

## Organic Livestock Plan

Please fill out this form if you are requesting organic certification of ruminant non-dairy livestock or other slaughter stock. A separate Organic Livestock Crop Plan Questionnaire must also be filled out.

SECTION 1: General Information		
Name	Organic Certification No.	Type of livestock operation
For re-certification, how have you addressed conditions from last year's certification: <span style="float: right;"> <input type="checkbox"/> No Conditions    <input type="checkbox"/> Not Applicable           </span>		

SECTION 2: Organic Livestock Operation Profile												
List all animals on farm. List them as follows: for organic certification (O), in transition (T) and conventional (C). Note: the transition (T) category is only for dairy animals transitioning to organic as part of a Dairy Herd Conversion. If you are certifying dairy animals you must fill out the Organic Dairy Livestock Plan.												
LIVESTOCK TYPE	NO. FEMALES			NO. MALES			NO. CASTRATED MALES			NO. YOUNG STOCK		
	O	T	C	O	T	C	O	T	C	O	T	C
Beef		n/a			n/a			n/a			n/a	
Hogs		n/a			n/a			n/a			n/a	
Buffalo		n/a			n/a			n/a			n/a	
Sheep					n/a			n/a				
Goats					n/a			n/a				
Deer		n/a			n/a			n/a			n/a	
Horse		n/a			n/a			n/a			n/a	
Dairy					n/a			n/a				
Other types												

List all poultry animals on farm: Organic (O), in transition (T) and conventional (C) per year. If you want to certify the poultry you must submit an Organic Poultry Plan. Contact our office if you have any questions.									
POULTRY TYPE	NO. HENS			NO. ROOSTERS/TOMS			NO. CAPONS		
	O	T	C	O	T	C	O	T	C
Chickens									
Turkeys									
Ducks									
Geese									
Other types									

### SECTION 3: Source of Animals

*NOP standards require that all organic slaughter stock be sourced from certified sources unless breeding stock was purchased prior to the last third of the gestation period. Dairy stock must comply with 205.236(a)(2)*

Do you raise all slaughter animals on farm?  yes  no  not applicable

Do you raise dairy replacement animals on farm?  yes  no  not applicable

Do you purchase any livestock?  yes  no

If yes, give specific information on purchased livestock:

TYPE OF LIVESTOCK PURCHASED	IDENTIFICATION NO./ NAME	DATE OF PURCHASE	PROJECTED OR REAL BIRTHING DATE	PURCHASE SOURCE	CERTIFIED BY WHAT AGENCY?

### SECTION 4: Livestock Feed and Feed Supplements

*NOP Rule requires a total feed ration composed of agricultural products, including pasture and forage, that are organically produced and, if applicable, organically handled: Except, That, nonsynthetic substances and synthetic substances allowed under § 603 may be used as feed additives and supplements. Also section 205.237 requires that ruminant livestock derive 30% of their dry matter intake from grazing throughout the grazing season. See DMI Calculation Worksheet and the USDA/NOP website for more information on calculating Dry Matter Intake from grazing. If you are raising multiple types of slaughter stock (beef and pigs), make sure you list feed ration for each type of livestock separately.*

#### A1. FEED: FEED RATION TABLE DURING THE GRAZING SEASON: RUMINANTS ONLY

LIVESTOCK	LIST FEED RATION INGREDIENTS, PERCENT OF RATION, AND WHETHER ORGANIC (O), TRANSITIONAL (T), CONVENTIONAL (C) [EXAMPLE: GROUND CORN, 10% (O)]	ESTIMATED DRY MATTER INTAKE % DURING GRAZING SEASON
Male Adults		
Female Adults		
Young Stock		
Other		
Other		

**A2. FEED: FEED RATION TABLE DURING THE NON -GRAZING SEASON: RUMINANTS ONLY**

LIVESTOCK	LIST FEED RATION INGREDIENTS, PERCENT OF RATION, AND WHETHER ORGANIC (O), TRANSITIONAL (T),, CONVENTIONAL (C) [EXAMPLE: GROUND CORN, 10% (O)]
Male Adults	
Female Adults	
Young stock	
Other	
Other	

**A3. FEED: FEED RATION TABLE FOR NON-RUMINANTS**

LIVESTOCK	LIST FEED RATION INGREDIENTS, PERCENT OF RATION, AND WHETHER ORGANIC (O), TRANSITIONAL (T),, CONVENTIONAL (C) [EXAMPLE: GROUND CORN, 10% (O)]
Male Adults	
Female Adults	
Young stock	
Other	
Other	

**Do you raise any feed on your farm?**  yes  no

Describe purchased feed:  No purchased feed

TYPE OF PURCHASED FEED	QUANTITY PURCHASED/ TO BE PURCHASED	DATES PURCHASED	SOURCE(S)	CERTIFIED BY WHAT AGENCY?

**Do you pasture your animals?**  yes  no  
 If yes, what months are livestock pastured? \_\_\_\_\_

**Do you process feed (mix, grind, roast, extrude, etc.) on-farm?**  yes  no  
 If yes, is the equipment also used to process conventional products?  yes  no  
 If yes, how is equipment cleaned prior to processing organic feed to prevent contamination? \_\_\_\_\_  
 \_\_\_\_\_

**What is your plan for emergency feed supplies?** \_\_\_\_\_

**B. FEED SUPPLEMENTS AND ADDITIVES:**  No supplements used

List all feed supplements and additives, including silage inoculants, preservatives, etc.:

FEED SUPPLEMENT/ ADDITIVE	SOURCE	SYNTHETIC INGREDIENTS YES (Y) OR NO (N)	GEO?* YES (Y) OR NO (N)	REASON FOR USE

*\*NOP standards require that no genetically engineered products (GMO's) be used in organic production systems. Any supplements/additives that contain conventionally grown corn, soybeans, cotton products, etc., have the potential to be from genetically engineered sources unless the label specifically states such product is free of GMOs.*

**C. FEED STORAGE:**

Describe your feed storage locations:

STORAGE ID#	TYPE OF FEED STORED	TYPE OF STORAGE	CAPACITY	ORGANIC (O), TRANSITIONAL (T), CONVENTIONAL (C), BUFFER (B)

**How do you control rodents in organic feed storage areas?**  No rodent problems

\_\_\_\_\_

## SECTION 5: Water

*Water used for organic livestock must be potable and readily accessible. Water tests for coliform bacteria, nitrates and/or known contaminants may be required.*

What are your sources of water for livestock use?

on-site well  municipal  river/creek/pond  spring  other \_\_\_\_\_

What is the date of your last water test for coliform bacteria and nitrates? \_\_\_\_\_ (Attach copy)

If you use additives in the water, list them and state reason for use:

No additives used

Describe any water contamination problems in your region:

No contamination problems

If livestock have access to a river, creek, or pond, how do you prevent bank erosion, and minimize water pollution from livestock waste?  No access

## SECTION 6: Housing

*NOP Rule requires that the producer of an organic livestock operation must establish and maintain livestock living conditions which accommodate the health and natural behavior of animals*

What type of housing do you use? \_\_\_\_\_

Describe sizes (length x width) and number of animals per housing unit: \_\_\_\_\_

Describe type(s) of bedding: \_\_\_\_\_

If you are using straw, hay, or other roughage as bedding, is it from an organic source?  yes  no

If yes, what is the source? \_\_\_\_\_

How often is housing cleaned out? \_\_\_\_\_

How is housing cleaned? \_\_\_\_\_

Describe sanitation or cleaning products used: \_\_\_\_\_

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

Is day length regulated using artificial light?  yes  no



**A. List health or disease problems in the last 12 months, including vaccinations given or planned:**  No problems

HEALTH PROBLEM/ DISEASE	ANIMAL ID	PREVENTION AND MANAGEMENT PRACTICES	PRODUCT(S) USED	APPROVED (A) RESTRICTED (R) PROHIBITED (P)

**If you use any hormones, list and state reason for use:**  Not used

\_\_\_\_\_

\_\_\_\_\_

**If you use antibiotics, list in table above.**  Not used

**If you use parasiticides, list in table above.**  Not used

**If you use vaccinations, list in table above.**  Not used

**Name and phone number of your veterinarian:**

**B. FLY CONTROL:**  Not a problem

**If flies are a problem in your operation, what do you do to prevent or control them?**

\_\_\_\_\_

\_\_\_\_\_

**C. PARASITE CONTROL:**  Not a problem

**If internal or external parasites are a problem in your operation, what are they and how do you prevent or control them?**

\_\_\_\_\_

\_\_\_\_\_

**D. PREDATOR CONTROL:**  No Changes

**Check which predators you have problems with:**  hawks  feral cats  raccoons/skunks, etc.

dogs  foxes  coyotes  other \_\_\_\_\_

**Describe how you handle predator problems in this table:**

PREDATOR PROBLEM	CONTROLS USED	PRODUCTS USED	APPROVED (A) RESTRICTED(R) PROHIBITED (P)

**If you use poison baits, list products in the table above.**  None used

**E. SURGICAL PRACTICES:**

*NOP requires the performance of physical alterations as needed be to promote the animal's welfare and be done in a manner that minimizes pain and stress*

Describe surgical practices you use:

Not used

SURGICAL PRACTICE	WHY USED?
Castration	
Dehorning	
Tail docking	
Other:	

**SECTION 8: Handling for Slaughter**

*NOP standards require that humane methods of handling be used for loading, unloading, holding and slaughter. Slaughter facilities must be certified.*

We don't slaughter

If you slaughter your livestock, describe slaughter and meat processing procedures:

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Name, address, and phone number of facility where your animals are slaughtered: \_\_\_\_\_

Contact person \_\_\_\_\_ Is the facility certified organic?  yes  no By what agency? \_\_\_\_\_

How are animals loaded? \_\_\_\_\_

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Do you use electric prods?  yes  no

What form of transportation is used? \_\_\_\_\_

How long does transportation take? \_\_\_\_\_

Are animals provided with food in transit?  yes  no Water?  yes  no

Where are animals kept after delivery to slaughter facility but before slaughter? \_\_\_\_\_

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How many hours from loading until time of slaughter? \_\_\_\_\_

Are organic animals kept separate from non-organic animals?  yes  no

Describe the method of slaughter: \_\_\_\_\_

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## SECTION 9: Animal Identification

*NOP standards require individual animal ID for slaughter & dairy & flock identification for poultry. Separation and identification are required for those animals that have been treated with prohibited products.*

Describe your identification system: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If individual animals are treated with prohibited materials, how are they identified and/or segregated? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SECTION 10: Recordkeeping

*NOP standards require documentation of purchased animals and/or breeding records; purchased feed and feed supplements; health records; and sales/shipping records. Other records include water tests and label information from purchased feed/feed supplements. Please have your records available for review by the inspector.*

Check types of records you keep:

- documentation of purchased animals    breeding    purchased feed/feed supplements    feed labels  
 feed rations for each class of animal    health    sales    feed storage    shipping/transportation  
 access to pasture/access to the outdoors  
 slaughter    other \_\_\_\_\_  
\_\_\_\_\_

## SECTION 11: Marketing

TYPE OF MARKETING:

- farmers market    direct to retail    CSA/subscription service    on-farm retail    wholesale  
 wholesale to processor    contract to buyer    other \_\_\_\_\_

Do you use the Baystate Organic Seal on organic product labels?    yes    no

*(Attach examples of all organic product labels.)*

## SECTION 12 : Affirmation

I affirm that all statements made in this application are true and correct. No prohibited products have been applied to any of the organically managed pasture areas for the last three years, nor given to any animals I plan to sell as organic. I understand that my operation may be subject to unannounced inspection and/or sampling for residues at any time. I agree to follow organic standards.

Signature of Operator \_\_\_\_\_ Date \_\_\_\_\_

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