"/> Soil <input checked="" type="checkbox"/> Tissue <input type="checkbox"/> Compost <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Composite Sample <input type="checkbox"/> Individual Sample	302, 305, 311, 313, 317, 401, 402, 404 & 417.
	<input type="checkbox"/> Initial Inspection <input type="checkbox"/> Routine Inspection <input type="checkbox"/> Re-inspection <input type="checkbox"/> Complaint/Violation	<input type="checkbox"/> Soil <input type="checkbox"/> Tissue <input type="checkbox"/> Compost <input type="checkbox"/> Other	<input type="checkbox"/> Composite Sample <input type="checkbox"/> Individual Sample	
	<input type="checkbox"/> Initial Inspection <input type="checkbox"/> Routine Inspection <input type="checkbox"/> Re-inspection <input type="checkbox"/> Complaint/Violation	<input type="checkbox"/> Soil <input type="checkbox"/> Tissue <input type="checkbox"/> Compost <input type="checkbox"/> Other	<input type="checkbox"/> Composite Sample <input type="checkbox"/> Individual Sample	
	<input type="checkbox"/> Initial Inspection <input type="checkbox"/> Routine Inspection <input type="checkbox"/> Re-inspection <input type="checkbox"/> Complaint/Violation	<input type="checkbox"/> Soil <input type="checkbox"/> Tissue <input type="checkbox"/> Compost <input type="checkbox"/> Other	<input type="checkbox"/> Composite Sample <input type="checkbox"/> Individual Sample	
	<input type="checkbox"/> Initial Inspection <input type="checkbox"/> Routine Inspection <input type="checkbox"/> Re-inspection <input type="checkbox"/> Complaint/Violation	<input type="checkbox"/> Soil <input type="checkbox"/> Tissue <input type="checkbox"/> Compost <input type="checkbox"/> Other	<input type="checkbox"/> Composite Sample <input type="checkbox"/> Individual Sample	
	<input type="checkbox"/> Initial Inspection <input type="checkbox"/> Routine Inspection <input type="checkbox"/> Re-inspection <input type="checkbox"/> Complaint/Violation	<input type="checkbox"/> Soil <input type="checkbox"/> Tissue <input type="checkbox"/> Compost <input type="checkbox"/> Other	<input type="checkbox"/> Composite Sample <input type="checkbox"/> Individual Sample	

TDA License No. 432132 Inspector ID No. 7575 Inspection Date 5-25-2011

SUMMARY FOR PRODUCER

43) Person present at time of inspection: MARK WEICK

These findings and all comments were discussed with the inspection observer during the exit interview.

COMMENTS

(b) (4)

SECTION M

SUMMARY FOR ORGANIC CERTIFICATION PROGRAM STAFF

COMMENTS

(b) (4)

SECTION N

Checklist

Please use this checklist to ensure you are sending and/or completing all of the necessary information and documents.

- Organic Land Producer Inspection Report
- Organic Land Producer Inspection Findings
- Residue Sample Collection Receipt
- PI-518 Official Sample Chain of Custody
- Additional Attachments (specify):



Texas Department of Agriculture
Residue Sample Collection Receipt

ROR-661

Todd Staples, Commissioner

SECTION A	VERIFICATION INFORMATION	
	Client Name Natural Prairie Organic	TDA Client No. 332285
	Facility Name Natural Prairie Organic	TDA Account No. 432132

SECTION B	INSPECTION INFORMATION			
	Inspection Type Routine		Inspection ID No. 7575110525080000	
	Inspector ID 7575	Inspector Name (b) (6)	Region <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
	Date 5 / 25 / 2011 month day year	Time 8 : 00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County Code 205	County Hartley

SECTION C	RESIDUE SAMPLE COLLECTION LOG				
	Total number of samples collected: 5				
	Inspector Sample Number	Reason for Residue Sampling	Sample Source	Sample Type	Field Numbers/ Greenhouse Units Sampled;
	7575-11-014	Routine Inspection	Tissue	Composite Sample	3, 8, 14,17,19&22
	7575-11-015	Routine Inspection	Tissue	Composite Sample	33, 43, 48, 49&55
	7575-11-016	Routine Inspection	Tissue	Composite Sample	57,58,60,63,67&69
	7575-11-017	Routine Inspection	Tissue	Composite Sample	502,508,513,527,537&53
	7575-11-018	Routine Inspection	Tissue	Composite Sample	302,305,311,313,317
	7575-11-018	Routine Inspection	Tissue	Composite Sample	401,402,404&417



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Texas Department of Agriculture
 Official Sample Chain of Custody

PI-518

Commissioner Todd Staples | Texas Department of Agriculture

Company or Individual Name NATURAL PRAIRIE ORGANIC				
TDA License No. 432132		Inspector No. 7575		Inspection Date 5-25-2011
Sample Number 7575-11-014				
Date	Received by (Signature)	Transported by	Condition of Sample	Seal Intact
5/25/2011	(b) (6)	STATE VEHICLE	GOOD	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5/26/2011	(b) (6)	LOWE STAR OVERNIGHT	GOOD	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No



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Texas Department of Agriculture
Official Sample Chain of Custody

PI-518

COMMISSIONER TODD STAPLES | TEXAS DEPARTMENT OF AGRICULTURE

Company or Individual Name <i>NATURAL PRAIRIE ORGANIC</i>				
TDA License No. <i>432132</i>		Inspector No. <i>7575</i>		Inspection Date <i>5-25-2011</i>
Sample Number <i>7575-11-015</i>				
Date	Received by (Signature)	Transported by	Condition of Sample	Seal Intact
<i>5/25/2011</i>	<i>(b) (6)</i>	<i>STATE VEHICLE</i>	<i>GOOD</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<i>5/26/2011</i>	<i>(b) (6)</i>	<i>LONG STAR OVERNIGHT</i>	<i>GOOD</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No



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Texas Department of Agriculture
 Official Sample Chain of Custody

PI-518

COMMISSIONER FOOD STAPLES | TEXAS DEPARTMENT OF AGRICULTURE

Company or Individual Name <i>NATURAL PRAIRIE ORGANIC</i>				
TDA License No. <i>432132</i>		Inspector No. <i>7575</i>		Inspection Date <i>5-25-2011</i>
Sample Number <i>7575-11-016</i>				
Date	Received by (Signature)	Transported by	Condition of Sample	Seal Intact
<i>5/25/2011</i>	<i>(b) (6)</i>	<i>STATE VEHICLE</i>	<i>GOOD</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<i>5/26/2011</i>	<i>(b) (6)</i>	<i>LOVE STAR OVERNIGHT</i>	<i>GOOD</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No



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Texas Department of Agriculture
Official Sample Chain of Custody

PI-518

COMMISSIONER TODD STAPLES | TEXAS DEPARTMENT OF AGRICULTURE

Company or Individual Name <i>NATURAL PRAIRIE ORGANIC</i>				
TDA License No. <i>432132</i>		Inspector No. <i>7575</i>		Inspection Date <i>5-25-2011</i>
Sample Number <i>7575-11-017</i>				
Date	Received by (Signature)	Transported by	Condition of Sample	Seal Intact
<i>5/25/2011</i>	(b) (6)	<i>STATE VEHICLE</i>	<i>GOOD</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<i>5/26/2011</i>	(b) (6)	<i>LONG STAR OVERNIGHT</i>	<i>GOOD</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No



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Texas Department of Agriculture
 Official Sample Chain of Custody

PI-518

Commissioner Todd Staples | Texas Department of Agriculture

Company or Individual Name <i>NATURAL PRAIRIE ORGANIC</i>				
TDA License No. <i>432432</i>		Inspector No. <i>7575</i>		Inspection Date <i>5-25-2011</i>
Sample Number <i>7575-11-018</i>				
Date	Received by (Signature)	Transported by	Condition of Sample	Seal Intact
<i>5/25/2011</i>	<i>(b) (6)</i>	<i>STATE VEHICLE</i>	<i>GOOD</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<i>5/26/2011</i>	<i>(b) (6)</i>	<i>LOME STAR OVERNIGHT</i>	<i>GOOD</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No



Texas Department of Agriculture
Organic Inspection Findings

ROR-660

Todd Staples, Commissioner

SECTION A	VERIFICATION INFORMATION	
	Client Name Natural Prairie Organic	TDA Client No. 332285
	Facility Name Natural Prairie Organic	TDA Account No. 432132

SECTION B	INSPECTION INFORMATION			
	Inspection Type Routine		Inspection ID No. 7575110525080000	
	Inspector ID 7575	Inspector Name (b) (6)	Region <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
	Date 5 / 25 / 2011 month day year	Time 8 : 00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County Code 205	County Hartley

SECTION C	FINDINGS
	Certification Type: LAND PRODUCER (b) (4) <div style="background-color: black; width: 100%; height: 150px; margin-top: 10px;"></div>

TDA License No. 432132 Inspector ID No. 7575 Inspection Date 5-25-2011

SUMMARY

Person present at time of inspection: Cheri De Jong and Mark Weick

These findings and all comments were discussed with the inspection observer during the exit interview.

COMMENTS

Needed to include M Pede label and information with OSP or updated OSP prior to inspection. ROR-622 was not included in the packet sent to the regional office prior to inspection.

SECTION D



Texas Department of
Agriculture
Organic Land Producer Inspection
Report

ROR-650

Todd Staples, Commissioner

SECTION A	VERIFICATION INFORMATION	
	Client Name <i>NATURAL PRAIRIE ORGANIC</i>	TDA Client No. <i>332285</i>
	Facility Name <i>NATURAL PRAIRIE ORGANIC</i>	TDA Account No. <i>432132</i>

SECTION B	INSPECTION INFORMATION	
	Inspection Type <i>ROUTINE</i>	Inspection ID No. <i>7575/0525080000</i>
	Inspector ID <i>7575</i>	Inspector Name <i>(b) (6)</i>
	Date <i>05/25/2011</i> <small>Enter as MM/DD/YYYY</small>	Time <i>8:00</i> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
	County Code <i>205</i>	County <i>HARTLEY</i>
		Region <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

SECTION C	FARM AND LAND INFORMATION		
	Total farm acres: <i>(b) (4)</i>	Certified farm acres: Organic: <i>(b) (4)</i>	Transitional: _____
		In crop production: Organic: _____	Transitional: _____
		Not in crop production: Organic: _____	Transitional: _____
		Certified Greenhouse area (sq. ft.): Organic: _____	Transitional: _____
	1) Is the information regarding on and off-farm processing under Section B of the ROR-607 accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No ¹
	2) Is the information regarding on-farm storage under Section B of the ROR-607 accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No ¹
	3) Is the information under Section C of the ROR-607 regarding the general farm map accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No ¹
	4) Is the information under Section D of the ROR-607 regarding the listing of fields, greenhouses/indoor production areas accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No ¹
	5) Is the information under Section E of the ROR-607 regarding field crop/greenhouse plan for the one-year certification period accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No ¹
¹ If No, the producer must submit changes directly to the Organic Certification Program.			
6) Is the information under Section F of the ROR-607 regarding preceding three-year material use accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No ²	
² If No, possible noncompliance.			
7) Is this business currently in operation?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No (inspection complete)	
<input checked="" type="checkbox"/> In compliance at time of inspection <input type="checkbox"/> Area(s) of concern <input type="checkbox"/> Possible Noncompliance			
Write comments under comments section.			

*Reviewed
6/7/11
(b) (6)
Regulatory Division*

RECEIVED

JUN 06 2011

REGULATORY

Revised 8/25/2010



Texas Department of Agriculture
Producer Organic System Plan

ROR-607

TODD STAPLES, COMMISSIONER

VERIFICATION INFORMATION		<input type="checkbox"/> New Application	<input checked="" type="checkbox"/> Annual Update	<input type="checkbox"/> Change to OSP
SECTION A	Full Legal Business Name	D.B.A. (if applicable)		
	Facility Name	Comptroller ID (in-state)		
	Social Security No. (for sole proprietors only)	Federal Taxpayer ID (out-of-state)		

NATURAL PRAIRIE ORGANIC *CERTIFICATE # 432132*

CLIENT ID # 332285

GENERAL INFORMATION AND DOCUMENTATION CHECKLIST	
<p>Please fill out this form if you are requesting organic producer certification for land. Use additional sheets if necessary. Complete all sections of the form, or mark "Not Applicable" where appropriate. If your operation is currently certified by TDA and you are submitting one or more changes to your Organic System Plan (OSP), complete only the sections that have changed and mark the corresponding check box(s) below. Failure to complete applicable sections of the form will delay processing your application for certification. Sign and date this form. Please use this checklist to ensure that your application is complete and to avoid processing delays.</p>	
SECTION B	<input type="checkbox"/> Completed and enclosed form ROR-600, Application for Organic Certification. <input checked="" type="checkbox"/> City or County Map designating general directions and locations of farms or fields <input type="checkbox"/> Additional documentation to verify farm history <ul style="list-style-type: none"> <input type="checkbox"/> Aerial maps and FSA base records for the previous three years of each field to be certified. <input type="checkbox"/> Form ROR-621 Previous Land Owner/Manager Affidavit for Organic Land Certification. <input type="checkbox"/> Any supporting affidavits or statements regarding three-year production and input history.
	<input checked="" type="checkbox"/> General Farm Map (Section C)
	<input checked="" type="checkbox"/> Listing of Fields, Greenhouses/Indoor Production Area (Section D)
	<input checked="" type="checkbox"/> Field Crop/Greenhouse Plan for the one year certification period (Section E)
	<input checked="" type="checkbox"/> Preceding three-year material use information (Section F)
	<input checked="" type="checkbox"/> Buffer Zone Information (Section G)
	<input checked="" type="checkbox"/> Greenhouse/Indoor Unit Information (Section H)
	<input checked="" type="checkbox"/> Record Keeping History and Plan (Section I)
	<input checked="" type="checkbox"/> Soil and Crop Fertility Management (Section J)
	<input checked="" type="checkbox"/> Recommended Tests (See instructions for information on tests) <ul style="list-style-type: none"> <input type="checkbox"/> Soil Fertility Test Results <input type="checkbox"/> Water Quality Test Results (only if irrigation used)
	<input checked="" type="checkbox"/> Soil and Water Conservation Plan (Section K)
	<input checked="" type="checkbox"/> Propagation Materials (Section L)
	<input type="checkbox"/> Copies of Organic Certificates for certified organic seed
	<input type="checkbox"/> Form ROR-622 Organic Seed and Planting Stock Disclosure
	<input checked="" type="checkbox"/> Pest Management Plan (Section M)
	<input checked="" type="checkbox"/> Maintenance of Organic Integrity (Section N)
	<input checked="" type="checkbox"/> All applicable input labels
	<input checked="" type="checkbox"/> Affirmation Statement (Section O)



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Texas Department of Agriculture
Organic Inspection Findings

ROR-660

Todd Staples, Commissioner

SECTION A	VERIFICATION INFORMATION	
	Client Name Natural Prairie Dairy Farm	TDA Client No. 340090
	Facility Name Natural Prairie Dairy Farm	TDA Account No. 440222

SECTION B	INSPECTION INFORMATION			
	Inspection Type Routine		Inspection ID No. 7575110524093000	
	Inspector ID 7575	Inspector Name (b) (6)	Region <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
	Date 5 / 24 / 2011 month day year	Time 9 : 30 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County Code 205	County Hartley

SECTION C	FINDINGS
	Certification Type: LIVESTOCK PRODUCER
	Facility and Livestock Information - in compliance at the time of inspection
	Origin of Livestock - in compliance at the time of inspection
	Livestock Feed - possible noncompliance
	Health Management - possible noncompliance
	Livestock Living Conditions - in compliance at the time of inspection
Pasture Practice Standard - possible noncompliance	
Recordkeeping - in compliance at the time of inspection	

TDA License No. 440222 Inspector ID No. 7575 Inspection Date 5-24-2011

SUMMARY

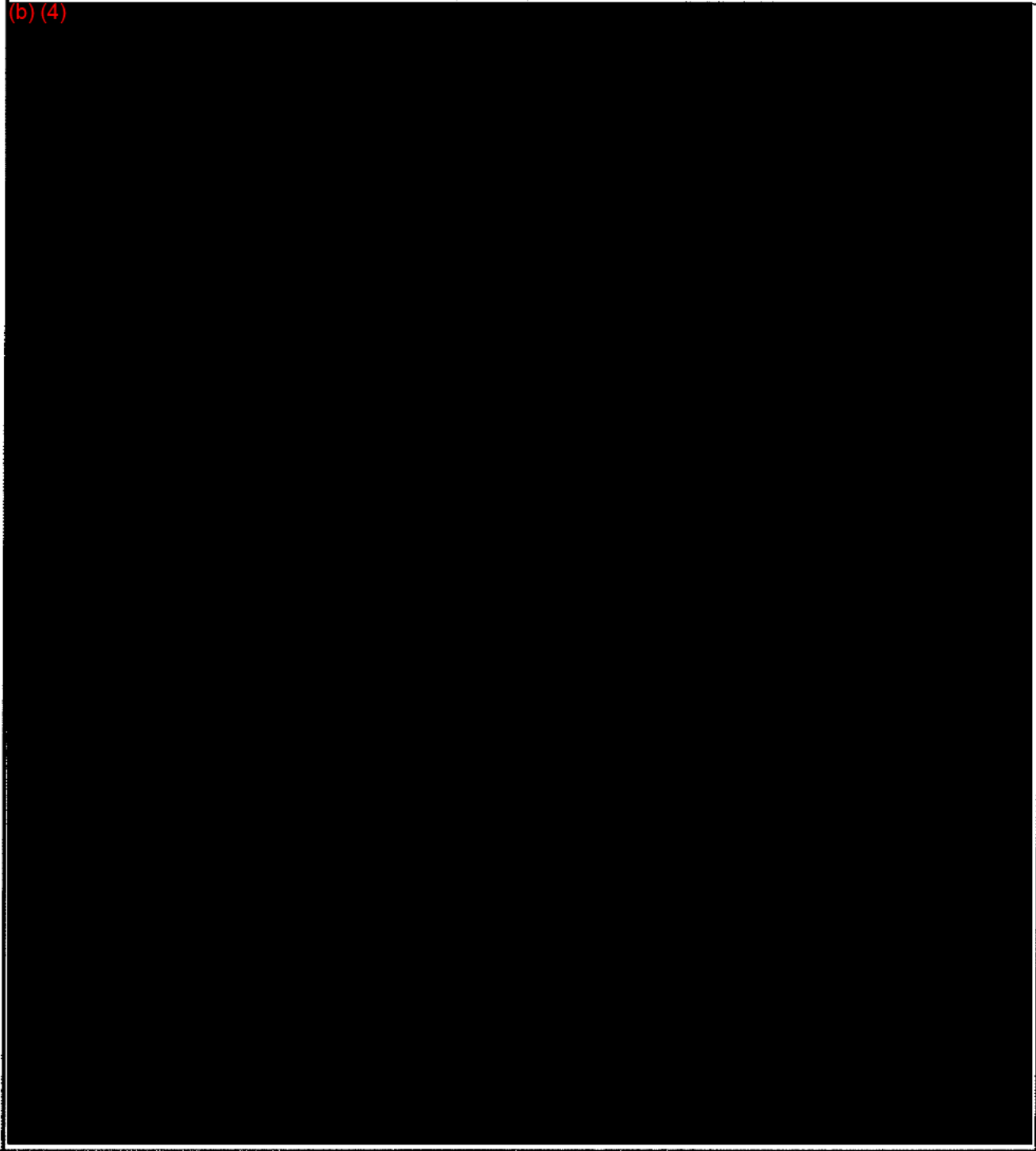
Person present at time of inspection: Cheri and Donald De Jong

These findings and all comments were discussed with the inspection observer during the exit interview.

COMMENTS

(b) (4)

SECTION D





Texas Department of Agriculture
 Organic Livestock Producer Inspection Report

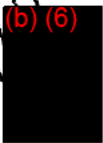
ROR-651

Todd Staples, Commissioner

SECTION A	VERIFICATION INFORMATION	
	Client Name <i>NATURAL PRAIRIE DAIRY FARMS</i>	TDA Client No. <i>340090</i>
	Facility Name <i>NATURAL PRAIRIE DAIRY FARMS</i>	TDA Account No. <i>440222</i>

SECTION B	INSPECTION INFORMATION	
	Inspection Type <i>ROUTINE</i>	Inspection ID No. <i>2575110524093000</i>
	Inspector ID <i>7575</i>	Inspector Name <i>(b) (6)</i>
	Date <i>05/24/2011</i> <small>Enter as MM/DD/YYYY</small>	Time <i>9:30</i> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
	Region <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	County Code <i>205</i>
		County <i>HARTLEY</i>

SECTION C	FACILITY AND LIVESTOCK INFORMATION	
	1) Is land used for producing livestock certified?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
	TDA Acct.#: <i>432132</i> Other Certifier: _____ Cert. #: _____	
	2) Is the information regarding pastures and facilities under Section C of the ROR-603 accurate?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ²
	3) Is the livestock information under Section C of the ROR-603 accurate?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ²
	² If No, the producer must submit changes to the TDA, Organic Certification Program.	<i>ATTACHED - CURRENT LIST AS OF 5-21-2011</i>
	4) Is any aspect of the livestock operation performed at another location?	<input type="checkbox"/> Yes ³ <input checked="" type="checkbox"/> No
³ If Yes, are the addresses provided in the ROR-603 accurate?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹	
¹ If No, possible noncompliance.		
5) Have all pastures been inspected as part of the Organic Land Producer Inspection?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ⁴	
⁴ If No, when will the Organic Land Producer Inspection be performed?		

Reviewed 6/17/11

 Organics
 Regulatory Division

RECEIVED
 JUN 06 2011
 REGULATORY

Revised 8/27/2010

TDA License No. 440222 Inspector ID No. 7575 Inspection Date 5-24-2011

FACILITY AND LIVESTOCK INFORMATION (CONTINUED)

Complete the following sections as they apply to the operation.

MILK PRODUCTION NA (Skip to Meat Production)

6) Is milk inspection documentation provided under Section C Questions 5a-5e of the ROR-603 accurate? Yes No¹

¹ If No, possible noncompliance. If the materials listed are incorrect and/or not listed in the ROR-603, list them below and attach all product labels and ingredient listings if available:

Brand Name	Manufacturer

MEAT PRODUCTION NA (Skip to Egg Production)

7) Are animals being slaughtered and processed on farm? Yes² No

² If Yes, provide name of Certifier and Processor Certificate #:

8) Is the loading and transportation information under Section C Questions 6b-6j of the ROR-603 accurate? Yes No³

³ If No, possible noncompliance.

EGG PRODUCTION NA (Skip to Fiber Production)

9) Is the information regarding the collection, washing, packaging, and storage of eggs under Section C Questions 7a-7h of the ROR-603 accurate? Yes No⁴

⁴ If No, area(s) of concern.

10) Does the applicant/licensee have a Texas egg license number? Yes⁵ No

⁵ If Yes, provide the Texas egg license number:

⁵ If Yes, provide the Texas egg license expiration date: Enter as MM/DD/YYYY

11) Are eggs being sold directly to consumer? Yes No

12) Are eggs being sold to a retail market? Yes No

FIBER PRODUCTION NA

13) Is the information provided under Section C Questions 8a-8b of the ROR-603 accurate? Yes No⁶

⁶ If No, area(s) of concern.

14) Is any organic fiber processing performed on farm? Yes⁷ No

⁷ If Yes, provide name of Certifier and Processor Certificate #:

In compliance at time of inspection Area(s) of concern* Possible Noncompliance*

*Please clarify under Section J and/or Section K of this report.

SECTION C (CONTINUED)

TDA License No. 440222 Inspector ID No. 7575 Inspection Date 5-24-2011

ORIGIN OF LIVESTOCK

SECTION D

15) Is the information regarding transitioning livestock to organic production provided in the ROR-603 accurate?

(b) (4)

- 16) Are replacement animals:
 Raised on farm through natural breeding?
 Raised on farm through an artificial breeding system?
 Purchased from an organic source?
 Purchased from a non-organic source?

*Documentation must be on file and available for inspection to confirm the status and history of each purchased animal.

17) Are dairy and breeder stock under organic management from the last third of gestation?

(b) (4)

18) Are dairy animals under continuous organic management for at least one year prior to the production of milk or milk products that are to be sold, labeled, or represented as organic?

19) Are poultry under continuous organic management beginning no later than the second day of life?

20) Is the animal identification system listed in the ROR-603 accurate?

¹ If No, possible noncompliance.

In compliance at time of inspection Area(s) of concern* Possible Noncompliance*

*Please clarify under Section J and/or Section K of this report.

LIVESTOCK FEED

SECTION E

21) Are all the feed rations for each of the individual production groups and for each season listed correctly in the ROR-603?

(b) (4)

¹ If No, possible noncompliance. List incorrect and/or feed rations not listed in the ROR-603 below:

Production Group:	Ration ID:	Months in which the ration is used:	
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ²
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ²
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ²
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ²
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ²
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ²
Production Group:	Ration ID:	Months in which the ration is used:	
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ²
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ²
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ²
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ²
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ²
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ²

TDA License No. 440222 Inspector ID No. 7575 Inspection Date 5-24-2011

LIVESTOCK FEED (CONTINUED)

Production Group:	Ration ID:	Months in which the ration is used:
Ingredient:	Quantity:	<input type="checkbox"/> Grown or <input type="checkbox"/> Purchased ²
Ingredient:	Quantity:	<input type="checkbox"/> Grown or <input type="checkbox"/> Purchased ²
Ingredient:	Quantity:	<input type="checkbox"/> Grown or <input type="checkbox"/> Purchased ²
Ingredient:	Quantity:	<input type="checkbox"/> Grown or <input type="checkbox"/> Purchased ²
Ingredient:	Quantity:	<input type="checkbox"/> Grown or <input type="checkbox"/> Purchased ²
Ingredient:	Quantity:	<input type="checkbox"/> Grown or <input type="checkbox"/> Purchased ²

² Is the feed source information of all purchased feed provided in the ROR-603 and the above table (if applicable) accurate? Yes No³

³ If No, possible noncompliance. If any purchased feed is incorrect and/or not listed in the ROR-603, list them below and attach all feed labels and ingredient listings if available:

Purchased Feed	Supplier	Supplier Certifier	Delivered ⁴
SEE ATTACHMENT 5			<input checked="" type="checkbox"/> Yes ⁴ <input type="checkbox"/> No
			<input type="checkbox"/> Yes ⁴ <input type="checkbox"/> No
			<input type="checkbox"/> Yes ⁴ <input type="checkbox"/> No
			<input type="checkbox"/> Yes ⁴ <input type="checkbox"/> No

⁴ Are Clean Truck Affidavits on file if delivered as bulk shipments? Yes No⁵ NA

22) Is feed stored in a manner that prevents contamination from rodents/other animals, spoilage by water/wind/erosion, spoilage by bacteria/organisms? Yes No⁵

⁵ If No, possible noncompliance.

23) Is any livestock feed processed on farm? Yes⁶ No

⁶ If Yes, is the information provided in Section E Question 10e of the ROR-603 accurate? Yes No⁷

⁷ If No, possible noncompliance. List all incorrect and/or on farm feed processing (roasting, grinding, etc.) not listed in the ROR-603 and the equipment used in the process:

Processing Type	Equipment

24) If processing equipment is used for non-organic products, is the equipment cleaned to prevent cross-contamination? Yes No⁸ NA

⁸ If No, possible noncompliance.

SECTION E (CONTINUED)

TDA License No. 440222 Inspector ID No. 7575 Inspection Date 5-24-2011

LIVESTOCK FEED (CONTINUED)

25) Is any livestock feed processed off farm? Yes⁹ No

⁹If Yes, is the information provided in Section E Question 10g of the ROR-603 accurate? Yes No¹⁰

¹⁰ If No, possible noncompliance. List incorrect and/or off farm feed processing not listed in the ROR-603 below:

Feed Processed	Type of Processing	Name of Company	Certifier of the Processing Company

26) Are feed supplements fed to livestock? Yes¹¹ No

¹¹If Yes, is the information under Section E Question 11a of the ROR-603 accurate? Yes No¹²

¹² If No, possible noncompliance. If any feed supplement listed is incorrect and/or not listed in the ROR-603, list them below and attach all labels and ingredient information if available:

Brand Name	Manufacturer	Delivery Method	Frequency Fed

27) Is the information under Section E Question 11b of the ROR-603 accurate? Yes No¹³

¹³ If No, area(s) of concern. List the incorrect and/or water source information not listed in the ROR-603 below:

Source	Livestock Groups Available To

28) Is water tested? Yes¹⁴ No

¹⁴If Yes, provide the date of the most recent water test: Enter as MM/DD/YYYY ONCE A YEAR

29) Are materials used to clean watering sources? Yes¹⁵ No

¹⁵If Yes, is the information under Section E Question 11e of the ROR-603 accurate? Yes No¹⁶

¹⁶ If No, possible noncompliance. If any materials listed are incorrect and/or not listed in the ROR-603, list them below and attach all labels and ingredient listings if available:

Brand Name	Manufacturer

In compliance at time of inspection Area(s) of concern* Possible Noncompliance*

*Please clarify under Section J and/or Section K of this report.

SECTION E (CONTINUED)

TDA License No. 440222 Inspector ID No. 7575 Inspection Date 5-24-2011

HEALTH MANAGEMENT

30) Is the information regarding livestock breeds under Section F Question 13a of the ROR-603 accurate? Yes No¹

¹ If No, area(s) of concern. List the incorrect and/or breed information not listed in the ROR-603 below:

Livestock Species	Breed(s)

31) Are vaccines used in the health management program? Yes² No

² If Yes, is the information under Section F Question 14 of the ROR-603 accurate? Yes No³

³ If No, possible noncompliance. If any vaccines listed are incorrect and/or not listed in the ROR-603, list them below and attach all labels and ingredient listings if available:

Brand Name	Manufacturer	Age/When Given	How Administered
------------	--------------	----------------	------------------

(b) (4)

SECTION F

32) Is the information under Section F Question 15 of the ROR-603 accurate? Yes No⁴

⁴ If No, possible noncompliance. If any materials listed are incorrect and/or not listed in the ROR-603, list them below and attach all labels and ingredient listings if available:

Brand Name	Manufacturer

33) How is the health of animals evaluated (check all that apply):

(b) (4)

TDA License No. 440222 Inspector ID No. 7575 Inspection Date 5-24-2011

HEALTH MANAGEMENT (CONTINUED)

34) Are all products listed under Section F Question 17 of the ROR-603 accurate? Yes No⁵

⁵ If No, possible noncompliance. If materials listed are incorrect and/or not listed in the ROR-603, list them below and attach all labels and ingredient listings if available:

Brand Name	Manufacturer
(b) (4)	

SECTION F (CONTINUED)

35) Is the information under Section F Questions 19-22 of the ROR-603 accurate? Yes No⁶

⁶ If No, area(s) of concern.

36) Is the information under Section F Questions 23 of the ROR-603 accurate? Yes No⁷

37) Are all pain management agents used listed in the ROR-603 accurate? Yes No⁷

⁷ If No, possible noncompliance. List the incorrect and/or materials not listed in the ROR-603 below and attach all labels and ingredient listings if available:

Brand Name	Manufacturer

38) Is the information under Section F Questions 24a-26 of the ROR-603 accurate? Yes No⁸

⁸ If No, possible noncompliance. *SEE ATTACHMENT ADD COMPOSTING TO QUESTION 25 b*

In compliance at time of inspection Area(s) of concern* Possible Noncompliance*

*Please clarify under Section J and/or Section K of this report.

LIVESTOCK LIVING CONDITIONS

SECTION G

39) Is the information under Section G Questions 27-30 of the ROR-603 accurate? Yes No¹

¹ If No, possible noncompliance.

40) Is the information under Section G Questions 31a-31b of the ROR-603 accurate? Yes No²

² If No, area(s) of concern. List the incorrect and/or bedding materials not listed in the ROR-603 below:

Bedding Type	Source of Bedding

TDA License No. 440222 Inspector ID No. 7575 Inspection Date 5-24-2011

LIVESTOCK LIVING CONDITIONS (CONTINUED)

41) What methods are used for pest management (check all that apply)?

(b) (4)

3 Are all materials listed under Section G Question 32 of the ROR-603 accurate? [X] Yes [] No1

4 If No, possible noncompliance. List the incorrect and/or materials not listed in the ROR-603 below and attach all labels and ingredient listings if available:

Table with 2 columns: Brand Name, Manufacturer

42) What methods are used for predator control (check all that apply)?

(b) (4)

43) Is manure management monitored by a County, State, Federal Agency or another organization? [X] Yes5 [] No

5 If Yes, list the agency or organization: TCEQ

44) Is the information under Section G Questions 35a-39 of the ROR-603 accurate? [] Yes [] No6

6 If No, possible noncompliance.

[X] In compliance at time of inspection [] Area(s) of concern* [] Possible Noncompliance*

*Please clarify under Section J and/or Section K of this report.

PASTURE PRACTICE STANDARD

45) Is the information under Section H Questions 40-47a of the ROR-603 accurate? [] Yes [X] No1 QUESTION # 41 CHANGED FROM 4 MONTHS TO 6 MONTHS

46) Are the Dry Matter Intake (DMI) Worksheets or an equivalent record keeping system on file? (Ruminant livestock only) [X] Yes [] No1 [] NA

47) Is the pasture(s) of quality and quantity to allow all ruminant livestock under organic management to meet the DMI requirements of the National Organic Program (NOP) Regulations? (Ruminant livestock only) [X] Yes [] No1 [] NA

1 If No, possible noncompliance.

[] In compliance at time of inspection [] Area(s) of concern* [X] Possible Noncompliance*

*Please clarify under Section J and/or Section K of this report.

SECTION G (CONTINUED)

SECTION H

TDA License No. 440222 Inspector ID No. 7575 Inspection Date 5-24-2011

RECORD KEEPING		
48) Select all records maintained and if they are complete and current:	Records Maintained?	Complete & Current? ¹
Documentation of all purchased animals ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
Health management and treatment records ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
Purchased feed and supplements ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
Animal Identification ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No ¹
Sales Records ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
Production records ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
Complaint Log ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
Applied material and ingredient information ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
Rations fed to livestock ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
Breeding and birthing/hatching records	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Feed inventory and storage records	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Shipping/transportation records	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Other (specify):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
49) Does record keeping system adequately provide for auditing the organic production? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ³		
<p>¹Verify that the records were found to be complete and current at time of inspection. <i>If No, possible noncompliance.</i></p> <p>²This type of record keeping is required to demonstrate compliance. <i>If these records are not in place or if the information is insufficient to communicate the applicable information, then this is a possible noncompliance.</i></p> <p>³ <i>If No, possible noncompliance.</i></p> <p><i>*Note, all records must be maintained for 5 years.</i></p>		
<input checked="" type="checkbox"/> In compliance at time of inspection <input type="checkbox"/> Area(s) of concern* <input type="checkbox"/> Possible Noncompliance*		
*Please clarify under Section J and/or Section K of this report.		

SECTION I

TDA License No. 440 222 Inspector ID No. 7575 Inspection Date 5-24-2011

SECTION J	SUMMARY FOR PRODUCER
	50) Person present at time of inspection: <u>CHEKI & DONALD DE JONG</u>
	<input checked="" type="checkbox"/> These findings and all comments were discussed with the inspection observer during the exit interview.
	COMMENTS
	<u>NEEDS TO PROVIDE ALL CHANGES TO PROGRAM STAFF AS THEY OCCUR,</u>

SECTION K	SUMMARY FOR ORGANIC CERTIFICATION PROGRAM STAFF
	COMMENTS
	<u>SECTION E QUESTION 21 - UPDATED</u>
	<u>SECTION F QUESTION 30 - UPDATED</u> <u>QUESTION 34 - UPDATED</u> <u>QUESTION 38 - UPDATED</u>
	<u>SECTION H QUESTION 41 - UPDATED</u>
	<u>INSPECTOR ACCEPTED ALL CHANGES TO ROR-603 AT TIME OF INSPECTION DUE TO EXTENDED VACATION THE DE JONGS ARE TAKING IN JUNE.</u>
	<u>I HAD TO MARK THESE AS POSSIBLE NON COMPLIANCE ON ROR 651 BUT ARE COMPLIANT AT ENDING OF INSPECTION WITH THE INFORMATION SUBMITTED AT TIME OF INSPECTION.</u>
	Checklist
	Please use this checklist to ensure you are sending and/or completing all of the necessary information and documents.
	<input checked="" type="checkbox"/> Organic Livestock Producer Inspection Report
	<input checked="" type="checkbox"/> Organic Inspection Findings
	<input checked="" type="checkbox"/> Additional Attachments (specify):
	<u>CATTLE INVENTORY, FEED RATIONS, HEALTH MANAGEMENT & PASTURE PRACTICE STANDARD ATTACHMENTS.</u>

RECEIVED

NOV 28 2011



Texas Department of Agriculture
Livestock Organic System Plan

**REGULATORY
 ROR-603**

*Reviewed by
 MEH 11/28/11*

Todd Staples, Commissioner

SECTION A	VERIFICATION INFORMATION <input type="checkbox"/> New Application <input type="checkbox"/> Annual Update <input checked="" type="checkbox"/> Change to OSP		
	Full Legal Business Name: Natural Prairie Dairy Farms, LLC		D.B.A. (if applicable): n/a
	Facility Name: Natural Prairie Dairy Farms, LLC		Client No. 340090
			License No. Cert #440222
	Contact Individual: Cheri DeJong		Social Security No. (for sole proprietors)
Comptroller ID (in-state): 12026186986		Federal Taxpayer ID (out-of-state):	

SECTION B	REQUIRED SUPPORTING DOCUMENTATION	
	All of the following items are required for a complete application. To avoid processing delays, please use this checklist to ensure that your application is complete.	
	<input type="checkbox"/> Farm and Livestock Information (SECTION C)	
	<input type="checkbox"/> ¹ Facility Information	
	<input type="checkbox"/> ² Livestock Types	
	<input type="checkbox"/> ³ Production	
	<input type="checkbox"/> Origin of Livestock (SECTION D)	
	<input type="checkbox"/> Livestock Feed (SECTION E)	
	<input type="checkbox"/> ¹ Feed Ration Table	
	<input type="checkbox"/> ² Feed Management	
	<input checked="" type="checkbox"/> Livestock Health Care (SECTION F)	
	<input checked="" type="checkbox"/> ¹ Health Management	
	<input type="checkbox"/> Livestock Living Conditions (SECTION G)	
	<input type="checkbox"/> ¹ Temporary Confinement	
	<input type="checkbox"/> ² Outdoor Access	
<input type="checkbox"/> Pasture Practice Standard (SECTION H)		
<input type="checkbox"/> ¹ Access to Pasture		
<input type="checkbox"/> ² Pasture Requirement		
<input type="checkbox"/> Record Keeping (SECTION I)		
<input type="checkbox"/> ¹ Auditable Records		
<input checked="" type="checkbox"/> Attachments (facility map, ingredient listings, etc.)		

This document becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023, and 559.004.)



Texas Department of Agriculture
Organic Livestock Dry Matter Worksheet

ROR-623

Todd Staples, Commissioner

SECTION A	VERIFICATION INFORMATION	
	Full Legal Business Name <i>Natural Prairie Dairy Farms</i>	
	TDA Client No. <i>340090</i>	TDA License No. <i>Cert # 440222</i>
SECTION B	Report Dates	
	From / / month day year	To / / month day year

This document becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023, and 559.004.)

P.O. Box 12847 Austin, Texas 78711 Voice (800) 835-5832 (512) 463-7476
Hearing impaired: (800) 735-2988 www.TexasAgriculture.gov



Texas Department of Agriculture
Organic Livestock Outdoor Access Calendar

ROR-624

Todd Staples, Commissioner

SECTION A	VERIFICATION INFORMATION	
	Full Legal Business Name <i>Natural Prairie Dairy Farm</i>	
	TDA Client No. <i>340090</i>	TDA License No. <i>Acc # 440222</i>
SEC B	REPORT DATES	
	Calendar Year: <i>2011</i>	

This document becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023, and 559.004.)



Texas Department of Agriculture
Organic Inspection Findings

ROR-660

Todd Staples, Commissioner

SECTION A	VERIFICATION INFORMATION	
	Client Name NATURAL PRAIRIE DAIRY FARMS LLC	TDA Client No. 00340090
	Facility Name NATURAL PRAIRIE DAIRY FARMS (FEED)	TDA Account No. 0444328

SECTION B	INSPECTION INFORMATION		
	Inspection Type Routine	Inspection ID No. 07575111207054417	
	Inspector ID 07575	Inspector Name (b) (6)	Region <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
	Date 12/7/2011 <small>Enter as MM/DD/YYYY</small>	Time 12:56 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	County Code 205
		County HARTLEY	

SECTION C	FINDINGS
	Certification Type: ORGANIC PROCESSOR
	PROCESSING CATEGORIES - In Compliance
	PRODUCTS MANUFACTURED AND INGREDIENTS - In Compliance
	PROCESSING AND HANDLING - In Compliance
	SANITATION - In Compliance
	PEST MANAGEMENT - In Compliance
PRODUCT LABELING - In Compliance	
MATERIALS USED - In Compliance	
RECORD KEEPING - In Compliance	

TDA License No. 0444328 Inspector ID No. 07575 Inspection Date 12/7/2011

SUMMARY FOR PRODUCER

Person present at time of inspection: Cheri DeJong and Donald DeJong

These findings and all comments were discussed with the inspection observer during the exit interview.

COMMENTS

No areas of possible noncompliance were observed at time of inspection.

SECTION D



Texas Department of Agriculture
Organic Processor (Food and Feed)
Inspection Report

ROR-652

Todd Staples, Commissioner

SECTION A	VERIFICATION INFORMATION	
	Client Name NATURAL PRAIRIE DAIRY FARMS LLC	TDA Client No. 00340090
	Facility Name NATURAL PRAIRIE DAIRY FARMS (FEED)	TDA Account No. 0444328

SECTION B	INSPECTION INFORMATION	
	Inspection Type Routine	Inspection ID No. 07575111207054417
	Inspector ID 07575	Inspector Name (b) (6)
	Date 12/7/2011 <small>Enter as MM/DD/YYYY</small>	Time 09:41 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
	County Code 205	County HARTLEY
		Region <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

SECTION C	PROCESSING CATEGORIES	
	1) Select the types of certified organic products that are processed (check all that apply):	
	<input type="checkbox"/> Bakery goods <input type="checkbox"/> Bulk grains, beans and seeds <input type="checkbox"/> Canned fruits and vegetables <input type="checkbox"/> Canned soups, chili and broths <input type="checkbox"/> Cereals <input type="checkbox"/> Chips, crackers, cookies and granola products <input type="checkbox"/> Coffee and teas <input type="checkbox"/> Frozen foods <input type="checkbox"/> Dairy Products <input checked="" type="checkbox"/> Feed, forage, hay or feed supplement (livestock) <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Fruits and nuts <input type="checkbox"/> Grains, flours and mixes (packaged) <input type="checkbox"/> Herbs, spices, salt and flavorings <input type="checkbox"/> Juices and beverages <input type="checkbox"/> Meat and meat products <input type="checkbox"/> Nut butters, jams, jellies, honey, syrup, etc. <input type="checkbox"/> Snacks and candy <input type="checkbox"/> Sweeteners and sugar <input type="checkbox"/> Vegetables
	2) Are any processing categories being conducted that are not included in Section C of the ROR-606? <input type="checkbox"/> Yes ¹ <input checked="" type="checkbox"/> No	
¹ If Yes, possible noncompliance.		
<input checked="" type="checkbox"/> In compliance at time of inspection <input type="checkbox"/> Area(s) of concern* <input type="checkbox"/> Possible Noncompliance*		
*Please clarify under Section K and/or Section L of this report.		

TDA License No. 0444328 Inspector ID No. 07575 Inspection Date 12/7/2011

PRODUCTS MANUFACTURED AND INGREDIENTS		
SECTION D	3) Are all products manufactured under Section D Subsection 1 of the ROR-606 accurate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No¹	
¹ If No, list all additional manufactured products below. <i>Possible noncompliance.</i>		
	Product Name	% Organic Organic Label to be Used on Product
		<input type="checkbox"/> 100% Organic <input type="checkbox"/> Organic <input type="checkbox"/> Made with Organic
		<input type="checkbox"/> 100% Organic <input type="checkbox"/> Organic <input type="checkbox"/> Made with Organic
		<input type="checkbox"/> 100% Organic <input type="checkbox"/> Organic <input type="checkbox"/> Made with Organic
		<input type="checkbox"/> 100% Organic <input type="checkbox"/> Organic <input type="checkbox"/> Made with Organic
		<input type="checkbox"/> 100% Organic <input type="checkbox"/> Organic <input type="checkbox"/> Made with Organic
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		<input type="checkbox"/> 100% Organic <input type="checkbox"/> Organic <input type="checkbox"/> Made with Organic
		<input type="checkbox"/> 100% Organic <input type="checkbox"/> Organic <input type="checkbox"/> Made with Organic
		<input type="checkbox"/> 100% Organic <input type="checkbox"/> Organic <input type="checkbox"/> Made with Organic
	4) Are all certificates for organic ingredients available at the time of inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No²	
	5) Are all organic ingredients clearly identified from non-organic ingredients? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No²	
	6) Are all organic ingredients stored in a manner to prevent contamination and commingling from non-organic ingredients? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No²	
	² If No, possible noncompliance.	
<input checked="" type="checkbox"/> In compliance at time of inspection <input type="checkbox"/> Area(s) of concern* <input type="checkbox"/> Possible Noncompliance*		
*Please clarify under Section K and/or Section L of this report.		

PROCESSING AND HANDLING		
SECTION E	7) Is the information under Section E Question 4 of the ROR-606 accurate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No¹	
	8) Does the operation's quality control program adequately prevent commingling and contamination, and monitor the effectiveness of the organic system plan? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No¹	
	9) Does the facility and procedures in place prevent contamination of certified organic products by prohibited substances and/or commingling with non-organic products? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No¹	
	10) Is the information under Section E Questions 7-14 of the ROR-606 accurate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No¹	
	¹ If No, possible noncompliance.	
	11) Which of the following receiving, storage, and handling areas are used for certified organic products (check all that apply)?	
	<input checked="" type="checkbox"/> Receiving areas or docks, scales, etc.	
	<input checked="" type="checkbox"/> Bulk bin(s) or storage unit(s)	
	<input type="checkbox"/> Cold storage unit(s) used exclusively for certified organic products	
	<input type="checkbox"/> Designated area(s) for certified organic products with cold storage unit(s)	
	<input checked="" type="checkbox"/> Dry shelf storage unit(s) used exclusively for certified organic products	

TDA License No. 0444328

Inspector ID No. 07575

Inspection Date 12/7/2011

SECTION E (CONTINUED)

PROCESSING AND HANDLING (CONTINUED)

- Designated area(s) for certified organic products within dry shelf storage unit(s)
- Washing, cleaning, grading, clipping area(s)
- Other (specify): commodity barn bays
- Not applicable

12) Handling areas and equipment for packing and grading of certified organic products (check all that apply):

- Areas with equipment designated exclusively for handling of certified organic products
- Areas with portable equipment designated exclusively for handling of certified organic products
- Scheduled times for segregated handling of certified organic products
- Other (specify):
- Not applicable

- 13) Are any processing aids used that are not included as ingredients? Yes² No
- ²If Yes, are all processing aids listed under section I of the ROR-606? Yes No³
- ³If No, list all processing aids not listed under section I of this report. *Possible noncompliance.*

- 14) Are any processed products stored on-site that were not processed at the facility? Yes⁴ No
- 15) Are any processed products stored at a separate facility with a different physical address of the processing facility? Yes⁴ No
- ⁴If Yes, provide name of Certifier and Certification #:

Certifier: _____ Certification #: _____

In compliance at time of inspection Area(s) of concern* Possible Noncompliance*

*Please clarify under Section K and/or Section L of this report.

SECTION F

SANITATION

- 16) Are materials used for sanitation? Yes¹ No
- ¹If Yes, are all materials used for sanitation listed under Section I of the ROR-606? Yes No² NA
- 17) Is the information under Section F Question 21 of the ROR-606 concerning methods used for sanitation and/or cleaning accurate? Yes No²
- ² If No, area(s) of concern.
- 18) Does the facility and all equipment appear clean and free from the risk of possible contamination to processed products at the time of inspection? Yes No⁴
- 19) Are prohibited materials used in sanitation and/or cleaning? Yes³ No
- ³If Yes, do the methods of handling and application of prohibited materials prevent contamination of certified organic products? Yes No⁴ NA
- ⁴ If No, possible noncompliance.

In compliance at time of inspection Area(s) of concern* Possible Noncompliance*

*Please clarify under Section K and/or Section L of this report.

TDA License No. 0444328

Inspector ID No. 07575

Inspection Date 12/7/2011

PEST MANAGEMENT	
SECTION G	20) Are materials used for pest management? <input type="checkbox"/> Yes¹ <input checked="" type="checkbox"/> No
	¹ If Yes, are all materials used for pest management listed under Section I of the ROR-606? <input type="checkbox"/> Yes <input type="checkbox"/> No² <input checked="" type="checkbox"/> NA
	21) Is the information under Section G Question 24 of the ROR-606 concerning methods used for pest management accurate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No²
	² <i>If No, area(s) of concern.</i>
	22) Is the facility and all equipment free of pests and/or the signs of pests at the time of inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No⁴
	23) Are prohibited materials used in pest management? <input type="checkbox"/> Yes³ <input checked="" type="checkbox"/> No
	³ If Yes, do the methods of handling and application of prohibited materials prevent contamination of certified organic products? <input type="checkbox"/> Yes <input type="checkbox"/> No⁴ <input checked="" type="checkbox"/> NA
24) Is the information under Section G Question 26 of the ROR-606 accurate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No⁴	
⁴ <i>If No, possible noncompliance.</i>	
<input checked="" type="checkbox"/> In compliance at time of inspection <input type="checkbox"/> Area(s) of concern* <input type="checkbox"/> Possible Noncompliance*	
*Please clarify under Section K and/or Section L of this report.	

PRODUCT LABELING		
SECTION H	25) Are organic products labeled or re-labeled? <input type="checkbox"/> Yes¹ <input checked="" type="checkbox"/> No	
	¹ If Yes, do all labels included in the operation's supporting documentation match the labels that are present at the time of inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No² <input checked="" type="checkbox"/> NA	
	<i>*Labels will be included with new applications (if labeling or re-labeling is being conducted). Annual updates <u>will only</u> include labels if changes are made to existing labels or new labels are added.</i>	
	26) List the number of certified organic products with their corresponding label type or production lot number:	
	Label Type	Number of Products
	100% ORGANIC - All ingredients and processing aids are certified organic.	1
	ORGANIC - At least 95% of the ingredients are certified organic, and all other ingredients are either listed on the National List or are agriculture products that are not commercially available in organic form.	
	MADE WITH ORGANIC (Specified Ingredients) - At least 70% of the ingredients are certified organic, and all other ingredients are produced without genetic modification and without the use of prohibited substances.	
	ORGANIC INGREDIENTS LISTED IN INGREDIENT STATEMENT ONLY.	
	Certified organic products in non-retail containers are labeled with production lot number.	
27) Is the information under Section H Questions 29 and 30 of the ROR-606 accurate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No²		
² <i>If No, area(s) of concern. Explain in comments section.</i>		
<input checked="" type="checkbox"/> In compliance at time of inspection <input type="checkbox"/> Area(s) of concern* <input type="checkbox"/> Possible Noncompliance*		
*Please clarify under Section K and/or Section L of this report.		

TDA License No. 0444328 Inspector ID No. 07575 Inspection Date 12/7/2011

MATERIALS USED		
SECTION I	28) Are all of the materials listed under Section I of the ROR-606 accurate?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
¹ List all materials <u>not</u> included in the ROR-606 in the table below. <i>If No, possible noncompliance:</i>		
Brand Name:	Manufacturer:	Reason for use:
<input checked="" type="checkbox"/> In compliance at time of inspection <input type="checkbox"/> Area(s) of concern* <input type="checkbox"/> Possible Noncompliance*		
*Please clarify under Section K and/or Section L of this report.		

RECORD KEEPING		
SECTION J	29) Select all records maintained and if they are complete and current:	Records Maintained? Complete & Current? ¹
	Names and addresses of suppliers ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
	Purchasing records of certified organic products/ingredients (including purchase dates, invoices, and quantities) ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
	Current Inventory of Products and Ingredients ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
	Handling Records ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
	Routine quality control inspections, reports, and evaluations ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
	Verification of certifications and records of certifying agents for all certified organic products ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
	Sales and shipping records of certified organic products ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
	Other (specify):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No ¹
	30) Does record keeping system adequately provide for auditing the organic system plan?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ³
¹ Verify that the records were found to be complete and current at time of inspection. <i>If No, possible noncompliance.</i>		
² This type of record keeping is required to demonstrate compliance. <i>If these records are not in place or if the information is insufficient to communicate the applicable information, then this is a possible noncompliance.</i>		
³ <i>If No, possible noncompliance.</i>		
*Note, all records must be maintained for 5 years.		

TDA License No. 0444328 Inspector ID No. 07575 Inspection Date 12/7/2011

SECTION J (CONTINUED)	RECORD KEEPING (CONTINUED)	
	31) Are city, state, or federal food health and safety permits/licenses available at the time of inspection?	<input type="checkbox"/> Yes ⁴ <input type="checkbox"/> No ⁵ <input checked="" type="checkbox"/> NA
	32) Are records indicating water used on certified products and discharge water meet city, state, or federal Safe Drinking Water Act requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No ⁵ <input checked="" type="checkbox"/> NA
	⁴ If Yes, list the following information regarding the permits/licenses:	
	Issuing Agency	Expiration Date <small>Enter as MM/DD/YYYY</small>
	⁵ If No, possible noncompliance.	
<input checked="" type="checkbox"/> In compliance at time of inspection <input type="checkbox"/> Area(s) of concern* <input type="checkbox"/> Possible Noncompliance*		
*Please clarify under Section K and/or Section L of this report.		

TDA License No. 0444328 Inspector ID No. 07575 Inspection Date 12/7/2011

SECTION K	SUMMARY FOR HANDLER
	33) Person present at time of inspection: <u>Cheri DeJong and Donald DeJong</u>
	<input checked="" type="checkbox"/> These findings and all comments were discussed with the inspection observer during the exit interview.
	COMMENTS
	No areas of possible noncompliance were observed at time of inspection.

SECTION L	SUMMARY FOR ORGANIC CERTIFICATION PROGRAM STAFF
	COMMENTS
	No areas of possible noncompliance were observed at time of inspection.
	Checklist
	Please use this checklist to ensure you are sending and/or completing all of the necessary information and documents.
	<input checked="" type="checkbox"/> Organic Processor (Food and Feed) Inspection Report
	<input checked="" type="checkbox"/> Organic Inspection Findings
	<input type="checkbox"/> Additional Attachments (specify):



Texas Department of Agriculture
Processor (Food and Feed) Organic System
Plan

ROR-606

TODD STAPLES, COMMISSIONER

SECTION A	VERIFICATION INFORMATION <input type="checkbox"/> New Application <input checked="" type="checkbox"/> Annual Update <input type="checkbox"/> Change to OSP		
	Full Legal Business Name: Natural Prairie Dairy Farms LLC		D.B.A. (if applicable):
	Facility Name: Natural Prairie Dairy Farms (Feed)	Client No. 340090	Account No. Cert: 444328
	Contact Individual: Cheri DeJong		

SECTION B	REQUIRED SUPPORTING DOCUMENTATION	
	All of the following items are required for a complete application. To avoid processing delays, please use this checklist to ensure that your application is complete.	
	<input checked="" type="checkbox"/> Overall description of physical facilities including a complete diagram of the facilities	
	<input checked="" type="checkbox"/> Description of handling and processing procedures and materials	
	<input checked="" type="checkbox"/> Flowchart showing movement of certified products during handling and processing, including equipment, machinery, and storage areas	
	<input checked="" type="checkbox"/> Description of the critical control points of potential contamination and commingling	
	<input checked="" type="checkbox"/> Description of internal quality control procedures that details the movement of each specific lot of certified products through each step of the handling and processing operation	
	<input checked="" type="checkbox"/> Description of final product storage, preparation for transportation, loading and methods of transportation used in distribution	
	<input type="checkbox"/> Attach copies of all current food health and safety permits/licenses	
	<input checked="" type="checkbox"/> Processing Categories (SECTION C)	
	<input checked="" type="checkbox"/> Products Manufactured and Ingredients (SECTION D)	
	<input checked="" type="checkbox"/> Processing and Handling (SECTION E)	
	<input checked="" type="checkbox"/> Sanitation (SECTION F)	
	<input checked="" type="checkbox"/> Pest Management (SECTION G)	
<input checked="" type="checkbox"/> Product Labeling (SECTION H)		
<input checked="" type="checkbox"/> Materials Used (SECTION I)		
<input checked="" type="checkbox"/> Record Keeping (SECTION J)		
<input checked="" type="checkbox"/> Attachments (i.e. ingredient listings)		

This document becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023, and 559.004.)



P.O. Box 12847 Austin, Texas 78711 Voice (800) 835-5832 (512) 463-7476
Hearing Impaired: (800) 735-2988 www.TexasAgriculture.gov



Texas Department of Agriculture Organic Certificate

TODD STAPLES, COMMISSIONER

This is to certify that

NATURAL PRAIRIE ORGANIC
10250 US HWY 385
CHANNING TX 79018

is certified organic by the Texas Department of Agriculture (TDA).

Certification Class: ORGANIC LAND PRODUCER
Certificate Number: 0432132
TDA Client Number: 00332285

This operation is certified Organic under the US National Organic Program 7 CFR Part 205, and the provisions of Chapter 18 of the Texas Agriculture Code.

Organic Products:
ALFALFA, BERMUDA, CORN, FESCUE, GRASS, NATIVE GRASSES, WHEAT

Once certified, a production or handling operation's organic certification continues in effect until surrendered, suspended or revoked. This certificate is non-transferable.

Certificate issue date: 06/08/2011
NOP effective date: 05/27/2005
Next update due: 03/01/2012



P.O. Box 12847 Austin, Texas 78711 Voice (800) 835-5832 (512) 463-7476
 Hearing impaired: (800) 735-2988 www.TexasAgriculture.gov

Texas Department of Agriculture
Organic Inspection Findings

ROR-660

Todd Staples, Commissioner

SECTION A	VERIFICATION INFORMATION	
	Client Name NATURAL PRAIRIE DAIRY FARMS LLC	TDA Client No. 00340090
	Facility Name NATURAL PRAIRIE DAIRY FARMS (LIVESTOCK)	TDA Account No. 0440723

SECTION B	INSPECTION INFORMATION			
	Inspection Type Routine		Inspection ID No. 07575111207054248	
	Inspector ID 07575	Inspector Name STEVE DARIN CAVITT	Region <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
	Date 12/7/2011 <small>Enter as MM/DD/YYYY</small>	Time 12:49 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	County Code 205	County HARTLEY

SECTION C	FINDINGS
	Certification Type: ORGANIC PROCESSOR (b) (4)

TDA License No. 0440723 Inspector ID No. 07575 Inspection Date 12/7/2011

SUMMARY FOR PRODUCER

Person present at time of inspection: Cheri DeJong and Donald DeJong

These findings and all comments were discussed with the inspection observer during the exit interview.

COMMENTS

No areas of possible noncompliance were observed at time of inspection.

SECTION D



Texas Department of Agriculture
Organic Processor (Food and Feed)
Inspection Report

ROR-652

Todd Staples, Commissioner

SECTION A	VERIFICATION INFORMATION	
	Client Name NATURAL PRAIRIE DAIRY FARMS LLC	TDA Client No. 00340090
	Facility Name NATURAL PRAIRIE DAIRY FARMS (LIVESTOCK)	TDA Account No. 0440723

SECTION B	INSPECTION INFORMATION	
	Inspection Type Routine	Inspection ID No. 07575111207054248
	Inspector ID 07575	Inspector Name (b) (6)
	Date 12/7/2011 <small>Enter as MM/DD/YYYY</small>	Time 08:02 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
	County Code 205	County HARTLEY
		Region <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5

SECTION C	PROCESSING CATEGORIES																						
	1) Select the types of certified organic products that are processed (check all that apply):																						
	<table border="0"> <tr> <td><input type="checkbox"/> Bakery goods</td> <td><input type="checkbox"/> Fruits and nuts</td> </tr> <tr> <td><input type="checkbox"/> Bulk grains, beans and seeds</td> <td><input type="checkbox"/> Grains, flours and mixes (packaged)</td> </tr> <tr> <td><input type="checkbox"/> Canned fruits and vegetables</td> <td><input type="checkbox"/> Herbs, spices, salt and flavorings</td> </tr> <tr> <td><input type="checkbox"/> Canned soups, chili and broths</td> <td><input type="checkbox"/> Juices and beverages</td> </tr> <tr> <td><input type="checkbox"/> Cereals</td> <td><input type="checkbox"/> Meat and meat products</td> </tr> <tr> <td><input type="checkbox"/> Chips, crackers, cookies and granola products</td> <td><input type="checkbox"/> Nut butters, jams, jellies, honey, syrup, etc.</td> </tr> <tr> <td><input type="checkbox"/> Coffee and teas</td> <td><input type="checkbox"/> Snacks and candy</td> </tr> <tr> <td><input type="checkbox"/> Frozen foods</td> <td><input type="checkbox"/> Sweeteners and sugar</td> </tr> <tr> <td><input checked="" type="checkbox"/> Dairy Products</td> <td><input type="checkbox"/> Vegetables</td> </tr> <tr> <td><input type="checkbox"/> Feed, forage, hay or feed supplement (livestock)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other (specify):</td> <td></td> </tr> </table>	<input type="checkbox"/> Bakery goods	<input type="checkbox"/> Fruits and nuts	<input type="checkbox"/> Bulk grains, beans and seeds	<input type="checkbox"/> Grains, flours and mixes (packaged)	<input type="checkbox"/> Canned fruits and vegetables	<input type="checkbox"/> Herbs, spices, salt and flavorings	<input type="checkbox"/> Canned soups, chili and broths	<input type="checkbox"/> Juices and beverages	<input type="checkbox"/> Cereals	<input type="checkbox"/> Meat and meat products	<input type="checkbox"/> Chips, crackers, cookies and granola products	<input type="checkbox"/> Nut butters, jams, jellies, honey, syrup, etc.	<input type="checkbox"/> Coffee and teas	<input type="checkbox"/> Snacks and candy	<input type="checkbox"/> Frozen foods	<input type="checkbox"/> Sweeteners and sugar	<input checked="" type="checkbox"/> Dairy Products	<input type="checkbox"/> Vegetables	<input type="checkbox"/> Feed, forage, hay or feed supplement (livestock)		<input type="checkbox"/> Other (specify):	
	<input type="checkbox"/> Bakery goods	<input type="checkbox"/> Fruits and nuts																					
<input type="checkbox"/> Bulk grains, beans and seeds	<input type="checkbox"/> Grains, flours and mixes (packaged)																						
<input type="checkbox"/> Canned fruits and vegetables	<input type="checkbox"/> Herbs, spices, salt and flavorings																						
<input type="checkbox"/> Canned soups, chili and broths	<input type="checkbox"/> Juices and beverages																						
<input type="checkbox"/> Cereals	<input type="checkbox"/> Meat and meat products																						
<input type="checkbox"/> Chips, crackers, cookies and granola products	<input type="checkbox"/> Nut butters, jams, jellies, honey, syrup, etc.																						
<input type="checkbox"/> Coffee and teas	<input type="checkbox"/> Snacks and candy																						
<input type="checkbox"/> Frozen foods	<input type="checkbox"/> Sweeteners and sugar																						
<input checked="" type="checkbox"/> Dairy Products	<input type="checkbox"/> Vegetables																						
<input type="checkbox"/> Feed, forage, hay or feed supplement (livestock)																							
<input type="checkbox"/> Other (specify):																							
2) Are any processing categories being conducted that are not included in Section C of the ROR-606? <input type="checkbox"/> Yes ¹ <input checked="" type="checkbox"/> No																							
¹ If Yes, possible noncompliance.																							
<input checked="" type="checkbox"/> In compliance at time of inspection <input type="checkbox"/> Area(s) of concern* <input type="checkbox"/> Possible Noncompliance*																							
*Please clarify under Section K and/or Section L of this report.																							

TDA License No. 0440723

Inspector ID No. 07575

Inspection Date 12/7/2011

PRODUCTS MANUFACTURED AND INGREDIENTS			
SECTION D	3) Are all products manufactured under Section D Subsection 1 of the ROR-606 accurate?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
	¹ If No, list all additional manufactured products below. <i>Possible noncompliance.</i>		
	Product Name	% Organic	Organic Label to be Used on Product
		0.00%	<input type="checkbox"/> 100% Organic <input type="checkbox"/> Organic <input type="checkbox"/> Made with Organic
		0.00%	<input type="checkbox"/> 100% Organic <input type="checkbox"/> Organic <input type="checkbox"/> Made with Organic
		0.00%	<input type="checkbox"/> 100% Organic <input type="checkbox"/> Organic <input type="checkbox"/> Made with Organic
		0.00%	<input type="checkbox"/> 100% Organic <input type="checkbox"/> Organic <input type="checkbox"/> Made with Organic
		0.00%	<input type="checkbox"/> 100% Organic <input type="checkbox"/> Organic <input type="checkbox"/> Made with Organic
		0.00%	<input type="checkbox"/> 100% Organic <input type="checkbox"/> Organic <input type="checkbox"/> Made with Organic
		0.00%	<input type="checkbox"/> 100% Organic <input type="checkbox"/> Organic <input type="checkbox"/> Made with Organic
4) Are all certificates for organic ingredients available at the time of inspection?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ²	
5) Are all organic ingredients clearly identified from non-organic ingredients?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ²	
6) Are all organic ingredients stored in a manner to prevent contamination and commingling from non-organic ingredients?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ²	
² If No, possible noncompliance.			
<input checked="" type="checkbox"/> In compliance at time of inspection <input type="checkbox"/> Area(s) of concern* <input type="checkbox"/> Possible Noncompliance*			
*Please clarify under Section K and/or Section L of this report.			

PROCESSING AND HANDLING			
SECTION E	7) Is the information under Section E Question 4 of the ROR-606 accurate?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
	8) Does the operation's quality control program adequately prevent commingling and contamination, and monitor the effectiveness of the organic system plan?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
	9) Does the facility and procedures in place prevent contamination of certified organic products by prohibited substances and/or commingling with non-organic products?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
	10) Is the information under Section E Questions 7-14 of the ROR-606 accurate?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
	¹ If No, possible noncompliance.		
11) Which of the following receiving, storage, and handling areas are used for certified organic products (check all that apply)?			
<input type="checkbox"/> Receiving areas or docks, scales, etc.			
<input type="checkbox"/> Bulk bin(s) or storage unit(s)			
<input checked="" type="checkbox"/> Cold storage unit(s) used exclusively for certified organic products			
<input type="checkbox"/> Designated area(s) for certified organic products with cold storage unit(s)			
<input type="checkbox"/> Dry shelf storage unit(s) used exclusively for certified organic products			

TDA License No. 0440723 Inspector ID No. 07575 Inspection Date 12/7/2011

PROCESSING AND HANDLING (CONTINUED)	
SECTION E (CONTINUED)	<input type="checkbox"/> Designated area(s) for certified organic products within dry shelf storage unit(s) <input type="checkbox"/> Washing, cleaning, grading, clipping area(s) <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Not applicable
	12) Handling areas and equipment for packing and grading of certified organic products (check all that apply): <input checked="" type="checkbox"/> Areas with equipment designated exclusively for handling of certified organic products <input type="checkbox"/> Areas with portable equipment designated exclusively for handling of certified organic products <input type="checkbox"/> Scheduled times for segregated handling of certified organic products <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Not applicable
	13) Are any processing aids used that are not included as ingredients? <input type="checkbox"/> Yes ² <input checked="" type="checkbox"/> No ² If Yes, are all processing aids listed under section I of the ROR-606? <input type="checkbox"/> Yes <input type="checkbox"/> No ³ ³ If No, list all processing aids not listed under section I of this report. <i>Possible noncompliance.</i>
	14) Are any processed products stored on-site that were not processed at the facility? <input type="checkbox"/> Yes ⁴ <input checked="" type="checkbox"/> No 15) Are any processed products stored at a separate facility with a different physical address of the processing facility? <input type="checkbox"/> Yes ⁴ <input checked="" type="checkbox"/> No ⁴ If Yes, provide name of Certifier and Certification #:
	Certifier: _____ Certification #: _____
	<input checked="" type="checkbox"/> In compliance at time of inspection <input type="checkbox"/> Area(s) of concern* <input type="checkbox"/> Possible Noncompliance*
	*Please clarify under Section K and/or Section L of this report.

SANITATION	
SECTION F	16) Are materials used for sanitation? <input checked="" type="checkbox"/> Yes ¹ <input type="checkbox"/> No ¹ If Yes, are all materials used for sanitation listed under Section I of the ROR-606? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ² <input type="checkbox"/> NA 17) Is the information under Section F Question 21 of the ROR-606 concerning methods used for sanitation and/or cleaning accurate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ² ² If No, area(s) of concern.
	18) Does the facility and all equipment appear clean and free from the risk of possible contamination to processed products at the time of inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ⁴ 19) Are prohibited materials used in sanitation and/or cleaning? <input type="checkbox"/> Yes ³ <input checked="" type="checkbox"/> No ³ If Yes, do the methods of handling and application of prohibited materials prevent contamination of certified organic products? <input type="checkbox"/> Yes <input type="checkbox"/> No ⁴ <input checked="" type="checkbox"/> NA ⁴ If No, possible noncompliance.
	<input checked="" type="checkbox"/> In compliance at time of inspection <input type="checkbox"/> Area(s) of concern* <input type="checkbox"/> Possible Noncompliance*
	*Please clarify under Section K and/or Section L of this report.

TDA License No. 0440723 Inspector ID No. 07575 Inspection Date 12/7/2011

PEST MANAGEMENT	
SECTION G	20) Are materials used for pest management? <input checked="" type="checkbox"/> Yes ¹ <input type="checkbox"/> No
	¹ If Yes, are all materials used for pest management listed under Section I of the ROR-606? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ² <input type="checkbox"/> NA
	21) Is the information under Section G Question 24 of the ROR-606 concerning methods used for pest management accurate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ²
	² If No, area(s) of concern.
	22) Is the facility and all equipment free of pests and/or the signs of pests at the time of inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ⁴
	23) Are prohibited materials used in pest management? <input type="checkbox"/> Yes ³ <input checked="" type="checkbox"/> No
	³ If Yes, do the methods of handling and application of prohibited materials prevent contamination of certified organic products? <input type="checkbox"/> Yes <input type="checkbox"/> No ⁴ <input checked="" type="checkbox"/> NA
24) Is the information under Section G Question 26 of the ROR-606 accurate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ⁴	
⁴ If No, possible noncompliance.	
<input checked="" type="checkbox"/> In compliance at time of inspection <input type="checkbox"/> Area(s) of concern* <input type="checkbox"/> Possible Noncompliance*	
*Please clarify under Section K and/or Section L of this report.	

PRODUCT LABELING		
SECTION H	25) Are organic products labeled or re-labeled? <input type="checkbox"/> Yes ¹ <input checked="" type="checkbox"/> No	
	¹ If Yes, do all labels included in the operation's supporting documentation match the labels that are present at the time of inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No ² <input checked="" type="checkbox"/> NA	
	<i>*Labels will be included with new applications (if labeling or re-labeling is being conducted). Annual updates will only include labels if changes are made to existing labels or new labels are added.</i>	
	26) List the number of certified organic products with their corresponding label type or production lot number:	
	Label Type	Number of Products
	100% ORGANIC - All ingredients and processing aids are certified organic.	1
	ORGANIC - At least 95% of the ingredients are certified organic, and all other ingredients are either listed on the National List or are agriculture products that are not commercially available in organic form.	
	MADE WITH ORGANIC (Specified Ingredients) - At least 70% of the ingredients are certified organic, and all other ingredients are produced without genetic modification and without the use of prohibited substances.	
	ORGANIC INGREDIENTS LISTED IN INGREDIENT STATEMENT ONLY.	
	Certified organic products in non-retail containers are labeled with production lot number.	
27) Is the information under Section H Questions 29 and 30 of the ROR-606 accurate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ²		
² If No, area(s) of concern. Explain in comments section.		
<input checked="" type="checkbox"/> In compliance at time of inspection <input type="checkbox"/> Area(s) of concern* <input type="checkbox"/> Possible Noncompliance*		
*Please clarify under Section K and/or Section L of this report.		

TDA License No. 0440723 Inspector ID No. 07575 Inspection Date 12/7/2011

SECTION I		
MATERIALS USED		
28) Are all of the materials listed under Section I of the ROR-606 accurate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹		
¹ List all materials <u>not</u> included in the ROR-606 in the table below. <i>If No, possible noncompliance:</i>		
Brand Name:	Manufacturer:	Reason for use:
<input checked="" type="checkbox"/> In compliance at time of inspection <input type="checkbox"/> Area(s) of concern* <input type="checkbox"/> Possible Noncompliance*		
*Please clarify under Section K and/or Section L of this report.		

SECTION J		
RECORD KEEPING		
29) Select all records maintained and if they are complete and current:	Records Maintained?	Complete & Current? ¹
Names and addresses of suppliers ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
Purchasing records of certified organic products/ingredients (including purchase dates, invoices, and quantities) ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
Current Inventory of Products and Ingredients ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
Handling Records ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
Routine quality control inspections, reports, and evaluations ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
Verification of certifications and records of certifying agents for all certified organic products ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
Sales and shipping records of certified organic products ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
Other (specify):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No ¹
30) Does record keeping system adequately provide for auditing the organic system plan? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ³		
¹ Verify that the records were found to be complete and current at time of inspection. <i>If No, possible noncompliance.</i>		
² This type of record keeping is required to demonstrate compliance. <i>If these records are not in place or if the information is insufficient to communicate the applicable information, then this is a possible noncompliance.</i>		
³ <i>If No, possible noncompliance.</i>		
*Note, all records must be maintained for 5 years.		

TDA License No. 0440723 Inspector ID No. 07575 Inspection Date 12/7/2011

RECORD KEEPING (CONTINUED)		
SECTION J (CONTINUED)	31) Are city, state, or federal food health and safety permits/licenses available at the time of inspection? <input checked="" type="checkbox"/> Yes ⁴ <input type="checkbox"/> No ⁵ <input type="checkbox"/> NA	
	32) Are records indicating water used on certified products and discharge water meet city, state, or federal Safe Drinking Water Act requirements? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ⁵ <input type="checkbox"/> NA	
	⁴ If Yes, list the following information regarding the permits/licenses:	
	Issuing Agency	
	Expiration Date	
	Texas Department of Health Services	08/31/2013
⁵ If No, possible noncompliance.		
<input checked="" type="checkbox"/> In compliance at time of inspection <input type="checkbox"/> Area(s) of concern* <input type="checkbox"/> Possible Noncompliance*		
*Please clarify under Section K and/or Section L of this report.		

TDA License No. 0440723 Inspector ID No. 07575 Inspection Date 12/7/2011

SECTION K	SUMMARY FOR HANDLER
	33) Person present at time of inspection: Cheri DeJong and Donald DeJong
	<input checked="" type="checkbox"/> These findings and all comments were discussed with the inspection observer during the exit interview.
	COMMENTS
	No areas of possible noncompliance were observed at time of inspection.

SECTION L	SUMMARY FOR ORGANIC CERTIFICATION PROGRAM STAFF
	COMMENTS
	No areas of possible noncompliance were observed at time of inspection.
	Checklist
	Please use this checklist to ensure you are sending and/or completing all of the necessary information and documents.
	<input checked="" type="checkbox"/> Organic Processor (Food and Feed) Inspection Report
	<input checked="" type="checkbox"/> Organic Inspection Findings
	<input type="checkbox"/> Additional Attachments (specify):

TEXAS DEPARTMENT OF AGRICULTURE

TODD STAPLES
COMMISSIONER

August 23, 2010

Account No: 440723

Client No: 340090

Mrs. Cheri De Jong
Natural Prairie Dairy Farms Facility #1
P.O. Box 659
Hartley, TX 79044

Dear Mrs. De Jong:

Your Organic Certification for Natural Prairie Dairy Farms Facility #1 located at 10250 US Hwy 385, Channing, TX, 79018 has been updated and is enclosed. The certification is effective as of 8/31/2010 and you must submit your next annual update by 8/31/2011. Please review the information printed above and on your certificate carefully. You are required to notify the Texas Department of Agriculture within 30 days of any change in the information you provided in the application or update of this certification.

An Organic Processor certificate authorizes you to represent the products of the portions of your operation described in your 2010 certification materials as organic, provided that they comply with all National Organic Standards related to production and handling of organic products.

A client number, referenced above, has been printed on your certificate. This number will be used to provide you with more efficient service by acting as a cross-reference to all TDA certificates you may obtain, as well as any other contacts you may have with TDA.

An annual update notice will be mailed to you each year prior to the due date listed above. Failure to update this certificate in a timely manner in the future may result in the suspension of your certification. Therefore, please respond promptly to the update notice. Continued certification is dependent on continued compliance with organic standards and successful completion of all TDA inspection processes and certification evaluations. Please note that the organic standards permit unannounced inspections and residue testing by the department.

Regulations and statutory provisions governing various department regulatory programs are located in Title 4 of the Texas Administrative Code and the Texas Agriculture Code, respectively. The National Organic Standards are located in the Code of Federal Regulations Title 7, Part 205. TDA's website provides convenient links to these laws. Failure to comply with these laws may result in suspension or revocation of your certification and/or assessment of monetary administrative penalties.

If you have any questions regarding your certification or believe that the information concerning your certificate is incorrect in some respect, please contact our Austin headquarters toll free at 1-800-TELL-TDA (1-800-835-5832), or visit our web site at www.TexasAgriculture.gov. For the hearing impaired, you may call Relay Texas 1-800-735-2988 (voice) or 1-800-735-2989 (TDD) or visit our web site.



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Texas Department of Agriculture
Processor (Food and Feed) Organic System
Plan

ROR-606

TODD STAPLES, COMMISSIONER

SECTION A		VERIFICATION INFORMATION		<input type="checkbox"/> New Application	<input checked="" type="checkbox"/> Annual Update	<input type="checkbox"/> Change to OSP
Full Legal Business Name: Natural Prairie Dairy Farms		D.B.A. (if applicable):				
Facility Name: Natural Prairie Dairy Farms #1		Client No. 340090	Account No. Cert#440723			
Contact Individual: Cheri DeJong						

SECTION B		REQUIRED SUPPORTING DOCUMENTATION	
All of the following items are required for a complete application. To avoid processing delays, please use this checklist to ensure that your application is complete.			
<input checked="" type="checkbox"/> Overall description of physical facilities including a complete diagram of the facilities			
<input checked="" type="checkbox"/> Description of handling and processing procedures and materials			
<input checked="" type="checkbox"/> Flowchart showing movement of certified products during handling and processing, including equipment, machinery, and storage areas			
<input checked="" type="checkbox"/> Description of the critical control points of potential contamination and commingling			
<input checked="" type="checkbox"/> Description of internal quality control procedures that details the movement of each specific lot of certified products through each step of the handling and processing operation			
<input checked="" type="checkbox"/> Description of final product storage, preparation for transportation, loading and methods of transportation used in distribution			
<input checked="" type="checkbox"/> Attach copies of all current food health and safety permits/licenses			
<input checked="" type="checkbox"/> Processing Categories (SECTION C)			
<input checked="" type="checkbox"/> Products Manufactured and Ingredients (SECTION D)			
<input checked="" type="checkbox"/> Processing and Handling (SECTION E)			
<input checked="" type="checkbox"/> Sanitation (SECTION F)			
<input checked="" type="checkbox"/> Pest Management (SECTION G)			
<input checked="" type="checkbox"/> Product Labeling (SECTION H)			
<input checked="" type="checkbox"/> Materials Used (SECTION I)			
<input checked="" type="checkbox"/> Record Keeping (SECTION J)			
<input checked="" type="checkbox"/> Attachments (i.e. ingredient listings)			

RECEIVED
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 REGULATORY

This document becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023, and 559.004.)



Texas Department of Agriculture
Organic Inspection Findings

ROR-660

Todd Staples, Commissioner

SECTION A	VERIFICATION INFORMATION	
	Client Name NATURAL PRAIRIE DAIRY FARMS LLC	TDA Client No. 00340090
	Facility Name NATURAL PRAIRIE DAIRY FARMS FACILITY #2	TDA Account No. 0466878

SECTION B	INSPECTION INFORMATION			
	Inspection Type Routine		Inspection ID No. 07575111207054321	
	Inspector ID 07575	Inspector Name (b) (6)	Region <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
	Date 12/7/2011 <small>Enter as MM/DD/YYYY</small>	Time 12:51 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	County Code 205	County HARTLEY

SECTION C	FINDINGS
	Certification Type: ORGANIC PROCESSOR (b) (4)

TDA License No. 0466878 Inspector ID No. 07575 Inspection Date 12/7/2011

SUMMARY FOR PRODUCER

Person present at time of inspection: Cheri DeJong and Donald DeJong

These findings and all comments were discussed with the inspection observer during the exit interview.

COMMENTS

No areas of possible noncompliance were observed at time of inspection.

SECTION D



Texas Department of Agriculture
Organic Processor (Food and Feed)
Inspection Report

ROR-652

Todd Staples, Commissioner

SECTION A	VERIFICATION INFORMATION	
	Client Name NATURAL PRAIRIE DAIRY FARMS LLC	TDA Client No. 00340090
	Facility Name NATURAL PRAIRIE DAIRY FARMS FACILITY #2	TDA Account No. 0466878

SECTION B	INSPECTION INFORMATION		
	Inspection Type Routine	Inspection ID No. 0757511207054321	
	Inspector ID 07575	Inspector Name (b) (6)	Region <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
	Date 12/7/2011 <small>Enter as MM/DD/YYYY</small>	Time 08:53 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County Code 205 County HARTLEY

SECTION C	PROCESSING CATEGORIES	
	1) Select the types of certified organic products that are processed (check all that apply):	
	<input type="checkbox"/> Bakery goods	<input type="checkbox"/> Fruits and nuts
	<input type="checkbox"/> Bulk grains, beans and seeds	<input type="checkbox"/> Grains, flours and mixes (packaged)
	<input type="checkbox"/> Canned fruits and vegetables	<input type="checkbox"/> Herbs, spices, salt and flavorings
<input type="checkbox"/> Canned soups, chili and broths	<input type="checkbox"/> Juices and beverages	
<input type="checkbox"/> Cereals	<input type="checkbox"/> Meat and meat products	
<input type="checkbox"/> Chips, crackers, cookies and granola products	<input type="checkbox"/> Nut butters, jams, jellies, honey, syrup, etc.	
<input type="checkbox"/> Coffee and teas	<input type="checkbox"/> Snacks and candy	
<input type="checkbox"/> Frozen foods	<input type="checkbox"/> Sweeteners and sugar	
<input checked="" type="checkbox"/> Dairy Products	<input type="checkbox"/> Vegetables	
<input type="checkbox"/> Feed, forage, hay or feed supplement (livestock)		
<input type="checkbox"/> Other (specify):		
2) Are any processing categories being conducted that are not included in Section C of the ROR-606? <input type="checkbox"/> Yes ¹ <input checked="" type="checkbox"/> No		
¹ If Yes, possible noncompliance.		
<input checked="" type="checkbox"/> In compliance at time of inspection <input type="checkbox"/> Area(s) of concern* <input type="checkbox"/> Possible Noncompliance*		
*Please clarify under Section K and/or Section L of this report.		

TDA License No. 0466878

Inspector ID No. 07575

Inspection Date 12/7/2011

PRODUCTS MANUFACTURED AND INGREDIENTS				
SECTION D	3) Are all products manufactured under Section D Subsection I of the ROR-606 accurate?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
	¹ If No, list all additional manufactured products below. <i>Possible noncompliance.</i>			
	Product Name	% Organic	Organic Label to be Used on Product	
		0.00%	<input type="checkbox"/> 100% Organic	<input type="checkbox"/> Organic <input type="checkbox"/> Made with Organic
		0.00%	<input type="checkbox"/> 100% Organic	<input type="checkbox"/> Organic <input type="checkbox"/> Made with Organic
		0.00%	<input type="checkbox"/> 100% Organic	<input type="checkbox"/> Organic <input type="checkbox"/> Made with Organic
		0.00%	<input type="checkbox"/> 100% Organic	<input type="checkbox"/> Organic <input type="checkbox"/> Made with Organic
		0.00%	<input type="checkbox"/> 100% Organic	<input type="checkbox"/> Organic <input type="checkbox"/> Made with Organic
		0.00%	<input type="checkbox"/> 100% Organic	<input type="checkbox"/> Organic <input type="checkbox"/> Made with Organic
		0.00%	<input type="checkbox"/> 100% Organic	<input type="checkbox"/> Organic <input type="checkbox"/> Made with Organic
4) Are all certificates for organic ingredients available at the time of inspection?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ²	
5) Are all organic ingredients clearly identified from non-organic ingredients?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ²	
6) Are all organic ingredients stored in a manner to prevent contamination and commingling from non-organic ingredients?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ²	
² If No, possible noncompliance.				
<input checked="" type="checkbox"/> In compliance at time of inspection <input type="checkbox"/> Area(s) of concern* <input type="checkbox"/> Possible Noncompliance*				
*Please clarify under Section K and/or Section L of this report.				

PROCESSING AND HANDLING				
SECTION E	7) Is the information under Section E Question 4 of the ROR-606 accurate?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
	8) Does the operation's quality control program adequately prevent commingling and contamination, and monitor the effectiveness of the organic system plan?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
	9) Does the facility and procedures in place prevent contamination of certified organic products by prohibited substances and/or commingling with non-organic products?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
	10) Is the information under Section E Questions 7-14 of the ROR-606 accurate?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
	¹ If No, possible noncompliance.			
11) Which of the following receiving, storage, and handling areas are used for certified organic products (check all that apply)?				
<input type="checkbox"/> Receiving areas or docks, scales, etc.				
<input type="checkbox"/> Bulk bin(s) or storage unit(s)				
<input checked="" type="checkbox"/> Cold storage unit(s) used exclusively for certified organic products				
<input type="checkbox"/> Designated area(s) for certified organic products with cold storage unit(s)				
<input type="checkbox"/> Dry shelf storage unit(s) used exclusively for certified organic products				

TDA License No. 0466878 Inspector ID No. 07575 Inspection Date 12/7/2011

PROCESSING AND HANDLING (CONTINUED)	
SECTION E (CONTINUED)	<input type="checkbox"/> Designated area(s) for certified organic products within dry shelf storage unit(s) <input type="checkbox"/> Washing, cleaning, grading, clipping area(s) <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Not applicable
	12) Handling areas and equipment for packing and grading of certified organic products (check all that apply): <input checked="" type="checkbox"/> Areas with equipment designated exclusively for handling of certified organic products <input type="checkbox"/> Areas with portable equipment designated exclusively for handling of certified organic products <input type="checkbox"/> Scheduled times for segregated handling of certified organic products <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Not applicable
	13) Are any processing aids used that are not included as ingredients? <input type="checkbox"/> Yes ² <input checked="" type="checkbox"/> No ² If Yes, are all processing aids listed under section I of the ROR-606? <input type="checkbox"/> Yes <input type="checkbox"/> No ³ ³ If No, list all processing aids not listed under section I of this report. <i>Possible noncompliance.</i>
	14) Are any processed products stored on-site that were not processed at the facility? <input type="checkbox"/> Yes ⁴ <input checked="" type="checkbox"/> No 15) Are any processed products stored at a separate facility with a different physical address of the processing facility? <input type="checkbox"/> Yes ⁴ <input checked="" type="checkbox"/> No ⁴ If Yes, provide name of Certifier and Certification #:
	Certifier: _____ Certification #: _____
	<input checked="" type="checkbox"/> In compliance at time of inspection <input type="checkbox"/> Area(s) of concern* <input type="checkbox"/> Possible Noncompliance*
	*Please clarify under Section K and/or Section L of this report.

SANITATION	
SECTION F	16) Are materials used for sanitation? <input checked="" type="checkbox"/> Yes ¹ <input type="checkbox"/> No ¹ If Yes, are all materials used for sanitation listed under Section I of the ROR-606? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ² <input type="checkbox"/> NA
	17) Is the information under Section F Question 21 of the ROR-606 concerning methods used for sanitation and/or cleaning accurate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ² ² If No, area(s) of concern.
	18) Does the facility and all equipment appear clean and free from the risk of possible contamination to processed products at the time of inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ⁴
	19) Are prohibited materials used in sanitation and/or cleaning? <input type="checkbox"/> Yes ³ <input checked="" type="checkbox"/> No ³ If Yes, do the methods of handling and application of prohibited materials prevent contamination of certified organic products? <input type="checkbox"/> Yes <input type="checkbox"/> No ⁴ <input checked="" type="checkbox"/> NA ⁴ If No, possible noncompliance.
	<input checked="" type="checkbox"/> In compliance at time of inspection <input type="checkbox"/> Area(s) of concern* <input type="checkbox"/> Possible Noncompliance*
	*Please clarify under Section K and/or Section L of this report.

TDA License No. 0466878 Inspector ID No. 07575 Inspection Date 12/7/2011

SECTION G		PEST MANAGEMENT	
	20) Are materials used for pest management?	<input checked="" type="checkbox"/> Yes ¹	<input type="checkbox"/> No
	¹ If Yes, are all materials used for pest management listed under Section I of the ROR-606?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No ² <input type="checkbox"/> NA
	21) Is the information under Section G Question 24 of the ROR-606 concerning methods used for pest management accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No ²
	² If No, area(s) of concern.		
	22) Is the facility and all equipment free of pests and/or the signs of pests at the time of inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No ⁴
	23) Are prohibited materials used in pest management?	<input type="checkbox"/> Yes ³	<input checked="" type="checkbox"/> No
	³ If Yes, do the methods of handling and application of prohibited materials prevent contamination of certified organic products?	<input type="checkbox"/> Yes <input type="checkbox"/> No ⁴	<input checked="" type="checkbox"/> NA
	24) Is the information under Section G Question 26 of the ROR-606 accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No ⁴
	⁴ If No, possible noncompliance.		
		<input checked="" type="checkbox"/> In compliance at time of inspection <input type="checkbox"/> Area(s) of concern* <input type="checkbox"/> Possible Noncompliance*	
*Please clarify under Section K and/or Section L of this report.			

SECTION H		PRODUCT LABELING	
	25) Are organic products labeled or re-labeled?	<input type="checkbox"/> Yes ¹	<input checked="" type="checkbox"/> No
	¹ If Yes, do all labels included in the operation's supporting documentation match the labels that are present at the time of inspection?*	<input type="checkbox"/> Yes <input type="checkbox"/> No ²	<input checked="" type="checkbox"/> NA
	<i>*Labels will be included with new applications (if labeling or re-labeling is being conducted). Annual updates will only include labels if changes are made to existing labels or new labels are added.</i>		
	26) List the number of certified organic products with their corresponding label type or production lot number:		
	Label Type	Number of Products	
	100% ORGANIC - All ingredients and processing aids are certified organic.	1	
	ORGANIC - At least 95% of the ingredients are certified organic, and all other ingredients are either listed on the National List or are agriculture products that are not commercially available in organic form.		
	MADE WITH ORGANIC (Specified Ingredients) - At least 70% of the ingredients are certified organic, and all other ingredients are produced without genetic modification and without the use of prohibited substances.		
	ORGANIC INGREDIENTS LISTED IN INGREDIENT STATEMENT ONLY.		
	Certified organic products in non-retail containers are labeled with production lot number.		
	27) Is the information under Section H Questions 29 and 30 of the ROR-606 accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No ²
	² If No, area(s) of concern. Explain in comments section.		
		<input checked="" type="checkbox"/> In compliance at time of inspection <input type="checkbox"/> Area(s) of concern* <input type="checkbox"/> Possible Noncompliance*	
*Please clarify under Section K and/or Section L of this report.			

TDA License No. 0466878 Inspector ID No. 07575 Inspection Date 12/7/2011

MATERIALS USED		
SECTION I	28) Are all of the materials listed under Section I of the ROR-606 accurate?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
¹ List all materials <u>not</u> included in the ROR-606 in the table below. <i>If No, possible noncompliance:</i>		
Brand Name:	Manufacturer:	Reason for use:
<input checked="" type="checkbox"/> In compliance at time of inspection <input type="checkbox"/> Area(s) of concern* <input type="checkbox"/> Possible Noncompliance*		
*Please clarify under Section K and/or Section L of this report.		

RECORD KEEPING		
SECTION J	29) Select all records maintained and if they are complete and current:	Records Maintained? Complete & Current? ¹
	Names and addresses of suppliers ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
	Purchasing records of certified organic products/ingredients (including purchase dates, invoices, and quantities) ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
	Current Inventory of Products and Ingredients ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
	Handling Records ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
	Routine quality control inspections, reports, and evaluations ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
	Verification of certifications and records of certifying agents for all certified organic products ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
	Sales and shipping records of certified organic products ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
	Other (specify):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No ¹
	30) Does record keeping system adequately provide for auditing the organic system plan?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ³
¹ Verify that the records were found to be complete and current at time of inspection. <i>If No, possible noncompliance.</i>		
² This type of record keeping is required to demonstrate compliance. <i>If these records are not in place or if the information is insufficient to communicate the applicable information, then this is a possible noncompliance.</i>		
³ <i>If No, possible noncompliance.</i>		
*Note, all records must be maintained for 5 years.		

TDA License No. 0466878 Inspector ID No. 07575 Inspection Date 12/7/2011

RECORD KEEPING (CONTINUED)											
SECTION J (CONTINUED)	31) Are city, state, or federal food health and safety permits/licenses available at the time of inspection? <input checked="" type="checkbox"/> Yes⁴ <input type="checkbox"/> No⁵ <input type="checkbox"/> NA										
	32) Are records indicating water used on certified products and discharge water meet city, state, or federal Safe Drinking Water Act requirements? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No⁵ <input type="checkbox"/> NA										
	⁴ If Yes, list the following information regarding the permits/licenses: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 70%; text-align: center;">Issuing Agency</th> <th style="text-align: center;">Enter as MM/DD/YYYY Expiration Date</th> </tr> </thead> <tbody> <tr> <td>Texas Department of Health Services</td> <td>08/31/2012</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Issuing Agency	Enter as MM/DD/YYYY Expiration Date	Texas Department of Health Services	08/31/2012						
Issuing Agency	Enter as MM/DD/YYYY Expiration Date										
Texas Department of Health Services	08/31/2012										
	⁵ If No, possible noncompliance. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="padding: 2px;"> <input checked="" type="checkbox"/> In compliance at time of inspection <input type="checkbox"/> Area(s) of concern* <input type="checkbox"/> Possible Noncompliance* </td> </tr> </table>	<input checked="" type="checkbox"/> In compliance at time of inspection <input type="checkbox"/> Area(s) of concern* <input type="checkbox"/> Possible Noncompliance*									
<input checked="" type="checkbox"/> In compliance at time of inspection <input type="checkbox"/> Area(s) of concern* <input type="checkbox"/> Possible Noncompliance*											
*Please clarify under Section K and/or Section L of this report.											

TDA License No. 0466878 Inspector ID No. 07575 Inspection Date 12/7/2011

SECTION K	SUMMARY FOR HANDLER
	33) Person present at time of inspection: Cheri DeJong and Donald DeJong
	<input checked="" type="checkbox"/> These findings and all comments were discussed with the inspection observer during the exit interview.
	COMMENTS

No areas of possible noncompliance were observed at time of inspection.

SECTION L	SUMMARY FOR ORGANIC CERTIFICATION PROGRAM STAFF
	COMMENTS
	No areas of possible noncompliance were observed at time of inspection.
	Checklist

Please use this checklist to ensure you are sending and/or completing all of the necessary information and documents.

- Organic Processor (Food and Feed) Inspection Report
- Organic Inspection Findings
- Additional Attachments (specify):



P.O. Box 12847 Austin, Texas 78711 Voice (800) 835-5832 (512) 463-7476
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Texas Department of Agriculture
Processor (Food and Feed) Organic System
Plan

ROR-606

TODD STAPLES, COMMISSIONER

SECTION A	VERIFICATION INFORMATION <input type="checkbox"/> New Application <input checked="" type="checkbox"/> Annual Update <input type="checkbox"/> Change to OSP		
	Full Legal Business Name: Natural Prairie Dairy Farms		D.B.A. (if applicable):
	Facility Name: Natural Prairie Dairy Farms #2	Client No. 340090	Account No. Cert#440723
	Contact Individual: Cheri DeJong		

SECTION B	REQUIRED SUPPORTING DOCUMENTATION	
	All of the following items are required for a complete application. To avoid processing delays, please use this checklist to ensure that your application is complete.	
	<input checked="" type="checkbox"/>	Overall description of physical facilities including a complete diagram of the facilities
	<input checked="" type="checkbox"/>	Description of handling and processing procedures and materials
	<input checked="" type="checkbox"/>	Flowchart showing movement of certified products during handling and processing, including equipment, machinery, and storage areas
	<input checked="" type="checkbox"/>	Description of the critical control points of potential contamination and commingling
	<input checked="" type="checkbox"/>	Description of internal quality control procedures that details the movement of each specific lot of certified products through each step of the handling and processing operation
	<input checked="" type="checkbox"/>	Description of final product storage, preparation for transportation, loading and methods of transportation used in distribution
	<input checked="" type="checkbox"/>	Attach copies of all current food health and safety permits/licenses
	<input checked="" type="checkbox"/>	Processing Categories (SECTION C)
	<input checked="" type="checkbox"/>	Products Manufactured and Ingredients (SECTION D)
	<input checked="" type="checkbox"/>	Processing and Handling (SECTION E)
	<input checked="" type="checkbox"/>	Sanitation (SECTION F)
	<input checked="" type="checkbox"/>	Pest Management (SECTION G)
<input checked="" type="checkbox"/>	Product Labeling (SECTION H)	
<input checked="" type="checkbox"/>	Materials Used (SECTION I)	
<input checked="" type="checkbox"/>	Record Keeping (SECTION J)	
<input checked="" type="checkbox"/>	Attachments (i.e. ingredient listings)	

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Texas Department of Agriculture
Organic Inspection Findings

ROR-660

Todd Staples, Commissioner

SECTION A	VERIFICATION INFORMATION	
	Client Name NATURAL PRAIRIE DAIRY FARMS LLC	TDA Client No. 00340090
	Facility Name NATURAL PRAIRIE DAIRY FARMS FACILITY #3	TDA Account No. 0510389

SECTION B	INSPECTION INFORMATION		
	Inspection Type Routine	Inspection ID No. 07575111207054351	
	Inspector ID 07575	Inspector Name (b) (6)	Region <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
	Date 12/7/2011 <small>Enter as MM/DD/YYYY</small>	Time 12:55 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	County Code 205 County HARTLEY

SECTION C	FINDINGS
	Certification Type: ORGANIC PROCESSOR (b) (4)

TDA License No. 0510389 Inspector ID No. 07575 Inspection Date 12/7/2011

SUMMARY FOR PRODUCER

Person present at time of inspection: Cheri DeJong and Donald DeJong

These findings and all comments were discussed with the inspection observer during the exit interview.

COMMENTS

No areas of possible noncompliance were observed at time of inspection.

SECTION D



Texas Department of Agriculture
Organic Processor (Food and Feed)
Inspection Report

ROR-652

Todd Staples, Commissioner

SECTION A	VERIFICATION INFORMATION	
	Client Name NATURAL PRAIRIE DAIRY FARMS LLC	TDA Client No. 00340090
	Facility Name NATURAL PRAIRIE DAIRY FARMS FACILITY #3	TDA Account No. 0510389

SECTION B	INSPECTION INFORMATION			
	Inspection Type Routine		Inspection ID No. 07575111207054351	
	Inspector ID 07575	Inspector Name (b) (6)	Region <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
	Date 12/7/2011 <small>Enter as MM/DD/YYYY</small>	Time 09:07 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County Code 205	County HARTLEY

SECTION C	PROCESSING CATEGORIES	
	1) Select the types of certified organic products that are processed (check all that apply):	
	<input type="checkbox"/> Bakery goods <input type="checkbox"/> Bulk grains, beans and seeds <input type="checkbox"/> Canned fruits and vegetables <input type="checkbox"/> Canned soups, chili and broths <input type="checkbox"/> Cereals <input type="checkbox"/> Chips, crackers, cookies and granola products <input type="checkbox"/> Coffee and teas <input type="checkbox"/> Frozen foods <input checked="" type="checkbox"/> Dairy Products <input type="checkbox"/> Feed, forage, hay or feed supplement (livestock) <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Fruits and nuts <input type="checkbox"/> Grains, flours and mixes (packaged) <input type="checkbox"/> Herbs, spices, salt and flavorings <input type="checkbox"/> Juices and beverages <input type="checkbox"/> Meat and meat products <input type="checkbox"/> Nut butters, jams, jellies, honey, syrup, etc. <input type="checkbox"/> Snacks and candy <input type="checkbox"/> Sweeteners and sugar <input type="checkbox"/> Vegetables
	2) Are any processing categories being conducted that are not included in Section C of the ROR-606? <input type="checkbox"/> Yes ¹ <input checked="" type="checkbox"/> No	
	¹ If Yes, possible noncompliance.	
<input checked="" type="checkbox"/> In compliance at time of inspection <input type="checkbox"/> Area(s) of concern* <input type="checkbox"/> Possible Noncompliance*		
*Please clarify under Section K and/or Section L of this report.		

TDA License No. 0510389

Inspector ID No. 07575

Inspection Date 12/7/2011

PRODUCTS MANUFACTURED AND INGREDIENTS		
SECTION D	3) Are all products manufactured under Section D Subsection 1 of the ROR-606 accurate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹	
¹ If No, list all additional manufactured products below. <i>Possible noncompliance.</i>		
	Product Name	% Organic
		Organic Label to be Used on Product
	0.00%	<input type="checkbox"/> 100% Organic <input type="checkbox"/> Organic <input type="checkbox"/> Made with Organic
	0.00%	<input type="checkbox"/> 100% Organic <input type="checkbox"/> Organic <input type="checkbox"/> Made with Organic
	0.00%	<input type="checkbox"/> 100% Organic <input type="checkbox"/> Organic <input type="checkbox"/> Made with Organic
	0.00%	<input type="checkbox"/> 100% Organic <input type="checkbox"/> Organic <input type="checkbox"/> Made with Organic
	0.00%	<input type="checkbox"/> 100% Organic <input type="checkbox"/> Organic <input type="checkbox"/> Made with Organic
	0.00%	<input type="checkbox"/> 100% Organic <input type="checkbox"/> Organic <input type="checkbox"/> Made with Organic
	0.00%	<input type="checkbox"/> 100% Organic <input type="checkbox"/> Organic <input type="checkbox"/> Made with Organic
	0.00%	<input type="checkbox"/> 100% Organic <input type="checkbox"/> Organic <input type="checkbox"/> Made with Organic
	0.00%	<input type="checkbox"/> 100% Organic <input type="checkbox"/> Organic <input type="checkbox"/> Made with Organic
	0.00%	<input type="checkbox"/> 100% Organic <input type="checkbox"/> Organic <input type="checkbox"/> Made with Organic
4) Are all certificates for organic ingredients available at the time of inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ²		
5) Are all organic ingredients clearly identified from non-organic ingredients? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ²		
6) Are all organic ingredients stored in a manner to prevent contamination and commingling from non-organic ingredients? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ²		
² If No, possible noncompliance.		
<input checked="" type="checkbox"/> In compliance at time of inspection <input type="checkbox"/> Area(s) of concern* <input type="checkbox"/> Possible Noncompliance*		
*Please clarify under Section K and/or Section L of this report.		

PROCESSING AND HANDLING		
SECTION E	7) Is the information under Section E Question 4 of the ROR-606 accurate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹	
	8) Does the operation's quality control program adequately prevent commingling and contamination, and monitor the effectiveness of the organic system plan? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹	
	9) Does the facility and procedures in place prevent contamination of certified organic products by prohibited substances and/or commingling with non-organic products? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹	
	10) Is the information under Section E Questions 7-14 of the ROR-606 accurate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹	
¹ If No, possible noncompliance.		
11) Which of the following receiving, storage, and handling areas are used for certified organic products (check all that apply)?		
<input type="checkbox"/> Receiving areas or docks, scales, etc.		
<input type="checkbox"/> Bulk bin(s) or storage unit(s)		
<input checked="" type="checkbox"/> Cold storage unit(s) used exclusively for certified organic products		
<input type="checkbox"/> Designated area(s) for certified organic products with cold storage unit(s)		
<input type="checkbox"/> Dry shelf storage unit(s) used exclusively for certified organic products		

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PROCESSING AND HANDLING (CONTINUED)	
SECTION E (CONTINUED)	<input type="checkbox"/> Designated area(s) for certified organic products within dry shelf storage unit(s)
	<input type="checkbox"/> Washing, cleaning, grading, clipping area(s)
	<input type="checkbox"/> Other (specify): _____
	<input type="checkbox"/> Not applicable
	12) Handling areas and equipment for packing and grading of certified organic products (check all that apply):
	<input checked="" type="checkbox"/> Areas with equipment designated exclusively for handling of certified organic products
	<input type="checkbox"/> Areas with portable equipment designated exclusively for handling of certified organic products
	<input type="checkbox"/> Scheduled times for segregated handling of certified organic products
	<input type="checkbox"/> Other (specify): _____
	<input type="checkbox"/> Not applicable
13) Are any processing aids used that are not included as ingredients? <input type="checkbox"/> Yes ² <input checked="" type="checkbox"/> No	
² If Yes, are all processing aids listed under section I of the ROR-606? <input type="checkbox"/> Yes <input type="checkbox"/> No ³	
³ If No, list all processing aids not listed under section I of this report. <i>Possible noncompliance.</i>	
14) Are any processed products stored on-site that were not processed at the facility? <input type="checkbox"/> Yes ⁴ <input checked="" type="checkbox"/> No	
15) Are any processed products stored at a separate facility with a different physical address of the processing facility? <input type="checkbox"/> Yes ⁴ <input checked="" type="checkbox"/> No	
⁴ If Yes, provide name of Certifier and Certification #: Certifier: _____ Certification #: _____	
<input checked="" type="checkbox"/> In compliance at time of inspection <input type="checkbox"/> Area(s) of concern* <input type="checkbox"/> Possible Noncompliance*	
*Please clarify under Section K and/or Section L of this report.	

SANITATION	
SECTION F	16) Are materials used for sanitation? <input checked="" type="checkbox"/> Yes ¹ <input type="checkbox"/> No
	¹ If Yes, are all materials used for sanitation listed under Section I of the ROR-606? <input type="checkbox"/> Yes <input type="checkbox"/> No ² <input checked="" type="checkbox"/> NA
	17) Is the information under Section F Question 21 of the ROR-606 concerning methods used for sanitation and/or cleaning accurate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ²
	² If No, area(s) of concern.
	18) Does the facility and all equipment appear clean and free from the risk of possible contamination to processed products at the time of inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ⁴
	19) Are prohibited materials used in sanitation and/or cleaning? <input type="checkbox"/> Yes ³ <input checked="" type="checkbox"/> No
	³ If Yes, do the methods of handling and application of prohibited materials prevent contamination of certified organic products? <input type="checkbox"/> Yes <input type="checkbox"/> No ⁴ <input checked="" type="checkbox"/> NA
	⁴ If No, possible noncompliance.
<input checked="" type="checkbox"/> In compliance at time of inspection <input type="checkbox"/> Area(s) of concern* <input type="checkbox"/> Possible Noncompliance*	
*Please clarify under Section K and/or Section L of this report.	

TDA License No. 0510389 Inspector ID No. 07575 Inspection Date 12/7/2011

PEST MANAGEMENT	
SECTION G	20) Are materials used for pest management? <input checked="" type="checkbox"/> Yes¹ <input type="checkbox"/> No ¹ If Yes, are all materials used for pest management listed under Section I of the ROR-606? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No² <input type="checkbox"/> NA
	21) Is the information under Section G Question 24 of the ROR-606 concerning methods used for pest management accurate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No² ² If No, area(s) of concern.
	22) Is the facility and all equipment free of pests and/or the signs of pests at the time of inspection? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No⁴
	23) Are prohibited materials used in pest management? <input type="checkbox"/> Yes³ <input checked="" type="checkbox"/> No ³ If Yes, do the methods of handling and application of prohibited materials prevent contamination of certified organic products? <input type="checkbox"/> Yes <input type="checkbox"/> No⁴ <input checked="" type="checkbox"/> NA
	24) Is the information under Section G Question 26 of the ROR-606 accurate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No⁴ ⁴ If No, possible noncompliance.
<input checked="" type="checkbox"/> In compliance at time of inspection <input type="checkbox"/> Area(s) of concern* <input type="checkbox"/> Possible Noncompliance*	
*Please clarify under Section K and/or Section L of this report.	

PRODUCT LABELING													
SECTION H	25) Are organic products labeled or re-labeled? <input type="checkbox"/> Yes¹ <input checked="" type="checkbox"/> No ¹ If Yes, do all labels included in the operation's supporting documentation match the labels that are present at the time of inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No² <input checked="" type="checkbox"/> NA <i>*Labels will be included with new applications (if labeling or re-labeling is being conducted). Annual updates will only include labels if changes are made to existing labels or new labels are added.</i>												
	26) List the number of certified organic products with their corresponding label type or production lot number:												
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%; text-align: center;">Label Type</th> <th style="width: 20%; text-align: center;">Number of Products</th> </tr> </thead> <tbody> <tr> <td>100% ORGANIC - All ingredients and processing aids are certified organic.</td> <td style="text-align: center;">1</td> </tr> <tr> <td>ORGANIC - At least 95% of the ingredients are certified organic, and all other ingredients are either listed on the National List or are agriculture products that are not commercially available in organic form.</td> <td></td> </tr> <tr> <td>MADE WITH ORGANIC (Specified Ingredients) - At least 70% of the ingredients are certified organic, and all other ingredients are produced without genetic modification and without the use of prohibited substances.</td> <td></td> </tr> <tr> <td>ORGANIC INGREDIENTS LISTED IN INGREDIENT STATEMENT ONLY.</td> <td></td> </tr> <tr> <td>Certified organic products in non-retail containers are labeled with production lot number.</td> <td></td> </tr> </tbody> </table>	Label Type	Number of Products	100% ORGANIC - All ingredients and processing aids are certified organic.	1	ORGANIC - At least 95% of the ingredients are certified organic, and all other ingredients are either listed on the National List or are agriculture products that are not commercially available in organic form.		MADE WITH ORGANIC (Specified Ingredients) - At least 70% of the ingredients are certified organic, and all other ingredients are produced without genetic modification and without the use of prohibited substances.		ORGANIC INGREDIENTS LISTED IN INGREDIENT STATEMENT ONLY.		Certified organic products in non-retail containers are labeled with production lot number.	
Label Type	Number of Products												
100% ORGANIC - All ingredients and processing aids are certified organic.	1												
ORGANIC - At least 95% of the ingredients are certified organic, and all other ingredients are either listed on the National List or are agriculture products that are not commercially available in organic form.													
MADE WITH ORGANIC (Specified Ingredients) - At least 70% of the ingredients are certified organic, and all other ingredients are produced without genetic modification and without the use of prohibited substances.													
ORGANIC INGREDIENTS LISTED IN INGREDIENT STATEMENT ONLY.													
Certified organic products in non-retail containers are labeled with production lot number.													
	27) Is the information under Section H Questions 29 and 30 of the ROR-606 accurate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No² ² If No, area(s) of concern. Explain in comments section.												
<input checked="" type="checkbox"/> In compliance at time of inspection <input type="checkbox"/> Area(s) of concern* <input type="checkbox"/> Possible Noncompliance*													
*Please clarify under Section K and/or Section L of this report.													

TDA License No. 0510389

Inspector ID No. 07575

Inspection Date 12/7/2011

SECTION I		
MATERIALS USED		
28) Are all of the materials listed under Section I of the ROR-606 accurate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹		
¹ List all materials <u>not</u> included in the ROR-606 in the table below. <i>If No, possible noncompliance:</i>		
Brand Name:	Manufacturer:	Reason for use:
<input checked="" type="checkbox"/> In compliance at time of inspection <input type="checkbox"/> Area(s) of concern* <input type="checkbox"/> Possible Noncompliance*		
*Please clarify under Section K and/or Section L of this report.		

SECTION J		
RECORD KEEPING		
29) Select all records maintained and if they are complete and current:	Records Maintained?	Complete & Current? ¹
Names and addresses of suppliers ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
Purchasing records of certified organic products/ingredients (including purchase dates, invoices, and quantities) ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
Current Inventory of Products and Ingredients ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
Handling Records ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
Routine quality control inspections, reports, and evaluations ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
Verification of certifications and records of certifying agents for all certified organic products ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
Sales and shipping records of certified organic products ²	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ¹
Other (specify):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No ¹
30) Does record keeping system adequately provide for auditing the organic system plan? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ³		
¹ Verify that the records were found to be complete and current at time of inspection. <i>If No, possible noncompliance.</i> ² This type of record keeping is required to demonstrate compliance. <i>If these records are not in place or if the information is insufficient to communicate the applicable information, then this is a possible noncompliance.</i> ³ <i>If No, possible noncompliance.</i> *Note, all records must be maintained for 5 years.		

TDA License No. 0510389 Inspector ID No. 07575 Inspection Date 12/7/2011

SECTION J (CONTINUED)	RECORD KEEPING (CONTINUED)	
	31) Are city, state, or federal food health and safety permits/licenses available at the time of inspection?	<input checked="" type="checkbox"/> Yes ⁴ <input type="checkbox"/> No ⁵ <input type="checkbox"/> NA
	32) Are records indicating water used on certified products and discharge water meet city, state, or federal Safe Drinking Water Act requirements?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ⁵ <input type="checkbox"/> NA
	⁴ If Yes, list the following information regarding the permits/licenses:	
	Issuing Agency	Expiration Date <small>Enter as MM/DD/YYYY</small>
	Texas Department of Health Services	08/31/2012
	⁵ If No, possible noncompliance.	
<input checked="" type="checkbox"/> In compliance at time of inspection <input type="checkbox"/> Area(s) of concern* <input type="checkbox"/> Possible Noncompliance*		
*Please clarify under Section K and/or Section L of this report.		

TDA License No. 0510389 Inspector ID No. 07575 Inspection Date 12/7/2011

SECTION K	SUMMARY FOR HANDLER
	33) Person present at time of inspection: Cheri DeJong and Donald DeJong
	<input checked="" type="checkbox"/> These findings and all comments were discussed with the inspection observer during the exit interview.
	COMMENTS
	No areas of possible noncompliance were observed at time of inspection.

SECTION L	SUMMARY FOR ORGANIC CERTIFICATION PROGRAM STAFF
	COMMENTS
	No areas of possible noncompliance were observed at time of inspection.
	Checklist
	Please use this checklist to ensure you are sending and/or completing all of the necessary information and documents. <input checked="" type="checkbox"/> Organic Processor (Food and Feed) Inspection Report <input checked="" type="checkbox"/> Organic Inspection Findings <input type="checkbox"/> Additional Attachments (specify):



P.O. Box 12847 Austin, Texas 78711 Voice (800) 833-5832 (512) 463-7476
 Hearing impaired: (800) 735-2988 www.TexasAgriculture.gov

Texas Department of Agriculture
Processor (Food and Feed) Organic System
Plan

ROR-606

TODD STAPLES, COMMISSIONER

SECTION A	VERIFICATION INFORMATION <input type="checkbox"/> New Application <input checked="" type="checkbox"/> Annual Update <input type="checkbox"/> Change to OSP		
	Full Legal Business Name: Natural Prairie Dairy Farms	D.B.A. (if applicable):	
	Facility Name: Natural Prairie Dairy Farms #3	Client No. 340090	Account No. Cert#440723
	Contact Individual: Cheri DeJong		

SECTION B	REQUIRED SUPPORTING DOCUMENTATION	
	All of the following items are required for a complete application. To avoid processing delays, please use this checklist to ensure that your application is complete.	
	<input checked="" type="checkbox"/>	Overall description of physical facilities including a complete diagram of the facilities
	<input checked="" type="checkbox"/>	Description of handling and processing procedures and materials
	<input checked="" type="checkbox"/>	Flowchart showing movement of certified products during handling and processing, including equipment, machinery, and storage areas
	<input checked="" type="checkbox"/>	Description of the critical control points of potential contamination and commingling
	<input checked="" type="checkbox"/>	Description of internal quality control procedures that details the movement of each specific lot of certified products through each step of the handling and processing operation
	<input checked="" type="checkbox"/>	Description of final product storage, preparation for transportation, loading and methods of transportation used in distribution
	<input checked="" type="checkbox"/>	Attach copies of all current food health and safety permits/licenses
	<input checked="" type="checkbox"/>	Processing Categories (SECTION C)
	<input checked="" type="checkbox"/>	Products Manufactured and Ingredients (SECTION D)
	<input checked="" type="checkbox"/>	Processing and Handling (SECTION E)
	<input checked="" type="checkbox"/>	Sanitation (SECTION F)
	<input checked="" type="checkbox"/>	Pest Management (SECTION G)
	<input checked="" type="checkbox"/>	Product Labeling (SECTION H)
<input checked="" type="checkbox"/>	Materials Used (SECTION I)	
<input checked="" type="checkbox"/>	Record Keeping (SECTION J)	
<input checked="" type="checkbox"/>	Attachments (i.e. ingredient listings)	

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 REGULATORY

This document becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023, and 559.004.)



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Texas Department of Agriculture
Organic Inspection Findings

ROR-660

Todd Staples, Commissioner

SECTION A	VERIFICATION INFORMATION	
	Client Name BRIAN BOEHNING	TDA Client No. 00354656
	Facility Name BOEHNING DAIRY FARM (FEED)	TDA Account No. 0460435

SECTION B	INSPECTION INFORMATION			
	Inspection Type Routine		Inspection ID No. 07575120509103502	
	Inspector ID 07575	Inspector Name (b) (6)	Region <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
	Date 5/14/2012 <small>Enter as MM/DD/YYYY</small>	Time 3:58 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	County Code 279	County LAMB

SECTION C	FINDINGS	
	Certification Type:	(b) (4)
	<div style="background-color: black; width: 100%; height: 150px; display: flex; align-items: center; justify-content: center;"> (b) (4) </div>	

TDA License No. 0460435 Inspector ID No. 07575 Inspection Date 5/14/2012

SUMMARY FOR PRODUCER

Person present at time of inspection: Brian Boehning

These findings and all comments were discussed with the inspection observer during the exit interview.

COMMENTS

(b) (4)

SECTION D



Texas Department of Agriculture
Organic Livestock Producer Inspection Report

ROR-651

Todd Staples, Commissioner

SECTION A		VERIFICATION INFORMATION	
SECTION A	Client Name BRIAN BOEHNING	TDA Client No. 00354656	
	Facility Name BOEHNING DAIRY FARM (FEED)	TDA Account No. 0460435	

SECTION B		INSPECTION INFORMATION			
SECTION B	Inspection Type Routine	Inspection ID No. (b) (4)			
	Inspector ID 07575	Inspector Name (b) (6)	Region <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		
	Date 5/9/2012 <small>Enter as MM/DD/YYYY</small>	Time 09:11 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County Code 279	County LAMB	

SECTION C		FACILITY AND LIVESTOCK INFORMATION				
SECTION C	1) Is land used for producing livestock certified?	(b) (4) Yes	(b) (4) No ¹			
	TDA Acct.#:	0460426	Other Certifier:		Cert. #:	
	2) Is the information regarding pastures and facilities under Section C of the ROR-603 accurate?	(b) (4) Yes	(b) (4) No ²			
	3) Is the livestock information under Section C of the ROR-603 accurate?	(b) (4) Yes	(b) (4) No ²			
	² If No, the producer must submit changes to the TDA, Organic Certification Program.					
	4) Is any aspect of the livestock operation performed at another location?	(b) (4) Yes ³	(b) (4) No			
³ If Yes, are the addresses provided in the ROR-603 accurate?						
¹ If No, possible noncompliance.						
5) Have all pastures been inspected as part of the Organic Land Producer Inspection?	(b) (4) Yes	(b) (4) No ⁴				
⁴ If No, when will the Organic Land Producer Inspection be performed?						
(b) (4)						

TDA License No. 0460435 Inspector ID No. 07575 Inspection Date 5/9/2012

FACILITY AND LIVESTOCK INFORMATION (CONTINUED)

Complete the following sections as they apply to the operation.

MILK PRODUCTION (b) NA (Skip to Meat Production)

6) Is milk inspection documentation provided under Section C Questions 5a-5e of the ROR-603 accurate? (b) Yes (b) No¹

¹ If No, possible noncompliance. If the materials listed are incorrect and/or not listed in the ROR-603, list them below and attach all product labels and ingredient listings if available:

Brand Name _____ Manufacturer _____

(b) (4)

MEAT PRODUCTION (b) NA (Skip to Egg Production)

7) Are animals being slaughtered and processed on farm? (b) Yes² (b) No

²If Yes, provide name of Certifier and Processor Certificate #:

8) Is the loading and transportation information under Section C Questions 6b-6j of the ROR-603 accurate? (b) Yes (b) No³

³ If No, possible noncompliance.

EGG PRODUCTION (b) NA (Skip to Fiber Production)

9) Is the information regarding the collection, washing, packaging, and storage of eggs under Section C Questions 7a-7h of the ROR-603 accurate? (b) Yes (b) No⁴

⁴ If No, area(s) of concern.

10) Does the applicant/licensee have a Texas egg license number? Yes⁵ No

⁵If Yes, provide the Texas egg license number: (b) (4)

⁵If Yes, provide the Texas egg license expiration date: Enter as MM/DD/YYYY (b) (4)

11) Are eggs being sold directly to consumer? (b) Yes (b) No

12) Are eggs being sold to a retail market? (b) Yes (b) No

FIBER PRODUCTION (b) NA

13) Is the information provided under Section C Questions 8a-8b of the ROR-603 accurate? (b) Yes (b) No⁶

⁶ If No, area(s) of concern.

14) Is any organic fiber processing performed on farm? Yes⁷ No

⁷If Yes, provide name of Certifier and Processor Certificate #: (b) (4)

(b) In compliance at time of inspection (b) Area(s) of concern* (b) Possible Noncompliance*

*Please clarify under Section J and/or Section K of this report.

SECTION C (CONTINUED)

TDA License No. 0460435

Inspector ID No. 07575

Inspection Date 5/9/2012

SECTION D			
ORIGIN OF LIVESTOCK			
15) Is the information regarding transitioning livestock to organic production provided in the ROR-603 accurate?	(b) (4) Yes	(b) (4) No ¹	
16) Are replacement animals:			
Raised on farm through natural breeding?	Yes	No	
Raised on farm through an artificial breeding system?	Yes	No	
Purchased from an organic source?	Yes	No	
Purchased from a non-organic source?	Yes	No	
*Documentation must be on file and available for inspection to confirm the status and history of each purchased animal.			
17) Are dairy and breeder stock under organic management from the last third of gestation?	(b) (4) Yes	(b) (4) No ¹	(b) (4) NA
18) Are dairy animals under continuous organic management for at least one year prior to the production of milk or milk products that are to be sold, labeled, or represented as organic?	Yes	No ¹	NA
19) Are poultry under continuous organic management beginning no later than the second day of life?	Yes	No ¹	NA
20) Is the animal identification system listed in the ROR-603 accurate?	Yes	(b) (4) No ¹	
¹ If No, possible noncompliance.			
(b) (4) In compliance at time of inspection (b) (4) Area(s) of concern* (b) (4) Possible Noncompliance*			
*Please clarify under Section J and/or Section K of this report.			

SECTION E			
LIVESTOCK FEED			
21) Are all the feed rations for each of the individual production groups and for each season listed correctly in the ROR-603?	(b) (4) Yes	(b) (4) No ¹	
¹ If No, possible noncompliance. List incorrect and/or feed rations not listed in the ROR-603 below:			
Production Group:	Ration ID:	Months in which the ration is used:	
	(b) (4)		
Ingredient:	(b) (4)	Quantity:	(b) (4)
		(b) (4) Grown or	(b) (4) Purchased ²
Ingredient:		(b) (4) Grown or	(b) (4) Purchased ²
Ingredient:		Grown or	Purchased ²
Ingredient:		Grown or	Purchased ²
Ingredient:		Grown or	Purchased ²
Ingredient:		Grown or	Purchased ²
Production Group:	Ration ID:	Months in which the ration is used:	
	(b) (4)		
Ingredient:	(b) (4)	Quantity:	(b) (4)
		(b) (4) Grown or	(b) (4) Purchased ²
Ingredient:		(b) (4) Grown or	(b) (4) Purchased ²
Ingredient:		Grown or	Purchased ²
Ingredient:		Grown or	Purchased ²
Ingredient:		Grown or	Purchased ²
Ingredient:		Grown or	Purchased ²

TDA License No. 0460435

Inspector ID No. 07575

Inspection Date 5/9/2012

LIVESTOCK FEED (CONTINUED)

Production Group:		Ration ID:		Months in which the ration is used:	
		(b) (4)			
Ingredient:	(b) (4)	Quantity:	(b) (4)	(b) (4) Grown or	(b) (4) Purchased ²
Ingredient:		Quantity:		Grown or	Purchased ²
Ingredient:		Quantity:		Grown or	Purchased ²
Ingredient:		Quantity:		Grown or	Purchased ²
Ingredient:		Quantity:		Grown or	Purchased ²
Ingredient:		Quantity:		Grown or	Purchased ²

²Is the feed source information of all purchased feed provided in the ROR-603 and the above table (if applicable) accurate? (b) Yes (b) No³

³If No, possible noncompliance. If any purchased feed is incorrect and/or not listed in the ROR-603, list them below and attach all feed labels and ingredient listings if available:

Purchased Feed	Supplier	Supplier Certifier	Delivered ⁴	
	(b) (4)		(b) (4) Yes ⁴	(b) (4) No
			Yes ⁴	No
			Yes ⁴	No
			Yes ⁴	No

⁴Are Clean Truck Affidavits on file if delivered as bulk shipments? (b) Yes (b) No⁵ (b) NA

22) Is feed stored in a manner that prevents contamination from rodents/ other animals, spoilage by water/wind/erosion, spoilage by bacteria/organisms? (b) Yes (b) No⁵

⁵If No, possible noncompliance.

23) Is any livestock feed processed on farm? (b) Yes⁶ (b) No

⁶If Yes, is the information provided in Section E Question 10e of the ROR-603 accurate? (b) Yes (b) No⁷

⁷If No, possible noncompliance. List all incorrect and/or on farm feed processing (roasting, grinding, etc.) not listed in the ROR-603 and the equipment used in the process:

Processing Type	Equipment
(b) (4)	(b) (4)

24) If processing equipment is used for non-organic products, is the equipment cleaned to prevent cross-contamination? (b) Yes (b) No⁸ (b) NA

⁸If No, possible noncompliance.

SECTION E (CONTINUED)

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LIVESTOCK FEED (CONTINUED)

25) Is any livestock feed processed off farm? Yes⁹ No

⁹If Yes, is the information provided in Section E Question 10g of the ROR-603 accurate? Yes No¹⁰

¹⁰ If No, possible noncompliance. List incorrect and/or off farm feed processing not listed in the ROR-603 below:

Feed Processed	Type of Processing	Name of Company	Certifier of the Processing Company
(b) (4)			

26) Are feed supplements fed to livestock? Yes¹¹ No

¹¹If Yes, is the information under Section E Question 11a of the ROR-603 accurate? Yes No¹²

¹² If No, possible noncompliance. If any feed supplement listed is incorrect and/or not listed in the ROR-603, list them below and attach all labels and ingredient information if available:

Brand Name	Manufacturer	Delivery Method	Frequency Fed
(b) (4)			

SECTION E (CONTINUED)

27) Is the information under Section E Question 11b of the ROR-603 accurate? Yes No¹³

¹³ If No, area(s) of concern. List the incorrect and/or water source information not listed in the ROR-603 below:

Source	Livestock Groups Available To
(b) (4)	

28) Is water tested? Yes¹⁴ No

¹⁴If Yes, provide the date of the most recent water test: Enter as MM/DD/YYYY 06/15/2011

29) Are materials used to clean watering sources? Yes¹⁵ No

¹⁵If Yes, is the information under Section E Question 11e of the ROR-603 accurate? Yes No¹⁶

¹⁶ If No, possible noncompliance. If any materials listed are incorrect and/or not listed in the ROR-603, list them below and attach all labels and ingredient listings if available:

Brand Name	Manufacturer
(b) (4)	

In compliance at time of inspection Area(s) of concern* Possible Noncompliance*

*Please clarify under Section J and/or Section K of this report.

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HEALTH MANAGEMENT

30) Is the information regarding livestock breeds under Section F Question 13a of the ROR-603 accurate? Yes No¹

¹ If No, area(s) of concern. List the incorrect and/or breed information not listed in the ROR-603 below:

Livestock Species	Breed(s)
(b) (4)	

31) Are vaccines used in the health management program? Yes² No³
² If Yes, is the information under Section F Question 14 of the ROR-603 accurate? Yes No³

³ If No, possible noncompliance. If any vaccines listed are incorrect and/or not listed in the ROR-603, list them below and attach all labels and ingredient listings if available:

Brand Name	Manufacturer	Age/When Given	How Administered
(b) (4)			

SECTION F

32) Is the information under Section F Question 15 of the ROR-603 accurate? Yes No⁴

⁴ If No, possible noncompliance. If any materials listed are incorrect and/or not listed in the ROR-603, list them below and attach all labels and ingredient listings if available:

Brand Name	Manufacturer
(b) (4)	

33) How is the health of animals evaluated (check all that apply):

- Body condition scoring
- Physical characteristics
- Production
- Visual assessment
- Behavior

Testing (specify): (b) (4)

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HEALTH MANAGEMENT (CONTINUED)

34) Are all products listed under Section F Question 17 of the ROR-603 accurate? Yes No⁵

⁵ If No, possible noncompliance. If materials listed are incorrect and/or not listed in the ROR-603, list them below and attach all labels and ingredient listings if available:

Brand Name	Manufacturer
(b) (4)	

35) Is the information under Section F Questions 19-22 of the ROR-603 accurate? Yes No⁶

⁶ If No, area(s) of concern.

36) Is the information under Section F Questions 23 of the ROR-603 accurate? Yes No⁷

37) Are all pain management agents used listed in the ROR-603 accurate? Yes No⁷

⁷ If No, possible noncompliance. List the incorrect and/or materials not listed in the ROR-603 below and attach all labels and ingredient listings if available:

Brand Name	Manufacturer
(b) (4)	

38) Is the information under Section F Questions 24a-26 of the ROR-603 accurate? Yes No⁸

⁸ If No, possible noncompliance.

In compliance at time of inspection Area(s) of concern* Possible Noncompliance*

*Please clarify under Section J and/or Section K of this report.

SECTION F (CONTINUED)

LIVESTOCK LIVING CONDITIONS

39) Is the information under Section G Questions 27-30 of the ROR-603 accurate? Yes No¹

¹ If No, possible noncompliance.

40) Is the information under Section G Questions 31a-31b of the ROR-603 accurate? Yes No²

² If No, area(s) of concern. List the incorrect and/or bedding materials not listed in the ROR-603 below:

Bedding Type	Source of Bedding
(b) (4)	

SECTION G

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LIVESTOCK LIVING CONDITIONS (CONTINUED)	
SECTION G (CONTINUED)	41) What methods are used for pest management (check all that apply)? <input checked="" type="checkbox"/> Mechanical traps <input checked="" type="checkbox"/> Predators <input type="checkbox"/> Cleanliness <input type="checkbox"/> Materials ³ Other (specify): _____
	³ Are all materials listed under Section G Question 32 of the ROR-603 accurate? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No ⁴
	⁴ If No, possible noncompliance. List the incorrect and/or materials not listed in the ROR-603 below and attach all labels and ingredient listings if available:
	Brand Name _____ Manufacturer _____ (b) (4)
	42) What methods are used for predator control (check all that apply)? <input checked="" type="checkbox"/> Fencing <input checked="" type="checkbox"/> Netting <input type="checkbox"/> Guard animals <input type="checkbox"/> Hazing tactics Other (specify): _____ (b) (4)
	43) Is manure management monitored by a County, State, Federal Agency or another organization? <input checked="" type="checkbox"/> Yes ⁵ <input checked="" type="checkbox"/> No
	⁵ If Yes, list the agency or organization _____ (b) (4)
	44) Is the information under Section G Questions 35a-39 of the ROR-603 accurate? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No ⁶
	⁶ If No, possible noncompliance.
	<input checked="" type="checkbox"/> In compliance at time of inspection <input checked="" type="checkbox"/> Area(s) of concern* <input checked="" type="checkbox"/> Possible Noncompliance* *Please clarify under Section J and/or Section K of this report.

PASTURE PRACTICE STANDARD	
SECTION H	45) Is the information under Section H Questions 40-47a of the ROR-603 accurate? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No ¹
	46) Are the Dry Matter Intake (DMI) Worksheets or an equivalent record keeping system on file? (Ruminant livestock only) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ¹ <input checked="" type="checkbox"/> NA
	47) Is the pasture(s) of quality and quantity to allow all ruminant livestock under organic management to meet the DMI requirements of the National Organic Program (NOP) Regulations? (Ruminant livestock only) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ¹ <input checked="" type="checkbox"/> NA
	¹ If No, possible noncompliance.
	<input checked="" type="checkbox"/> In compliance at time of inspection <input checked="" type="checkbox"/> Area(s) of concern* <input checked="" type="checkbox"/> Possible Noncompliance* *Please clarify under Section J and/or Section K of this report.

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RECORD KEEPING					
48) Select all records maintained and if they are complete and current:		Records Maintained?		Complete & Current? ¹	
SECTION I	Documentation of all purchased animals ²	(b)(4) Yes	(b)(4) No	(b)(4) Yes	(b)(4) No ¹
	Health management and treatment records ²	Yes	No	Yes	No ¹
	Purchased feed and supplements ²	Yes	No	Yes	No ¹
	Animal Identification ²	Yes	No	Yes	No ¹
	Sales Records ²	Yes	No	Yes	No ¹
	Production records ²	Yes	No	Yes	No ¹
	Complaint Log ²	Yes	No	Yes	No ¹
	Applied material and ingredient information ²	Yes	No	Yes	No ¹
	Rations fed to livestock ²	Yes	No	Yes	No ¹
	Breeding and birthing/hatching records	Yes	No	Yes	No
	Feed inventory and storage records	Yes	No	Yes	No
	Shipping/transportation records	Yes	No	Yes	No
Other (specify):	Yes	No	Yes	No	
49) Does record keeping system adequately provide for auditing the organic production?		(b)(4) Yes	(b)(4) No ³		
<p>¹Verify that the records were found to be complete and current at time of inspection. <i>If No, possible noncompliance.</i></p> <p>²This type of record keeping is required to demonstrate compliance. <i>If these records are not in place or if the information is insufficient to communicate the applicable information, then this is a possible noncompliance.</i></p> <p>³ <i>If No, possible noncompliance.</i></p> <p><i>*Note, all records must be maintained for 5 years.</i></p>					
(b) In compliance at time of inspection		(b) Area(s) of concern*		(b) Possible Noncompliance*	
*Please clarify under Section J and/or Section K of this report.					

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SUMMARY FOR PRODUCER

50) Person present at time of inspection: Brian Boehning

These findings and all comments were discussed with the inspection observer during the exit interview.

COMMENTS

(b) (4)

SECTION J

SUMMARY FOR ORGANIC CERTIFICATION PROGRAM STAFF

COMMENTS

(b) (4)

SECTION K

Checklist

Please use this checklist to ensure you are sending and/or completing all of the necessary information and documents.

- Organic Livestock Producer Inspection Report
- Organic Inspection Findings
- Additional Attachments (specify):