CSI Organic Maple Production Questionnaire

PLEASE ANSWER EACH QUESTION. IF A SECTION DOES NOT APPLY TO YOUR OPERATION, PLEASE INDICATE "Not Applicable". ***DO NOT LEAVE ANY PART OF THE SYSTEM PLAN BLANK.***

Please attach *the following:*

- *ORG_FAR_25_General Production System Plan*
- *A current map(s) of the sugar bush and pipelines; map should show the sugar hut, pumping stations, master line location, number of taps per master line and cardinal points.*
- *On the map(s), identify land use of adjoining areas to the sugar bush (i.e., conventional crops, residential area, etc.).*
- *Field history sheets for any new areas of bush.*

Use additional sheets if necessary.

SECTION 1: GENERAL INFORMATION

Applicant (Legal Name):	**Date:**

SECTION 2: MAPLE BUSH TRANSITIONING

A. Transition Information ☐ **Not Applicable**

If you are transitioning a sugar bush to organic production, the standard must have been applied for 12 months prior to the first harvest of maple sap, and CSI must receive your application for review 15 months prior to the first planned harvest of organic maple sap. Substances prohibited by the Canadian standard shall not have been used in the sugar bush for at least 36 months preceding the first organic harvest.

Please indicate the date that you started transitioning the maple bush:

If the maple bush has not been under your supervision for the last 24 months, but you are able to attest to the absence of prohibited substances for that time, please complete the **CSI Land Affidavit form (ORG_FAR_02_New land affidavit)** for the sections of bush you are bringing into organic management for certification in 12 months' time.

SECTION 3: PRODUCTION INFORMATION

A. Site Locations

Please complete the table below, or attach your own record showing this information:

Site	Address	Postal Code	Pumping Station (check if Yes)	Sap house (check if Yes)	Area		# Taps
					Ha	Ac	
1			☐	☐			
2			☐	☐			
3			☐	☐			
4			☐	☐			
5			☐	☐			
6			☐	☐			

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Please indicate the distance between the sites (if there is more than one).

Tapping dates:

Usual date for the end of the season (average of the last 4 years):

Do you conduct any disinfection of tap holes or tapping equipment? ☐ **Yes** ☐ **No**

If yes, please describe your practice:

If you are renewing a tap, is the same diameter of the hole maintained? ☐ **Yes** ☐ **No**

If you are removing a spout, is the spout removed no later than 60 days after the final seasonal sap flow? ☐ **Yes** ☐ **No**

Number of pumps and pressure maintained:

Distance between each pumping station:

Please ensure you have the preceding year's production and sales records available for the inspector to examine.

B. Farm Processing

Do you do any further processing on-farm of your own syrup (products other than maple syrup)? ☐ **Yes** ☐ **No**

Do you buy sap from other producers? ☐ **Yes** ☐ **No**

Quantity: _____ Status: ☐ Organic ☐ Conventional

*If you purchase sap from other producers or you are engaged in any processing activities for any other operation or the on-farm processing changes the nature of the maple product (i.e., you produce maple butter or maple candy), you must make separate application as a processor using the **CSI Processor System Plan (ORG_PRO_04)**.*

☐ **Attached**

SECTION 4: SUGAR BUSH DEVELOPMENT AND MAINTENANCE

Please describe how you encourage species diversity in the sugar bush (particularly companion species to the sugar maple).

Is there any systematic clearing of undergrowth or brush? ☐ **Yes** ☐ **No**

Please describe your thinning practices (type of work done, frequency, equipment used).

Are trees protected from livestock by restricted access to the sugar bush? ☐ **Yes** ☐ **No**

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If you have applied fertilization products in the last 12 months, please list them in the table below. If you have not had the fertilization product approved by CSI, please submit the product label for review.

Product applied	Lot #	Application date	Reason for application	Quantity applied/application schedule	Supporting documentation on file?
					☐
					☐
					☐

If you have used any pest control methods in the last 12 months, please list them below. If you plan to use a pest control product that has not been previously approved by CSI, please submit the label for review.

Pest	Control method or product used	Supplier (if a contractor or product was used)

SECTION 5: DE-FOAMING AND FILTRATION

Please list below the de-foaming and filtration products used, the brand name of each product and the supplier. If the products have not been previously approved by CSI, please submit a product label.

	Product	**Brand name**	**Supplier**
De-foaming agent			
Sap filtration			
Syrup filtration			

SECTION 6: EQUIPMENT

A. Collection, Storage and Processing of Sap

Please complete the table below for all your equipment:

Equipment	**Material (stainless, plastic, etc.)**	**Food Grade?**
1. Spouts		☐ **Yes** ☐ **No**
2. Pipeline		☐ **Yes** ☐ **No**
3. Connectors		☐ **Yes** ☐ **No**
4. Pipes		☐ **Yes** ☐ **No**
5. Water tank		☐ **Yes** ☐ **No**
6. Sap tank		☐ **Yes** ☐ **No**
7. Pails and lids (if applicable)		☐ **Yes** ☐ **No**
8. Syrup pans		☐ **Yes** ☐ **No**
9. Other		☐ **Yes** ☐ **No**

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B. Osmosis ☐ **Not Applicable**

Please complete the table below if you use osmosis for sap concentration.

Type (s)	Capacity per hour
Residual dead volume of unit:	
Dead volume of unit:	

Where do you store your membranes in the off-season (please ensure you have documentation supporting the location, conditions, and persons responsible for the storage).

Is sodium metabisulfite added to the filtrate? ☐ **Yes** ☐ **No**

If yes, please ensure you have records available for the inspector to demonstrate the rinsing of the membrane in the spring prior to use according to the requirements of the standard.

C. Evaporator

Please indicate the material(s) your evaporator pans are made of.

What type of welding or soldering was used in the pans?

Fuel used:

If you are using used oil as a primary or supplementary fuel, do you have the necessary permits on file? ☐ **Yes** ☐ **No** ☐ **Not Applicable**

D. Cleaning of Equipment

Please indicate the cleaning/sanitizing products used on your equipment and the timing of cleaning below.

Product used	Equipment cleaned	Date of last cleaning

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Please submit a copy of your completed questionnaire and all attachments to:

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