



NFC Soil and Crop Fertility Management

Operation Name _____ Date _____

1. SOIL

What are your known soil types? ☐ Clay ☐ Sand ☐ Loam ☐ Silt ☐ Other _____

What are your known soil nutrient deficiencies? _____ ☐ None known

How do you monitor the effectiveness of your fertility management plan?

☐ soil tests ☐ tissue testing ☐ microbiological testing ☐ observation of soil ☐ observation of crop health ☐ crop quality testing

☐ comparison of crop yields ☐ other _____

How often do you conduct monitoring of your fertility management plan? ☐ weekly ☐ monthly ☐ annually
☐ as needed

Rate the effectiveness of your fertility management plan ☐ excellent ☐ satisfactory ☐ needs improvement

What changes do you anticipate? _____

What are the major components of your fertility management program?

- | | | |
|--|--|--|
| <input type="checkbox"/> crop rotation | <input type="checkbox"/> subsoiling | <input type="checkbox"/> side dressing |
| <input type="checkbox"/> green manure plowdown/cover crops | <input type="checkbox"/> summer fallow | <input type="checkbox"/> foliar fertilizers |
| <input type="checkbox"/> interplanting | <input type="checkbox"/> compost | <input type="checkbox"/> biodynamic preparations |
| <input type="checkbox"/> incorporation of crop residues | <input type="checkbox"/> on-farm manure | <input type="checkbox"/> soil inoculants |
| <input type="checkbox"/> other (please specify) _____ | <input type="checkbox"/> off-farm manure | <input type="checkbox"/> soil amendments |

Do you use or plan to use synthetic micronutrients? ☐ Yes ☐ No

If yes, do you have a documented deficiency to comply with use restrictions? ☐ Yes (attached) ☐ No

Do you use or plan to use fertilizers with a high salt content (Chilean nitrate, Sodium nitrate, Potassium Sulfate)?

☐ Yes ☐ No

If yes, how do you prevent salt build up? _____

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Do you use? ☐ Lime ☐ Gypsum (select all that apply) ☐ No lime or gypsum are used or planned for use

If Lime or Gypsum are used, do you have documentation verifying it is untreated or naturally mined? ☐ Attached

Do you burn crop residues? ☐ Yes ☐ No **If yes, please describe what materials are burned and why:**

Do you apply municipal leaf litter, clippings or other municipal compost materials? ☐ No ☐ Yes (list products on the inputs list)

If yes, have you verified these materials do not contain prohibited materials? ☐ No ☐ Yes

2. Compost Use

☐ NA No Compost used (skip to Manure Use)

List all compost ingredients and additives: ☐ NA Compost is purchased.

What composting methods do you use? ☐ in-vessel ☐ static aerated pile ☐ windrows ☐ other (please specify)

What is your established C:N ratio? _____

Do you monitor temperature? ☐ Yes ☐ No **If yes, what temperature is maintained?** _____

How long is this temperature maintained? _____

If compost is windrowed, how many times are materials turned? _____

Do you maintain a Compost Production Record? ☐ Yes ☐ No

3. Manure Use

☐ NA No manure used

What forms of manure do you use? ☐ liquid ☐ semi-solid ☐ piled ☐ fully composted ☐ dried

☐ Other (specify) _____

What types of crops do you grow? (check all that apply)

- ☐ crops not used for human consumption
- ☐ crops for human consumption whose edible portion has direct contact with the soil or soil particles
- ☐ crops for human consumption whose edible portion does not have direct contact with the soil or soil particles



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What is the source of the manure used? ☐ On-Farm ☐ Off-Farm

If on-farm manure is used, list any additives to the manure:

List all sources of off-farm manure:

Complete an Off-Farm Manure Verification/Bedding form for each source ☐ Attached ☐
None used

How do you prevent runoff of manure and contaminated waters to surface water and neighboring properties?

Describe manure storage, end use, and sale:
