

Organic System Plan for Dairy

Please fill out this questionnaire if you are requesting organic dairy livestock certification. Use additional sheets if necessary. You must submit farm maps, field history sheets and all other supporting documents (water tests, rented or recently purchased land histories, ration worksheet, healthcare protocol, etc.) outlined in this questionnaire. **This form must be 100% filled out in order for your application to be considered.**

SECTION 1: General Information		NOP Rule 205.401
Name	Farm Name	
Owner/manager, Title	Primary Contact Person	
List any other businesses associated with this operation/responsible person (e.g. DBA, trade names, other assumed business names)		
Legal status: <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Trust or non-profit <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative <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
List products requested for certification (as you would like it to read on your certificate):		
1) Is your dairy operation: <input type="checkbox"/> 100% organic <input type="checkbox"/> a split operation (both organic and conventional production)		
2) Do you have an updated copy of, or access to, the NOP regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No		
3) Do you intend to certify any crops, cropland, or pasture acreage this year? <input type="checkbox"/> Yes <input type="checkbox"/> No a) If yes, have you also completed an Organic System Plan for crops? <input type="checkbox"/> Yes <input type="checkbox"/> No		
4) Is any off-farm or on-farm processing done (slaughtering, packaging, bottling, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No a) If yes, have you submitted and Organic Handling System Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		
5) Are you importing any ingredients or products used in production? If so, what are they? Where are they from?		
6) Are you exporting any ingredients or products used in production? If so, what are they? Where are they going?		
7) Give directions to your farm for the inspector.		
8) When are you most available to contact? <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		
9) When are you most available for the inspection? <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		

SECTION 2: Compliance History

NOP Rule 205.401, 205.402, 205.406

- 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>i.e. 205.103(b)(2),(4) Equipment cleanouts</i>	<i>8/1/10</i>	<i>I have continued to keep an equipment cleanout log.</i>

- 2) 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:

- 3) 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.

CLASS	ORGANIC	TRANSITIONAL	CONVENTIONAL	NOT APPLICABLE
Bulls				<input type="checkbox"/>
Milking Cows				<input type="checkbox"/>
Milking Cows (High)				<input type="checkbox"/>
Milking Cows (Low)				<input type="checkbox"/>
Fresh Cows				<input type="checkbox"/>
Close-up Cows				<input type="checkbox"/>
Far-off Cows				<input type="checkbox"/>
Bred Heifers				<input type="checkbox"/>
Young Heifers				<input type="checkbox"/>
Calves				<input type="checkbox"/>
(Other)				<input type="checkbox"/>
(Other)				<input type="checkbox"/>
TOTAL NUMBER OF LIVESTOCK				

A. Source of Dairy Animals

- 1) Do you sell organic cull cows/animals? Yes No Not applicable
- 2) Do you raise organic dairy replacement animals on-farm? Yes No Not applicable
- 3) If you purchase any livestock, supply specific information below: Not applicable

CLASS OF DAIRY ANIMAL	ID	DATE OF PURCHASE	BIRTHING DATE	PURCHASE SOURCE	ORGANIC OR CONVENTIONAL	ORGANIC CERTIFICATION AGENCY

- 4) What is your current plan for replacement stock?
 - purchase organic dairy animals % of total replacements
 - purchase conventional stock and transition them to organic % of total replacements
 - raise own organic replacements (*see below*) % of total replacements
 - other (please explain) % of total replacements
- 5) If you raise your own replacements, how do you breed your animals?
 - Natural Breeding Artificial Insemination (AI) Not Applicable
- 6) Who performs the breeding for your operation? If it is performed by a contracted company please provide their name, address and phone number.
- 7) How often does breeding occur on your operation?

SECTION 5: Livestock Feed and Feed Supplements

A. Feed

- 1) Rations – Provide all feed rations that are provided to livestock throughout the entire year. Feed rations need to be provided for each class of animal detailing the amount and type of feeds comprising the rations. (*ISDA created ration worksheets attached at the end of the OSP (Ration Supplement) that may be used at the discretion of the operation. Producers are also welcome to submit ration information in any form that they wish to use as long as rations are provided for each class of organic animal.*) Feed Rations Attached

B. Feed Supplements and Additives

1) List all feed supplements and additives. *(This includes milk replacers, vitamins, minerals, etc.)*

BRAND NAME	MANUFACTURE	REASON FOR USE	APPROVED BY:		
			OMRI	WSDA	ISDA
			<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. Feed Storage

1) How are you storing livestock feed?

2) If you store conventional feed on site, 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, manufacturer, and approval information:

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.

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

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

13) Describe the location and types of all permanent fencing in the housing areas:

14) What reasons are animals temporarily confined or sheltered? Where applicable, indicate how long animals are typically confined. The reasons and corresponding dates must be recorded and made available for auditing.

ALLOWED REASONS FOR TEMPORARY CONFINEMENT (<i>RESTRICTIONS</i>)	TYPE/CLASS OF LIVESTOCK	DURATION OF CONFINEMENT	SPECIFIC REASON
<input type="checkbox"/> Inclement weather			
<input type="checkbox"/> Animals stage of life (<i>does not include lactation</i>)			
<input type="checkbox"/> Health, safety, or well-being of the animal			
<input type="checkbox"/> Risk to Soil and Water			
<input type="checkbox"/> Healthcare (<i>does not include lactation nor the various life stages</i>)			
<input type="checkbox"/> Sorting and Shipping of Livestock			
<input type="checkbox"/> Breeding (<i>only for the act of breeding itself</i>)			
<input type="checkbox"/> 4-H (<i>1 week before demonstration, through event and 1 day after</i>)			

<input type="checkbox"/> Lactation (may only deny pasture for 1 week after lactation for dry off)			
<input type="checkbox"/> Birth/Parturition (3 weeks prior, during, & 1 week after)			
<input type="checkbox"/> Dairy Calves (up to 6 months provided that confinement allows for lying, standing, stretching and free movement. May not be individually housed after 6 months)			
<input type="checkbox"/> Milking (short daily periods only. Cannot be used to deny pasture or prevent required DMI from pasture.)			

SECTION 8: Pasture Management and Grazing Plan

NOP Rule 205.239(a)(2)

- 1) Pasture and Grazing Plan - Please describe, in detail, your operation's pasture and grazing management plan. Include how you determine the grazing season, grazing type, and how you ensure each class of animal is getting 30% of DMD from pasture during the grazing season. (ISDA created a pasture management and grazing appendix attached at the end of the OSP that may be used at the discretion of the operation. Producers are also welcome to submit a pasture management and grazing plan in any form that they wish to use as long as all necessary information is provided.)
- Pasture and Grazing Plan attached

SECTION 9: Manure Management

NOP Rule 205.239(a)(2)

- 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, what is done with the stockpiled manure?

4) Explain how your manure handling ensures that no contamination of water resources occurs?

SECTION 10: Livestock Health Care Practices

NOP Rule 205.238

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 raise own replacement stock
- other (*please specify*)

B. Provide health care protocols and products/treatments used or to be used.

(This may be submitted as a separate document if preferred)

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

C. Provide your health care records for all animals: (e.g. vaccines, parasiticides, planned treatments, etc.)

(This may be submitted as a separate document if preferred)

ANIMAL ID	DATE	MEDICATION	REASON	PREVENTATIVE PRACTICE

- 1) Please provide the name, address, and phone number of your veterinarian:

- 2) How often does your veterinarian visit your operation?

- 3) 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 sanitation
 - 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) List all pest control products used or intended for use in the current season for organic livestock or in areas that hold organic livestock. (*e.g. fly sprays, dusts, pour overs, baits, etc.*)

NAME BRAND OF PRODUCT/TREATMENT USED	MANUFACTURER	PEST PROBLEM	APPROVED BY:		
			OMRI	WSDA	ISDA
			<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"/>

6) 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 de-horning ear notching tail docking branding
- removal of extra teats 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

SECTION 11: Pre-Slaughter Management

NOP Rule 205.102, .201, .272

- 1) Where are your cull animals slaughtered? Not applicable
- no slaughter on-farm processing facility other (*specify*)
- a) If animals are slaughtered, does your operation sell or market the meat? Yes No
- 2) Please describe how animal stress and injury is minimized during loading, transport, unloading, prior to slaughter:
- 3) Are organic livestock transported with conventional livestock? Yes No
- a) If yes, how is organic integrity upheld during transport?

SECTION 12: Milk Collection and Handling

NOP Rule 205.201, .272

- 1) Please indicate type of milk handling systems you use. Not applicable
- pipeline automated step saver hand milking parlor
- tie stalls stanchions other (*specify*)
- 2) How are you licensed? Grade A Grade B other (*specify*)
- 3) Describe cleaning cycle for milking equipment (water temperature, number of rinses, type of cleaning materials, etc.):

3a) List all cleaning and sanitizing products used by your operation for milking equipment.

CLEANING/SANITATION PRODUCT BRAND NAME	MANUFACTURER	APPROVED BY:			IF RESTRICTED, DESCRIBE COMPLIANCE WITH NOP RULE ANNOTATION.
		OMRI	WSDA	ISDA	
		<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"/>	

4) List all products used to clean animals: (including teat dips, udder washes, etc.) None used

PRODUCT BRAND NAME	MANUFACTURER	APPROVED BY:			IF RESTRICTED, DESCRIBE COMPLIANCE WITH NOP RULE ANNOTATION.
		OMRI	WSDA	ISDA	
		<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"/>	

5) If you have a split operation, or have conventional milking animals in your herd, how do you ensure that the conventional milk does not commingle with organic milk? Not applicable

SECTION 13: 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 is milk marketed/sold? Not applicable
 wholesale retail processed on-farm other (*specify*)
- 2) How are culled or slaughtered animals/meat sold? Not applicable
 wholesale retail processed on-farm other (*specify*)
- 3) 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:
- 4) Do you use or plan to use the USDA Organic Seal on organic product labels or marketing information? Yes No
- 5) Do you use or plan to use the seal of the certifying agent on product labels or marketing information? Yes No
- 6) When organic products are sold, are they identified as organic on the sales documentation?
 If no, please explain: Yes No

SECTION 15: Record Keeping

A. Records

1) Note which types of records you keep:

ORGANIC RECORDS	DESCRIPTION
<input type="checkbox"/>	Documentation of purchased animals
<input type="checkbox"/>	Organic certificates for purchased organic animals
<input type="checkbox"/>	Breeding records
<input type="checkbox"/>	Purchased feed and/or feed supplements
<input type="checkbox"/>	Feed labels
<input type="checkbox"/>	Feed rations
<input type="checkbox"/>	Feed records
<input type="checkbox"/>	Organic certificates for purchased feed
<input type="checkbox"/>	Feed storage inventory records
<input type="checkbox"/>	For first time certification of animals: feed records verifying 100% organic feed for one year
<input type="checkbox"/>	Grazing schedule records
<input type="checkbox"/>	Health records (vaccines, medications, physical alterations, etc.)
<input type="checkbox"/>	Cleaning records
<input type="checkbox"/>	Input material approval documentation (e.g. OMRI/WSDA certificates)
<input type="checkbox"/>	Milk production
<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)
<input type="checkbox"/>	Other (describe)
<input type="checkbox"/>	Other (describe)

2) How are records typically kept and where are records located?

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

SECTION 16: Split Production

NOP Rule 205.201(a)(5)

1) Describe all prohibited substances and practices:

Not applicable

PROHIBITED SUBSTANCE OR PRACTICE	ANIMAL ID	DATE USED

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.