**OFF-SITE STORAGE AFFIDAVIT - FARMS**

Certified organic crop operations may lease off-site space (e.g. grain bins) to store organic crops. These storage sites are listed as part of the operation’s organic system plan and subject to annual inspection. As the sites are leased, the certified operation is in control of and responsible for the storage, but they may not be in control of all of the adjacent site. For example, they may lease grain bins on a neighbor’s non-organic farm, but the certified operation does not control the land beyond the bin. This affidavit is to obtain information from site owners to verify the organic integrity of product in leased storage is maintained.

**INSTRUCTIONS**

1. The OCIA operation must complete the first section. The rest of the form must be completed by the owner/manager of the operation where the off-site storage is located.
2. A copy of the Off-Site Storage Affidavit must be kept by the OCIA-certified operation, and a copy must also be provided to OCIA.

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| Name of OCIA certified operation leasing storage: |
| OCIA Operator #: |  |
| Storage ID(s) (***must correspond to storage IDs on C4.0 or CC4.0 of the OSP*):**  |  |
|  |  |
| Name of Farm/Facility: |  |
| Manager or owner: |  |
| Physical Address: |  | City: |  |
| State/Province: |  | Zip/Postal Code: |  | Country: |  |
| Tel: |  | Email: |  |
| Name of OCIA-certified operation leasing storage: |  |
| Which type(s) of storage occur here: |

**Please complete the questions below to describe the storage activities.**

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| 1. How are storage bins/areas for organic product labeled to distinguish them from non-organic storage bins/areas? |
| 2. What methods do you use to control pests (e.g. rodents, insects, & birds) in and around organic storage areas? |
| 3. What methods do you use to control weeds on your property around organic storage areas? |
| 3. Do you agree to grant access to organic storage areas to an organic inspector during the course of their inspection of the operator for whom you are providing storage services? | [ ]  Yes [ ]  No |

**The information provided here is true and correct.**

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| Name (Facility Manager/Owner) |  |
|  |  |  |
| Signature |  | Date (M/D/Y) |