## **Organic System Plan for Handlers and Processors (Slaughterhouse Supplement)**

This questionnaire must be completed by all slaughterhouses and provided along with the Organic System Plan for Handlers and Processors. Use additional sheets if necessary.

SECTION 6: Slaughterhouse
A. Overview NOP Rule 205.200
1) Type of Slaughterhouse:
□ USDA Inspected □ State Inspected □ Custom Exempt
2) Type of animals handled organically:
□ Beef □ Pork □ Sheep □ Goat □ Poultry □ Other:
<ul> <li>3) Post slaughter processing (Enclose an Organic Product Profile (OPP) for each process as applicable.):  <ul> <li>N/A</li> <li>Sausage with casing</li> <li>Sausage without casing</li> <li>Hot Dogs</li> <li>Smoking</li> <li>Other:</li> </ul> </li> </ul>
B. Livestock Handling         NOP Rule 205.236, .237, .238, .239
1) Do certified producers provide copies of herd records, including: Animal's ID# and DOB, Dam ID# and DOB, individual health care records, and organic certificates?
a) How do you document receipt of the above records when organic animals arrive at the facility?
b) What is your protocol if livestock are received without identification or the required organic documentation?
2) Do you transport organic animals to or from your operation while under your management?
a) If yes, how do you identify organic animals from the farm to the final delivery location?
b) Does travel time exceed 12 hours during transport? □ Yes □ No i) If yes, describe how you ensure water and organic feed are provided:

3) How are organic animals tagged or marked when they arrive at your facility?
4) How are organic animals housed prior to slaughter at your facility?
a) What is the typical and maximum amount of time animals are held before slaughter? Typical: Maximum: b) Do animals typically stay overnight? □ Yes □ No i) If yes, how many nights do the animals stay at the facility?
5) Check if you provide the following to animals (select all that apply):         □ Shelter from adverse weather (including trees)       □ Direct sunlight       □ Exercise areas or range areas         □ Fresh air       □ Clean water for drinking       □ Access to the outdoors       □ Shade (including trees)
6) Describe how the animals have access to water.
<ul> <li>7) Is bedding used? □ Yes □ No</li> <li>a) If bedding is agricultural, is it certified organic? □ Yes □ No</li> <li>Please have a copy of the organic certificate verifying the source of bedding.</li> </ul>
8) Are animals from different farms grouped together in holding areas? □ Yes □ No a) If yes, how is animal fighting and stress minimized?
9) Is feed made available to animals?
a) If yes, all feed must be certified organic. Please list feed sources below, if applicable. <i>Please have a copy of the</i> organic certificate verifying the source of bedding.
Feed Type         Supplier         Certified Organic by:
10) Are animals allowed to graze or obtain any feed from pasture at your facility?
a) If pasture is used, the land must be certified organic.
11) How do you ensure that animal living conditions are clean and protect the health, safety and wellbeing of the animals?

12) Is any health care administered or topical treatments applied to animals under your management?
$\Box$ Yes (If so, please provide a list including products and manufacturers of all healthcare products.)
$\Box$ N/A. No health care materials/inputs of any kind are used.
C. Assurance of Organic Integrity NOP Rule 205.201, .270, .272
1) What specific steps are taken when handling organic animals or carcasses in order to avoid commingling or contamination with conventional animals or carcasses:
a) When receiving live for processing:
b) When receiving carcasses for processing:
c) When disinfecting carcasses:
d) When hanging/curing:
e) When placing in chill rooms:
f) While cutting and packaging:
g) Finished cuts in cold storage:
2) What product(s) are used for E. coli reassessment or pathogen reduction on organic carcasses?
□ Hot Water (170 degree water)
□ Acetic Acid (Vinegar) *Must be certified organic and accompanied by a copy of the organic certificate.
□ Lactic Acid
□ Other:
Brand Name Used & Manufacturer: (attach Label(s) and MSDS sheet(s) with OSP submission).