

Organic Poultry Plan Questionnaire

Please fill out this form if you are requesting organic certification for poultry (chickens, ducks, turkeys, etc). Use additional sheets if necessary.

SECTION 1: General Information

Name	Farm Name and Address	Date
Phone and Fax Number	Email Address	Type of poultry being certified
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)		
For re-certification, how have you addressed conditions from last year's certification: <input type="checkbox"/> No Conditions <input type="checkbox"/> Not Applicable		
Have you ever been certified before? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, list the name of the certifying agent and the years you were certified?	
Have you ever been denied certification? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, describe the circumstances on a separate sheet: List all noncompliances cited by previous certifier on separate sheet::	

SECTION 2: Organic Poultry Operation Profile

List all animals on farm. For non-poultry animals list cows, horses, goats, swine, sheep, etc. on farm.

List the type and number of all non-poultry farm animals: not applicable

Are any of these animals being transitioned to organic production: yes no If yes, list the transitional animals.

POULTRY TYPE	NO. HENS		NO. ROOSTERS/TOMS		NO. CAPONS	
	O	C	O	C	O	C
Chickens						
Turkeys						
Ducks						
Geese						
Other types						

SECTION 4: Poultry Feed and Feed Supplements

The 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 § 703 may be used as feed additives and supplements

A. FEED: Feed ration table: Poultry	
LIST FEED RATION INGREDIENTS, PERCENT OF RATION, AND WHETHER ORGANIC (O), TRANSITIONAL (T), CONVENTIONAL (C) [EXAMPLE: CRACKED CORN, 40% (O)] IF YOU ARE USING A FEED BLEND OR BLENDS, LIST THE NAME AND TYPE OF THE BLEND AND INCLUDE AN ANALYSIS TAG FOR EACH BLEND WITH YOUR APPLICATION.	
Chicks	
Pullets	
Hens	
Roosters/Toms	
Turkeys	
Other	

Do you raise any feed on your farm? yes no *If yes, please complete Organic Farm Plan Questionnaire.*

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 process any 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? _____

Do you feed your poultry household scraps or waste vegetables from your garden or organic fields? yes no

If yes, are all scraps and waste organic? yes no _____

What is your plan for emergency feed supplies? _____

Do you have other animals on farm? yes no

If yes, are they fed organic feed? yes no If no, how do you prevent your poultry from consuming the non-organic feed?

B. FEED SUPPLEMENTS AND ADDITIVES:

No supplements used

List all feed supplements and additives, preservatives, including oyster shells.

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

**NOP standards require that no products using genetically modified organisms be used in organic production systems.*

C. FEED STORAGE:

Describe your feed storage locations:

STORAGE ID#	TYPE OF FEED STORED	TYPE OF STORAGE	CAPACITY	IS THIS STORAGE AREA USED ONLY FOR ORGANIC FEED?

How do you control rodents in organic feed storage areas?

No rodent problems

SECTION 5: Water

Water used for organic poultry 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

Do poultry have access to a river, creek, or pond? If so, how are you preventing contamination of the water? No access

SECTION 6: Housing

NOP Rule requires that the producer of an organic poultry operation must establish and maintain poultry 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: _____

How often is housing cleaned out? _____

How is housing cleaned? _____

Describe sanitation or cleaning products used: _____

What source(s) of light is used in poultry housing? _____

Is day length regulated using artificial light? yes no

What outdoor areas do poultry have access to? _____

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

Have you temporarily confined animals and prevented them from access to the outdoors at any time during the past year?

yes no

If yes, describe every situation in which animals were confined and kept from going outside.

SECTION 7: Health Management

NOP Rule requires producer must establish and maintain preventive livestock health care practices. When preventive practices and veterinary biologics are inadequate to prevent sickness, a producer may administer synthetic medications: Provided, That, such medications are allowed under § 703.

A. General Information:

Identify the general components of your animal health management program:

- selective breeding raise own replacement stock isolation for purchased/diseased animals culling
 vaccinations good sanitation access to outdoors dry bedding good ventilation in housing
 good quality feed pasture rotation nutritional supplements probiotics
 other: _____

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 ChangesCheck 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?
Beak Trimming	
Debeaking	
Other:	
Other:	

SECTION 8: Manure Management

NOP requires that manure must be managed so that it does not contribute to contamination of crops, soil, and water.

What forms of manure do you use: liquid semi-solid/piled fully composted

If manure from your livestock is used on your fields, describe how it is used: Not used

Acres of land available for manure application: _____

List ingredients/additives (example: bedding, barn lime, inoculants, preservatives) _____

During what months do you apply manure/compost? _____

Describe your composting method(s): Composting not used

Estimated quantity of manure generated per year: _____ tons

SECTION 9: 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 own poultry, describe slaughter and meat processing procedures:

If your poultry is slaughtered off farm, list the Name, address, and phone number of facility where your animals are slaughtered: _____

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

Note: This facility must be certified organic in order for the poultry to be sold as organic after slaughter. If your poultry is not slaughtered at an organic facility, then they may be sold as live organic birds, but their meat may not be marketed as organic post slaughter.

How are animals loaded? _____

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? _____

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: _____

SECTION 10: Egg Handling and Packing

Facilities that handle organic eggs must be inspected and certified to verify that organic integrity is maintained. If you handle the eggs on farm

Are your eggs cleaned and inspected on-farm or off-farm

If on farm, describe how the eggs are cleaned and packed for sale. _____

If off farm, give the Name, address, and phone number of facility where eggs are washed, graded and packed: _____

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

SECTION 11: Animal Identification

NOP standards require 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? _____

If the poultry entire flock is treated with prohibited materials, what changes do you make to insure that this flock is not sold as organic? _____

SECTION 12: 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 purchased feed/feed supplements feed labels health

egg production sales feed storage shipping/transportation

slaughter other _____

SECTION 13: 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 14: Poultry Pasture/Outdoor history

NOP rule §205.239(a)91)&(2) requires that animals have access to the outdoors, shade, shelter, exercise areas, fresh air, and direct sunlight suitable to the species, its stage of production, the climate, and the environment and that ruminants have access to pasture. NOP rule §205.206(f) requires producers not use lumber treated with arsenate in contact with soil or livestock

Is treated lumber used on farm in contact with soil or livestock? _____

If yes, describe the areas where treated lumber is used. _____

If you are using small outdoor access areas for your poultry, how do you make sure that the poultry do not wear out the area and take the area down to bare dirt?

Please list all of pasture/outdoor access areas animals have access to throughout the year. List outdoor access areas for all seasons.

Pasture #	Acres	Type & Number. of Animals

SECTION 15: 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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