

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. 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 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 all products requested for certification (as you would like to have listed on your organic certificate): <i>*Note that this list needs to match the rest of the information provided in your OSP.</i> | | |
| 1) Is your 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 | | |
| 10) Preferred method of contact: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail | | |

- 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> |
| | | |
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- 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

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

| CLASS | ORGANIC | CONVENTIONAL | NOT APPLICABLE |
|--------------------------------|---------|--------------|--------------------------|
| Hogs | | | <input type="checkbox"/> |
| Chickens (Broilers) | | | <input type="checkbox"/> |
| Chickens (Layers) | | | <input type="checkbox"/> |
| Turkeys | | | <input type="checkbox"/> |
| Ducks | | | <input type="checkbox"/> |
| Rabbits | | | <input type="checkbox"/> |
| (Other) | | | <input type="checkbox"/> |
| (Other) | | | <input type="checkbox"/> |
| (Other) | | | <input type="checkbox"/> |
| TOTAL NUMBER OF ANIMALS | | | |

A. Source of Non-Ruminant Livestock

Not applicable

- 1) Do you raise organic slaughter replacement animals on-farm? Yes No Not applicable
- 2) If you purchase any livestock, supply specific information below: Not applicable
Note: if more space is needed, a full list can be submitted separately. All animal purchases will be verified and documentation must be available which traces the animals' origin, identification, and transport.

| CLASS OF NON-RUMINANT | ID # | DATE OF PURCHASE | BIRTHING DATE | PURCHASE SOURCE | ORGANIC OR CONVENTIONAL | ORGANIC CERTIFICATION AGENCY |
|-----------------------|------|------------------|---------------|-----------------|-------------------------|------------------------------|
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- 4) What is your current plan for replacement stock?
 purchase organic animals % of total replacements
 raise own organic replacements (see below) % 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 a contracted company performs it, please provide their name, address and phone number.
- 7) How often does breeding occur on your operation?
- 8) If you purchase animals, do the animals keep the original Tag # or do you provide a new Tag #? If you provide a new Tag #, how do you link the old Tag # to the new Tag #?

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) List the DMD for each class of organic animal (as applicable to your operation).

| Actual Dry Matter Demand (DMD) – Previous Year | | | Anticipated Dry Matter Demand (DMD) – Current Year | | |
|--|-----------------------|---------------------------|--|-----------------------|---------------------------|
| Class of Animal | Grazing Season (lbs.) | Non-Grazing Season (lbs.) | Class of Animal | Grazing Season (lbs.) | Non-Grazing Season (lbs.) |
| Hogs | | | Hogs | | |
| Chickens (Broilers) | | | Chickens (Broilers) | | |
| Chickens (Layers) | | | Chickens (Layers) | | |
| Turkeys | | | Turkeys | | |
| Ducks | | | Ducks | | |
| Rabbits | | | Rabbits | | |
| (Other) | | | (Other) | | |
| (Other) | | | (Other) | | |
| (Other) | | | (Other) | | |

3) How do you determine the amount of feed provided to livestock?

4) What ration changes are anticipated?

a. How do you plan to adapt to changes in the feed rations?

b. Does the DMD for any class of livestock vary seasonally (e.g. summer to winter)? If so, what is the typical difference for each class and explain the reasons for the change in DMD.

5) Do you raise any feed on your farm? Yes No

a) If yes, please list:

6) Describe purchased feed below: Not applicable

| TYPE | DISTRIBUTOR | CERTIFICATION AGENCY |
|------|-------------|----------------------|
| | | |
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7) Describe how do you verify that the feed ration is sufficient to meet nutritional requirements?

a) Do you use a nutritionist? Yes No

i. If yes, please list their name and contact information:

8) What is your plan for meeting livestock nutritional needs if you have a shortage of organic feed?

B. Feed Supplements and Additives

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

| BRAND NAME | MANUFACTURER | 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"/> |

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? Yes No

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, provide the name of the processor.
- b) Is the operator certified organic? Yes No
If yes, provide the name of the processor and certifying agent.

SECTION 6: Water

NOP Rule 205.201, .239

- 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 or cleaners 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 |
|-------------------------------------|---------------------------|-----------------------|--------------------------|
| | | | |
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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? Where applicable, indicate how long animals are typically confined.

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

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

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

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

15) 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?

3) What prevention and control measures do you use to control for internal 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 | 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"/> |
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| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| | | | <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 ear notching
 tail docking branding 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 |
|---------------------|---|--------------------------------|
| | | |
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3) Provide health care products/treatments used or to be used during physical alterations:

| NAME BRAND OF PRODUCT / TREATMENT USED | MANUFACTURER | 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"/> |

SECTION 11: Pre-Slaughter Management

NOP Rule 205.102, .201, .272

1) Where are your animals slaughtered? Not applicable
 no slaughter on-farm processing facility other (*specify*)

a) If livestock are processed on-farm, describe slaughter and processing procedures:

b) 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:

c) Is the facility certified organic? Yes No
 If yes, by what agency? (retain proof of certification for inspector)

2) Please describe how animal stress and injury is minimized during loading, transport, unloading, and slaughter:

3) 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*)

4) 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

Section 13: Fiber Clip

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

1) How is wool, hair, or feathers handled after removal? Not applicable
 Sold as organic unprocessed wool/hair/feathers
 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/feathers do not commingle with conventional products?
- 3) Are any cleaning or treatment products used on the unprocessed wool/hair/feathers? 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 (*if branding, include a picture or drawing of your brand below*) 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?

SECTION 15: Marketing and Labeling

NOP Rule 205.300 through .311

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

5) When organic products are sold, are they identified as organic on the sales documentation?

Yes No (if no, please explain):

SECTION 16: Record Keeping

NOP Rule 205.103, .236(c)

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"/> | Organic certificates for purchased feed |
| <input type="checkbox"/> | Feed storage inventory records |
| <input type="checkbox"/> | Input material approval documentation (e.g. OMRI/WSDA certificates) |
| <input type="checkbox"/> | Health records (vaccines, medications, physical alterations, etc.) |
| <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) Will records be maintained for at least five years? Yes

B. Organic Integrity

1) Explain how your operation ensures organic integrity by addressing areas of potential commingling and/or contamination. List specific control points you have identified in your process and state how you have addressed them to protect organic integrity, or attach a copy of your organic integrity program.

2) Does your operation have a map or inventory of your organic supply chain? Yes No

3) Does your operation have a supplier and product verification process to confirm, on an on-going basis, the approved organic status of any product used? Yes No

4) Has your operation conducted an organic fraud vulnerability assessment? Yes No

5) Has your operation developed an organic fraud prevention plan? Yes No

6) Does your operation have staff training protocol to specifically cover organic requirements? Yes No

SECTION 17: Split Production

NOP Rule 205.201(a)(5)

Split operation – An operation that produces or handles both organic and nonorganic agricultural products.

1) Describe all prohibited substances and practices: Not applicable

| PROHIBITED SUBSTANCE OR PRACTICE | ANIMAL ID | DATE USED |
|---|------------------|------------------|
| | | |
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| | | |
| | | |

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.