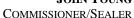
YOLO COUNTY DEPARTMENT OF AGRICULTURE • WEIGHTS AND MEASURES JOHN YOUNG





Poultry System Plan Update Questionnaire

Please fill out this form if you currently have a certified organic poultry operation to update your poultry system plan for poultry slaughter or egg production. A separate organic Farm Plan Questionnaire must be filled out if you are growing your own feed or other organic crops for sale. Use additional sheets if necessary. Attachments required with this questionnaire are: an updated farm map showing all poultry houses and outdoor access areas and organic product labels for your organic products (if applicable).

Section 1: Genera	al Informati	on						
Name		Оре	eration name			Туре	e of poultry operation	on
Address				City			or Office Use Only	
01-1-			7:- 01-		10			
State			Zip Code		County		ate Reviewed eviewer	
Phone		Fax		E-ma	ail	0	ganic Certification	NO.
Year first certified	List previous organic certification by other agencies			-	List current certification other agence	by	organic s	nderstand current tandards? □ NO
Year when comple	te Organic I	_ivestock P	'lan Questionnaire	was la	ıst submitted:			
List type of poultry For renewal, how I						☐ No Condition	s	□ Not Applicable
Have you ever bee denied certification ☐YES ☐ NO		, describe t	the circumstances	:				
Section 2: Organi	c Poultry C	peration	Profile					
List type and nur	nher of no	ıltry regue	ested for organic	certifi	cation (O) an	d any convent	ional (C) noultry	
Poultry Type			o. Hens	COLUM		sters/Toms		Capons
1 cally Type		Organic	Convention	nal	Organic	Convention		Conventional
Chickens							J	
Turkeys								
Ducks								
Geese								
Other Types								

Section3: Source					
				n under c	ontinuous organic management beginning no
later than the seco	ond day of life.	NOP 205.2	36 (a) (1).		
Do you raise your	own chicks/re	placement e	gg layers on-farms?	YES	□NO
Do you purchase y	our chicks/rep	olacement eç	gg layers?	YES	□NO
If YES, give specif	ic information	on purchase	ed poultry:		
TYPE OF POULTRY PURCHASED	FLOCK NUMBER	DATE OF PURCHASE	PROJECTED SLAUGHTER/ EGG PRODUCTION DATE		SOURCE, ADDRESS & PHONE NUMBER
Section 4: Poultry	Feed and Fee	ed Suppleme	ents		
Organic standards	require that c	ertified organ	nic poultry be fed 100%	certified	organic feed. Feed supplements should Not
			bited materials. NOP 2	205.237.	
Please save labels	s for the organ	ic inspector.			
A. FEED: Feed ra	ation table:				
			T FEED RATION INGREDIENTS		
Chicks		ORGA	ANIC (O) OR CONVENTIONAL (C) [EXAMPL	E: CRACKED CORN, 40% (O)]
- Cimente					
Pullets					
Hens					
Roosters/Toms					
Capons					
Other					

Describe purchased feed:	:						NO purchased feed
TYPE OF PURCHASED FEED		PURCHASED/ JRCHASED	DATES PUR	CHASED		SOURCE(S)	CERTIFIED BY WHAT AGENCY?
Do you raise any feed on	your farm?	☐ YES	□ NO If Y	ES, you ne	ed to ha	ive an Organic Produc	ction System Plan on file.
What is your plan for eme	ergency feed	d supplies?					
B. Feed Supplements ar	nd additive	s:				☐ NO supple	ments or additives used
List all feed supplements	and additive	es, including	ı vitamins, a	amino acio	ds, mine	erals, etc. used:	
FEED SUPPLEMENT/ ADDITIVE	SOURCE	SYNTHETIC IN	IGREDIENTS	GMC)?*		SON FOR USE
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	YES		R NO (N)	YES (Y) OR NO (N)			
*Organic standards requi	re that NO (Genetically N	Nodified Or	ganisms (GMOs)	be used in organic	production
Systems.							
C. Feed Storage:							
Describe your feed storaç	ge locations	:					
STORAGE ID#	TYPE OF F	EED STORED	TYPE	OF STORAG	SE	CAPACITY	ORGANIC (O) CONVENTIONAL (C)
							CONVENTIONAL (C)

Section 5: Health Management
Section 5: Health Management Organic standards require a proactive health management program to prevent health problems and potential use of prohibited materials. If prohibited treatments are used, the treated animals and/or their products may not be sold as organic. NOP 205.238 (c). Records must be kept of all treatments.
A. GENERAL INFORMATION:
Identify the general components of your animal health management program:
☐ breed selection ☐ raise own replacement stock ☐ isolation for purchased/diseased animals ☐ culling
☐ vaccinations ☐ good sanitation between flocks ☐ access to outdoors ☐ dry bedding
☐ good ventilation in housing ☐ good quality feed ☐ nutritional supplements ☐ probiotics
other:
Section 6: Certification Services
Rate the services provided by this certification agency: Excellent Satisfactory Needs Improvement
Please Comment:
Section 7: Affirmation
I affirm that all statements made in this application are true and correct. NO prohibited products have been applied to any of my organically managed outdoor access areas, nor to any animals or products I plan to sell as organic. I understand that my operation may be subject to unannounced inspections and/or sampling for residues at any time. I agree to follow the National Organic Standards.
Signature of Operator Date
I have attached the following documents:
☐ Updated map of the operation (including outdoor access areas and adjoining land use and identification)
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