



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: General Information

Name		Operation name		Type of poultry operation	
Address			City		For Office Use Only Date Received
State		Zip Code		County	
Date Reviewed		Reviewer		Organic Certification NO.	
Phone		Fax		E-mail	
Year first certified	List previous organic certification by other agencies		List current organic certification by other agencies		Do you understand current organic standards? <input type="checkbox"/> YES <input type="checkbox"/> NO
Year when complete Organic Livestock Plan Questionnaire was last submitted:					
List type of poultry and/or poultry products requested for certification:					
For renewal, how have you addressed conditions from last year's certification: <input type="checkbox"/> No Conditions <input type="checkbox"/> Not Applicable					
Have you ever been denied certification? <input type="checkbox"/> YES <input type="checkbox"/> NO		If YES, describe the circumstances:			

Section 2: Organic Poultry Operation Profile

List type and number of poultry requested for organic certification (O) and any conventional (C) poultry.						
Poultry Type	No. Hens		No. Roosters/Toms		No. Capons	
	Organic	Conventional	Organic	Conventional	Organic	Conventional
Chickens						
Turkeys						
Ducks						
Geese						
Other Types						

Section 3: Source of Animals

Poultry or edible poultry products must be from poultry that has been under continuous organic management beginning no later than the second day of life. NOP 205.236 (a) (1).

Do you raise your own chicks/replacement egg layers on-farms? YES NO

Do you purchase your chicks/replacement egg layers? YES NO

If YES, give specific information on purchased poultry:

TYPE OF POULTRY PURCHASED	FLOCK NUMBER	DATE OF PURCHASE	PROJECTED SLAUGHTER/ EGG PRODUCTION DATE	SOURCE, ADDRESS & PHONE NUMBER

Section 4: Poultry Feed and Feed Supplements

Organic standards require that certified organic poultry be fed 100% certified organic feed. Feed supplements should Not contain Non-organic protein sources or prohibited materials. NOP 205.237.

Please save labels for the organic inspector.

A. FEED: Feed ration table:

	LIST FEED RATION INGREDIENTS, PERCENT OF RATION, AND WHETHER ORGANIC (O) OR CONVENTIONAL (C) [EXAMPLE: CRACKED CORN, 40% (O)]
Chicks	
Pullets	
Hens	
Roosters/Toms	
Capons	
Other	

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 raise any feed on your farm? YES NO If YES, you need to have an Organic Production System Plan on file.

What is your plan for emergency feed supplies? _____

B. Feed Supplements and additives:

NO supplements or additives used

List all feed supplements and additives, including vitamins, amino acids, minerals, etc. used:

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

*Organic standards require that NO Genetically Modified Organisms (GMOs) be used in organic production Systems.

C. Feed Storage:

Describe your feed storage locations:

STORAGE ID#	TYPE OF FEED STORED	TYPE OF STORAGE	CAPACITY	ORGANIC (O) CONVENTIONAL (C)

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)
- Housing records (showing house size and number of poultry per house and any new housing for poultry)
- Organic product labels for your products (if applicable)