



## OEFFA Certification

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### Off-Site Storage Statement

Complete this statement if you store ingredients or finished products at a non-certified facility.

General Information				
Certified Processor/Producer:		Certification #:	Date:	
Warehouse Company:		Warehouse Address:		
Product Information				
The following items are stored at an off-site, non-certified facility (attach additional sheets if more space is needed):				
Product	How Packed? (bulk, boxed, etc.)	Type of Packaging Material (paper, plastic, etc.)	ID'd as Organic Yes No	
Storage Information				
Do all products remain under your ownership while at the off-site facility? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do all products remain packaged? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are records maintained to track products through storage? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are any products labeled or relabeled? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Are any atmospheric treatments or modifiers used in the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Cleaning:</b> <input type="checkbox"/> Washed <input type="checkbox"/> Swept <input type="checkbox"/> Other (specify) _____				
List all cleaning products used: _____				
<b>Pest Control Type:</b>				
<input type="checkbox"/> none <input type="checkbox"/> traps <input type="checkbox"/> electrocutors <input type="checkbox"/> bait <input type="checkbox"/> fogging <input type="checkbox"/> fumigation <input type="checkbox"/> crack & crevice				
<input type="checkbox"/> other (specify) _____				
List all pest control products used: _____				
Statement				
<i>I have received the products described above. No packaging is broken and nothing is re-labeled at this facility. These products are stored in a manner that preserves their organic integrity.</i>				
Name: _____		Job Title: _____		
Signature: _____		Date: _____		