



JAMAICA ORGANIC AGRICULTURE MOVEMENT

Room 407, Ministry of Agriculture, Hope Gardens, Kingston 6
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PRE-INSPECTION QUESTIONNAIRE

Name of Applicant: _____ Name of Farm: _____

Contact Address/Telephone/E-mail: _____

1. Is this your first attempt at certification with JOAM? Yes No
If not, briefly state the results of previous attempts.

2. Is this your first attempt at certification with any certification agency? Yes No
If not, state name/s of agency/ies and the results.

3. Are you aware of the principles of organic agriculture? Yes No
If yes, from which sources have you received your information?

4. Is your farm new? Yes No
If no, how long has the area to be inspected been under cultivation? _____

5. What is the area to be inspected for organic certification? _____

6. Have you ever used synthetic chemicals, GMOs or human manure on your farm? Yes No
If yes, give the names of products and the last time used.

7. Have you been practising the principles of organic agriculture on your farm? Yes No
If yes, for how long have you been practising organic agriculture on your farm?

8. Are you aware of the standards of JOAM? Yes No
If no, are you aware of any other organic standards?

9. Are your farming practices in unison with the standards of JOAM? Yes No

Additional comments: _____

