

# Organic System Plan for Poultry and Non-Ruminants

Please fill out this questionnaire if you are requesting organic livestock certification. Use additional sheets if necessary. Sign section 17 and enclose it with your application fee if you are submitting your application electronically. You must submit farm maps, field history sheets and all other supporting documents (soil, tissue or water tests, rented or recently purchased land histories, etc.) outlined in section 17 of this questionnaire. **This form must be 100% filled out in order for your application to be considered. Incomplete applications will not be forwarded to the inspector.**

| SECTION 1: General Information  |  | NOP Rule 205.401                                   |
|---|--|--|
| Name  | Farm Name  |  |
| Address   | City   |  |
| State   | Zip code   |  |
| Phone   | E-mail   | Fax  |
| Legal status: <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Trust or non-profit <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative<br><input type="checkbox"/> Legal partnership (federal form 1065) <input type="checkbox"/> Other (specify)  |  |  |
| Year first certified  | List any prior agencies of organic certification | List any current agencies of organic certification |
| 1) Is your operation:<br><input type="checkbox"/> 100% organic <input type="checkbox"/> a split operation (both organic and conventional production)  |  |  |
| 2) Do you have an updated copy of the NOP regulations? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span>   |  |  |
| 3) Do you intend to certify any crops, cropland, or pasture acreage this year? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span><br>a) If yes, have you also completed an Organic System Plan for crops? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span>      |  |  |
| 4) Is any off-farm or on-farm processing done (slaughtering, packaging, bottling, etc.)? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span><br>a) If yes, have you submitted and Organic Handling System Plan? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span> |  |  |
| 5) Give directions to your farm for the inspector.  |  |  |
| 6) When are you most available to contact? <span style="float: right;"><input type="checkbox"/> Morning    <input type="checkbox"/> Afternoon    <input type="checkbox"/> Evening</span>  |  |  |
| 7) When are you most available for the inspection? <span style="float: right;"><input type="checkbox"/> Morning    <input type="checkbox"/> Afternoon    <input type="checkbox"/> Evening</span>  |  |  |

**SECTION 2: Compliance History**

NOP Rule 205.401, .402, .406

- 1) Did you have any non-compliances from last year's certification?  Yes  No  Not applicable
- a) If yes, please complete the following table; listing each non-compliance.

| Noncompliance                                    | Date of Notice | Corrective Action Update                                   |
|--|----------------|--|
| <i>ie. 205.103(b)(2),(4) Equipment cleanouts</i> | <i>8/1/10</i>  | <i>I have continued to keep an equipment cleanout log.</i> |
|  |                |  |
|  |                |  |
|  |                |  |
|  |                |  |
|  |                |  |

- 3) Have you ever been denied certification?  Yes  No
- a) If yes, describe the circumstances, including the certification agent involved, the reason certification was denied, and any steps taken:

- 4) Has your certification ever been suspended or revoked?  Yes  No
- a) If yes, describe the circumstances, including the certification agent involved, the reason certification was suspended or revoked, and any steps taken:

**SECTION 3: Livestock Inventory Descriptions**

**NOP Rule 205.236**

1) Provide the following information for the approximate classes and numbers of animals being raised for production this year.

| <b>CLASS</b>        | <b>ORGANIC</b> | <b>TRANSITIONAL</b> | <b>CONVENTIONAL</b> | <b>NOT APPLICABLE</b>    |
|---------------------|----------------|---------------------|---------------------|--------------------------|
| Hogs                |                |                     |                     | <input type="checkbox"/> |
| Chickens (Broilers) |                |                     |                     | <input type="checkbox"/> |
| Chickens (Layers)   |                |                     |                     | <input type="checkbox"/> |
| Turkeys             |                |                     |                     | <input type="checkbox"/> |
| Ducks               |                |                     |                     | <input type="checkbox"/> |
| (Other)             |                |                     |                     | <input type="checkbox"/> |
| (Other)             |                |                     |                     | <input type="checkbox"/> |
| (Other)             |                |                     |                     | <input type="checkbox"/> |
| (Other)             |                |                     |                     | <input type="checkbox"/> |

**SECTION 4: Origin of Organic Livestock**

NOP Rule 205.236

**A. Source of Ruminant Livestock**

Not applicable

- 1) Do you raise organic slaughter animals on-farm?  Yes  No  Not applicable
- 2) If you purchase any livestock, supply specific information:  Not applicable

| CLASS/TYPE OF ANIMAL | ID | DATE OF PURCHASE | BIRTHING DATE | PURCHASE SOURCE | ORGANIC OR CONVENTIONAL | CERTIFICATION AGENCY? |
|----------------------|----|------------------|---------------|-----------------|-------------------------|-----------------------|
|                      |    |                  |               |                 |                         |                       |
|                      |    |                  |               |                 |                         |                       |
|                      |    |                  |               |                 |                         |                       |
|                      |    |                  |               |                 |                         |                       |
|                      |    |                  |               |                 |                         |                       |
|                      |    |                  |               |                 |                         |                       |

**B. Source of Poultry**

Not applicable

Poultry or poultry products must be from poultry that have been under continuous organic management beginning no later than the second day of life.

- 1) Do you hatch your own poultry on-farm?  Yes  No
- 2) If you purchase your young poultry, supply specific information:  Not applicable

| Type of poultry | Flock number | Date of purchase | Age at purchase | Projected slaughter or egg production date |
|-----------------|--------------|------------------|-----------------|--|
|                 |              |                  |                 |  |
|                 |              |                  |                 |  |
|                 |              |                  |                 |  |
|                 |              |                  |                 |  |
|                 |              |                  |                 |  |
|                 |              |                  |                 |  |



|  |  |                          |                          |                          |                          |
|--|--|--------------------------|--------------------------|--------------------------|--------------------------|
|  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### C. Feed Storage

- 1) How do you prevent contamination of stored livestock feed?
  
- 2) How do you prevent commingling of organic and conventional stored feed?  Not applicable
  
- 3) How do you prevent or control rodents in organic feed storage areas?  
 traps    glue boards    sanitation    cats    other (please explain)
  
- 4) Do you use silage inoculants or other materials on feed crops after harvest?  
a) If yes, please list the name brand:

### D. On-farm and Custom Feed Processing

- 1) Do you process your own feed (mix, grind, roast, extrude, etc.)?  Yes    No
  - a) If yes, is the equipment also used for nonorganic products?  Yes    No
  - b) If yes, how is the equipment cleaned prior to processing organic feed to prevent commingling of organic and nonorganic?  
 swept out    compressed air    vacuumed    purged    other (please explain)
  - c) If purged, do you maintain records of dates, product, and purged amounts?  Yes    No
  
- 2) Is any of your feed custom processed?  Yes    No
  - a) If yes, is the operator certified organic?  Yes    No
  
  - b) If yes, provide the name of the processor and certifying agent.

- 1) What are your sources of water for livestock use?  
 on-site well    municipal    river/creek/pond    spring    other (*specify*):
- 2) Are there immediate contamination threats to your water source(s)?    Yes    No  
a) If yes, please describe the threat and the steps you are taking to mitigate the threat.
- 3) What is the date of your last water test for coliform bacteria and nitrates?    Not applicable
- 4) If you use additives in the water, list them and state reason for use:    No additives used
- 5) If livestock have access to a river, creek, or pond how do you control erosion and protect water quality?    No access
- 6) Describe the location and types of all sources of water:

1) Describe housing used: *(All facilities and outdoor livestock areas should be indicated on attached maps.)*

| Type Of Housing And Map Designation | Class Of Livestock Housed | Size (Length X Width) | Number Of Animals Housed |
|-------------------------------------|---------------------------|-----------------------|--------------------------|
|                                     |                           |                       |                          |
|                                     |                           |                       |                          |
|                                     |                           |                       |                          |
|                                     |                           |                       |                          |
|                                     |                           |                       |                          |
|                                     |                           |                       |                          |

2) Check all natural areas that are designed or selected to provide shade and physical protection:

Woods    Tree Lines    Hedge Rows    Geographic Land Features

Other (specify):

3) Describe the location and types of all available shelter and shade:

4) Is bedding used?

Yes    No

a) If yes, are roughages used as bedding?

Yes    No

b) If so, do you have documentation that bedding is certified organic?

Yes    No    Not applicable

5) How often is housing cleaned out?

6) Describe sanitation or cleaning products used:

No sanitation products used

7) Are any fumigants or prohibited pest control agents used in the facility?

Yes    No

a) If yes, what steps do you take to prevent contamination of feed and livestock?

8) What source(s) of light is used in animal housing?

9) Is day length regulated using artificial light?

Yes    No

a) If yes, please describe:

10) What outdoor areas other than pasture do animals use?

11) What reasons are animals temporarily confined or sheltered?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Protection of health, safety or well-being | <input type="checkbox"/> Stage of life              | <input type="checkbox"/> Sorting           |
| <input type="checkbox"/> Risk to soil or water quality              | <input type="checkbox"/> 4H or other youth projects | <input type="checkbox"/> Inclement weather |
| <input type="checkbox"/> Preventative healthcare procedures         | <input type="checkbox"/> Breeding                   |  |
| <input type="checkbox"/> Treatment of illness or Injury             | <input type="checkbox"/> Shipping                   |  |

12) What reasons are animals temporarily denied pasture or outdoor access?

- |   |   |                                      |
|---|---|--------------------------------------|
| <input type="checkbox"/> One week at the end of a lactation | <input type="checkbox"/> Three weeks prior to parturition | <input type="checkbox"/> Parturition |
| <input type="checkbox"/> Up to one week after parturition   | <input type="checkbox"/> Shearing                         |                                      |

13) How long are animals indoors (hours per day)?    spring        summer        fall        winter

14) Describe locations of any treated (with prohibited materials) lumber that may come into contact with livestock:

15) Do you use fencing or other means to limit livestock access to creeks, ponds, or other water bodies?

- Yes     No     Not applicable

16) Describe the location and types of all permanent fencing:

17) If you raise your own chicks, answer the following:  Not applicable

- a) What is the type and size of housing used?
- b) What is the approximate square footage per 100 chicks?
- c) What bedding material is used?
- d) What heating source is employed?
- e) Additional relevant details:

- 1) What techniques are used to prevent waste runoff?
- limit number of grazing animals       rotate pastures       buffer zones
- harrow to spread manure evenly       other (please explain)
- 2) What techniques are used to prevent erosion?
- avoid overgrazing       repair gullies       terraces       other (*please describe*)
- 3) Do you use fencing or other means to limit pastured livestock access to creeks, ponds, or other water bodies?
- Yes     No     Not applicable
- 4) What techniques are used to prevent overgrazing or decline in the pasture resource?
- rotate pastures with crops       heavy seeding/reseeding       liming/fertilization
- rotational/management intensive grazing       pasture renovation
- other (please describe)
- 5) How do you ensure buffers are maintained between grazing areas and land not under organic management?
- agreements with adjacent land owners/managers       recessed fence line
- agreements with road maintenance and utility crews       do-not-spray signs
- isolation from conventionally managed land       other (*please describe*)

- 1) What type(s) of manure management do you use?
- spread immediately/soon as possible       stockpile indoors       stockpile outdoors
- no centralized accumulation of manure e.g. year-round pasturing       composting       liquid
- other (specify)
- 2) Do you apply manure or composted manure to your fields?       Yes       No
- a) If yes, what is the approximate rate of application?
- b) If yes, how many acres of land are available for manure and compost application?
- c) If yes, list materials added to manure or manure compost (example: bedding, barn lime, inoculants, etc.)
- d) If yes, during what months do you apply manure or manure compost?
- 3) If you do NOT apply manure to your own land, how do you ensure that nutrients are recycled?
- 4) Explain how your manure handling ensures that no contamination of water resources occurs?

**A. General Information**

- 1) Identify the general components of your animal health management program including preventive and management practices:
- choosing well-adapted species       selective breeding       pasture rotation       good sanitation  
 nutritional supplements       vaccinations       good quality feed       probiotics  
 good ventilation in housing       access to outdoors       dry bedding       culling  
 isolation for purchased/diseased animals       low stress handling       other (*please specify*)

**B. List all past health or disease problems and products/treatments used or to be used**

| HEALTH PROBLEM/DISEASE | NAME BRAND OF PRODUCT/TREATMENT USED | APPROVED BY:             |                          |                          |                          |
|------------------------|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                        |                                      | NOP                      | WSDA                     | ISDA                     | OMRI                     |
|                        |                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                        |                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                        |                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                        |                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                        |                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                        |                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                        |                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                        |                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                        |                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                        |                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                        |                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**C. Include vaccinations and parasiticides given or planned:**

| Animal ID | Date | Medication | Reason | Preventative Practice |
|-----------|------|------------|--------|-----------------------|
|           |      |            |        |                       |
|           |      |            |        |                       |
|           |      |            |        |                       |
|           |      |            |        |                       |
|           |      |            |        |                       |
|           |      |            |        |                       |

- 1) Please provide the name, address, and phone number of your veterinarian:
- 2) Are your animals tested for specific diseases on a routine basis?       Yes       No
- a) If yes, what diseases are they tested for?
- b) If yes, how is the testing done?       by yourself       veterinarian       state or federal official
- other (please describe)

**D. Pest management**

1) Indicate all livestock pest problems.

- flies       internal parasites       external parasites       predators  
 other (*please describe*)

2) What prevention and control measures do you use to control for flies?

- sanitation/manure removal       commercial fly parasites/predators       sticky tape  
 walk-through fly traps       allowed/restricted pesticides       good quality feed  
 other (*please specify*)

3) What prevention and control measures do you use to control for internal and external parasites?

- probiotics       garlic or herbs       controlled grazing       multi-species grazing  
 allowed/restricted synthetic de-wormers       diatomaceous earth  
 other (*please describe*)

a) How do you monitor livestock for internal parasites?

- visual/body condition       fecal analysis       anemia evaluation  
 other (*please describe*)

b) How often is monitoring done?

- daily       weekly       other (*please describe*)

4) If external parasites are a problem, what prevention and control measures do you use?

- facility sanitation       facility fumigation       dust/mud wallows       sulfur dusts  
 diatomaceous earth       allowed/restricted pesticides       medications  
 other (*please describe*)

a) How do you monitor livestock for external parasites?

- visual inspection of animals       visual inspection of facility  
 other (*please describe*)

b) How often is monitoring done?

- daily       weekly       other (*please describe*)

5) What control measures do you use for predators?

- restrict grazing when predation is frequent     artificial lighting     fencing     traps  
 corral/lock up animals at night     bird netting     hunting     guard animals  
 noise makers     other (*please describe*)

a) Do you take steps to ensure that your control measures do not harm other wildlife?     Yes     No

**E. Physical Alterations:**

1) List physical alteration practices you use

- None used     castration     ear notching     removal of extra teats     branding  
 tail docking     other (*please describe*)

2) Please describe physical alteration practices as listed above:

| ALTERATION PRACTICE | METHOD USED AND MEANS FOR REDUCING LIVESTOCK STRESS | REASON FOR ALTERATION PRACTICE |
|---------------------|---|--------------------------------|
|                     |   |                                |
|                     |   |                                |
|                     |   |                                |
|                     |   |                                |
|                     |   |                                |

- 1) Where are your animals slaughtered?  Not applicable  
 no slaughter     on-farm     processing facility     other (*specify*)
- 2) If poultry is processed on-farm, describe slaughter and processing procedures:
- 3) If livestock are processed off-farm, give the name of the facility where animals are slaughtered, along with the contact person, address and phone number:
- 4) Is the facility certified organic?     Yes     No  
a) If yes, by what agency? (*retain proof of certification for inspector*)
- 5) Please describe how animal stress and injury is minimized during loading, transport, unloading, and slaughter:
- 6) How are organic meat products stored?  
 distributed immediately/no storage     storage at slaughter plant     storage at farm site  
 storage at separate facility     other (*please describe*)
- 7) If products are stored with or near non-organic products, what steps are taken to ensure commingling does not occur?

**SECTION 12: Egg Collection and Holding**

**NOP Rule 205.102, .201, .272**

- 1) Where are eggs packed?  Not applicable
- on-farm  off-farm packing facility  other (specify)
- 2) If eggs are processed at an off-farm facility, list the name of the facility, address, phone number, and contact person:
- a) Is the facility certified organic?  Yes  No
- b) If yes, by what agency? (retain proof of certification for inspector)
- 3) If eggs are processed on-farm, indicate the type of packaging used:
- 4) How do you ensure that organic and conventional eggs do not commingle?  Not applicable

- 1) How is wool or hair handled after shearing?  Not applicable
- Sold as organic unprocessed wool/hair
  - Wool/hair sold/disposed of as non-organic
  - Processed on-farm for organic product sales (organic handling plan needed)
  - Processed on-farm for non-organic product sales
- 2) What steps do you take to ensure that organic wool/hair does not commingle with conventional products?
- 3) Are any cleaning or treatment products used on the unprocessed wool/hair?  Yes  No
- a) If yes, please list:
- 4) Are the bags or other containers used to hold unprocessed wool/hair free of fungicides, insecticides, or other prohibited contaminants?  Yes  No

**SECTION 14: Animal Identification**

**NOP Rule 205.201(a)(5), .236(c), .238(c)(7)**

- 1) Describe your identification system:  collars  ear tags  tattoos  leg bands  branding  
 other (*specify*)
- 2) Do you assign numbers and/or letters as part of your animal ID system?  Yes  No  
a) If yes, give an example and explain the components of your ID number.
- 3) Are any animals treated with prohibited materials?  Yes  No  
a) If yes, how are the animals identified and segregated?

- 1) How are products marketed/sold?  Not applicable
- wholesale     retail     processed on-farm     other (*specify*)
- 2) Do you use or plan to use the USDA Organic Seal on organic product labels or market information?
- Yes     No
- 3) Do you use or plan to use the seal of the certifying agent on product labels or market information?
- Yes     No

**A. Records**

1) Note which types of records you keep:

| ORGANIC RECORDS          | DESCRIPTION  |
|--------------------------|--|
| <input type="checkbox"/> | Documentation of purchased animals   |
| <input type="checkbox"/> | Breeding records   |
| <input type="checkbox"/> | Purchased feed and/or feed supplements   |
| <input type="checkbox"/> | Feed labels  |
| <input type="checkbox"/> | Organic certificates for purchased feed  |
| <input type="checkbox"/> | Organic certificates for purchased organic animals   |
| <input type="checkbox"/> | For first time certification of animals: feed records verifying 100% organic feed for one year |
| <input type="checkbox"/> | Health records (vaccines, medications, physical alterations, etc.)                             |
| <input type="checkbox"/> | Feed storage   |
| <input type="checkbox"/> | Non-organic livestock, livestock production, and sales records                                 |
| <input type="checkbox"/> | Sales  |
| <input type="checkbox"/> | Shipping and receiving records; bills of lading, etc.  |
| <input type="checkbox"/> | Other (describe)   |

2) Do you use lot numbers for any products?  Yes  No

a) If yes, give an example of your lot number and explain what each component means.

3) Are/will records be maintained for at least five years?  Yes  No

**SECTION 17: Split Production**

NOP Rule 205.201(a)(5)

1) Describe all prohibited substances and practices:

 Not applicable

| <b>PROHIBITED SUBSTANCE OR PRACTICE</b> | <b>ANIMAL ID</b> | <b>DATE USED</b> |
|---|------------------|------------------|
|   |                  |                  |
|   |                  |                  |
|   |                  |                  |
|   |                  |                  |
|   |                  |                  |
|   |                  |                  |

2) Describe measures taken to prevent the commingling of organic and non-organic livestock and livestock products (animal ID, segregation, audit trail, etc.)

3) Describe measures taken to prevent organic livestock and livestock products from contamination by prohibited substances.