



NFC Crop Management

Operation Name _____ Date _____

NOP §205.205, §205.206 require crop management practices that address soil organic matter and plant nutrients as well as weed, pest, and disease problems. Crop rotation is required. See the National List §205.601 for allowed synthetic substances when management practices are not enough to prevent or control weed, pest, and disease problems.

1. CROP ROTATION

What is your Crop Rotation Plan? Complete the following table for each rotation used on your operation

Fields	1	2	3	4	5
Example: 1-2	Example: Corn	Soybeans	Oats/Alfalfa	Hay	Corn

How do you monitor the effectiveness of your crop rotation plan? ☐ Soil testing ☐ Visual observation ☐ Comparison of crop yields

☐ Other (please specify) _____

Weed Management

What are your problem weeds? _____ ☐ No weed problems

What weed control methods do you use? (Select all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> crop rotation | <input type="checkbox"/> smother crops | <input type="checkbox"/> non-synthetic mulch |
| <input type="checkbox"/> mechanical cultivation | <input type="checkbox"/> fallow | <input type="checkbox"/> soap-based herbicides |
| <input type="checkbox"/> use of hand tools | <input type="checkbox"/> hand weeding | <input type="checkbox"/> livestock grazing |
| <input type="checkbox"/> field preparation | <input type="checkbox"/> synthetic mulch | <input type="checkbox"/> steam weeding |
| <input type="checkbox"/> other (please specify) _____ | <input type="checkbox"/> flame weeding | <input type="checkbox"/> electrical |

Do you use restricted Weed Management strategies? ☐ Yes ☐ No (skip to weed management evaluation)

If you use plastic or synthetic mulches, is the mulch removed at the end of the growing or harvest season?

☐ Yes ☐ No ☐ None used.

If used, describe how and where the plastic is disposed _____

If you use corn gluten, is the corn genetically modified? ☐ Yes ☐ No ☐ None used

If yes, how do you verify? _____

If you use newspaper or other recycled paper for mulch, do you use paper with glossy or colored inks?

☐ Yes ☐ No ☐ None used

888-422-4632

WWW.NFCCertification.com

info@nfccertification.com

Head office: 80 Broad Street, 5th Floor, Suite 502, New York, 10004

Mailing address: PO Box 990 Monsey, New York 10952





Natural Food
Certifiers

2. WEED MANAGEMENT EVALUATION

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

What changes do you anticipate if any: _____

How do you monitor the effectiveness of your weed management plan? ☐ soil testing ☐ visual observation ☐ weed counts

☐ observation of weed types ☐ Comparison of crop yields ☐ Other (please specify) _____

How often do you conduct weed monitoring? ☐ weekly ☐ monthly ☐ annually ☐ as needed

☐ other _____

3. PEST MANAGEMENT

What are your problem pests? _____ ☐ No pest problems

What are your pest management strategies?

☐ crop rotation ☐ selection of plant species/varieties ☐ timing of planting ☐ companion planting ☐ trap crops

☐ lures/traps/repellants ☐ habitat for natural enemies ☐ physical barriers ☐ release of predators/parasites

☐ Integrated Pest Management (IPM) ☐ use of allowed/restricted products ☐ physical removal

☐ other (please specify) _____

Pest Management Evaluation

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

What changes do you anticipate if any: _____

How do you monitor the effectiveness of your pest management plan? ☐ observation of crop health ☐ visual observation

☐ weed counts ☐ crop quality testing ☐ Comparison of crop yields ☐ Other (please specify) _____

How often do you conduct pest monitoring? ☐ weekly ☐ monthly ☐ annually ☐ as needed

☐ other _____



Natural Food
Certifiers

4. DISEASE MANAGEMENT

What are your problem crop diseases? _____ ☐ No crop
disease problems known

What are your crop disease management strategies?

- ☐ crop rotation ☐ selection of plant species/varieties ☐ timing of planting ☐ companion planting ☐ compost/tea use
☐ soil balancing ☐ plant spacing ☐ vector management ☐ use of allowed/restricted products
☐ other (please specify) _____

5. DISEASE MANAGEMENT EVALUATION

Rate the effectiveness of your Disease management plan: ☐ excellent ☐ satisfactory ☐ needs improvement.

What changes do you anticipate if any: _____

How do you monitor the effectiveness of your pest management plan? ☐ observation of crop health ☐ visual observation
☐ soil testing ☐ crop quality testing ☐ Comparison of crop yields ☐ Other (please specify) _____

How often do you conduct disease monitoring? ☐ weekly ☐ monthly ☐ annually ☐ as needed.

☐ other _____