

Organic Farm Compliance Checklist

Record Keeping & Documentation

Ensuring accurate and complete records are maintained for organic production.

Date of Record Entry

Description of Activities Performed

Quantity of Organic Input Used (e.g., Compost, Manure)

Supporting Documents (e.g., Purchase Receipts)

Type of Record

- Field Activity
- Input Application
- Equipment Maintenance
- Inspection
- Other

Observer/Recorder Name

Write something...

Date of Previous Record

Enter date...

Soil Health & Fertility

Verifying practices that promote healthy soil and fertility without synthetic inputs.

Last Soil Test Date

Enter date...

Soil Organic Matter (%)

Enter a number...

Soil pH

Enter a number...

Cover Crop Used (if applicable)

- None
- Clover
- Rye
- Oats
- Other

Description of Soil Amendments Used

Write something...

Amount of Compost Applied (lbs/acre)

Enter a number...

Tillage Method

- No-Till
- Reduced Tillage
- Conventional Tillage

Seed & Planting Stock

Confirming the use of certified organic seeds and planting stock.

Seed Source Certification

- Certified Organic
- Nontreated Conventional
- Uncertified

Seed Variety/Cultivar

Write something...

Quantity of Seed Purchased (lbs/kg)

Enter a number...

Date of Seed Purchase

Enter date...

Seed Purchase Invoice/Receipt

 Upload File

Seed Treatment (if any)

- None
- Organic Approved Treatment
- Conventional Treatment (Not Allowed)

Notes on Seed Quality/Observations

Write something...

Pest & Disease Management

Reviewing pest and disease control methods used, ensuring compliance with organic standards.

Primary Pest/Disease Observed?

- Aphids
- Fungal Disease
- Bacterial Disease
- Viral Disease
- Nematodes
- Other (Specify in Long Text)

If 'Other' specified, describe the pest/disease.

Write something...

Control Method Used?

- Beneficial Insects
- Organic Pesticide
- Crop Rotation
- Hand Removal
- Other (Specify in Long Text)

If 'Other' specified, describe the control method.

Write something...

Quantity of Organic Pesticide Used (if applicable)

Enter a number...

Date of Treatment

Enter date...

Affected Areas of Farm

- Field 1
- Field 2
- Greenhouse
- Orchard

Weed Control

Assessing weed management practices and materials used.

Last Hand Weeding Date

Enter date...

Approximate Weed Coverage (%)

Enter a number...

Weed Control Methods Used (Select all that apply)

- Hand Weeding
- Cultivation
- Cover Cropping
- Solarization
- Organic Herbicides

Details of Organic Herbicide Application (if applicable)

Write something...

Photos of Weed Infestation (if needed)

 Upload File

Effectiveness of Current Weed Control Measures

- Highly Effective
- Moderately Effective
- Slightly Effective
- Not Effective

Livestock Management (if applicable)

Checking livestock feed, health practices, and living conditions according to organic guidelines.

Last Veterinary Visit Date

Enter date...

Daily Feed Quantity (lbs/kg)

Enter a number...

Feed Source

- Certified Organic
- Non-Organic (Justification Required)

Justification for Non-Organic Feed (if applicable)

Write something...

Health Checks Performed (Check all that apply)

- Temperature
- Pulse
- Respiration
- Visual Inspection

Time of Morning Feeding

Water Consumption (gallons/liters)

Enter a number...

Crop Production Practices

Evaluating overall crop production practices to ensure adherence to organic principles.

Last Cover Crop Planting Date

Enter date...

Crop Rotation Cycle Length (Years)

Enter a number...

Tillage Method Used

- No-Till
- Reduced Till
- Conventional Tillage

Description of Crop Rotation Plan

Write something...

Plant Density (Plants/Acre)

Enter a number...

Organic Amendments Used (Select all that apply)

- Compost
- Manure
- Green Manure
- Other (Specify in LONG_TEXT)

Last Field Inspection Date (for crop health)

Enter date...

Water Management

Reviewing water usage and irrigation practices.

Irrigation Water Volume (gallons)

Enter a number...

Last Water Quality Test Date

Enter date...

Water pH Level

Enter a number...

Water Source

- Well
- Surface Water
- Municipal
- Rainwater Harvesting

Notes on Water Usage or Issues

Write something...

Irrigation Method

- Drip Irrigation
- Sprinkler
- Flood
- Other

Buffer Zones & Preventative Measures

Checking for adequate buffer zones to prevent contamination from non-organic fields.

Minimum Buffer Zone Width (feet)

Buffer Zone Vegetation Type

- Native Grasses
- Cover Crops
- Shrubs/Trees
- Other - Specify

Description of Vegetation Type (if 'Other')

Proximity to Non-Organic Fields

- Adjacent
- Within 50 feet
- Within 100 feet
- Further than 100 feet

Date of Last Buffer Zone Inspection

Notes on Buffer Zone Condition/Maintenance

Write something...

Annual Inspections & Certification

Maintaining records of inspections and certification status.

Last Inspection Date

Enter date...

Certification Body

- USDA Organic
- Other (Specify in Long Text)

Certification Body Details (if 'Other' selected)

Write something...

Inspection Score (if applicable)

Enter a number...

Copy of Certification Document

 Upload File

Certification Expiration Date

Enter date...

Inspector Signature