



Organic Poultry System Plan/Renewal Update Questionnaire

Please fill out this form if you are requesting organic certification or re-certification of poultry for 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 questionnaire: farm map showing all poultry houses and outdoor access areas; Outdoor Access/Pasture History Sheet; and water test, if applicable.

For renewal, please select the " No Changes" option where applicable, and move on to the next section. Complete all sections where any changes have been made in the operation. Attach Poultry Outdoor Access History sheets for new areas or changes in pastures, and applicable test results.

SECTION 1: General Information					
Name		OPERATION NAME		Type of poultry operation	
Address			City	St	Postal code Country
Phone		Fax		E-mail	
					Organic Certification No.
How many years have you raised poultry?		How many years have you raised poultry organically?		What are your sources of organic poultry information/consultation?	
Why do you raise poultry organically?					
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), in transition (T) and conventional (C) per year:

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

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.

DO YOU RAISE YOUR OWN CHICKS/REPLACEMENT EGG LAYERS ON-FARM? YES NO No CHANGES

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

DAY OLD CHICKS: Not applicable No Changes

Describe your management plan for raising chicks (heating, space allowed, etc.) _____

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. Please save labels for the organic inspector.

A. FEED: Feed ration table: No Change

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

What is your plan for emergency feed supplies? _____

B. FEED SUPPLEMENTS AND ADDITIVES:

No supplements/additives No Changes

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

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

**Organic standards require that no genetically engineered products (GEO'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 GEOs.*

C. FEED STORAGE:

No Changes

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

How do you control insects in organic feed storage areas?

No insect problems

SECTION 5: Water

Water used for organic poultry must be potable and readily accessible

What are your sources of water for poultry use?

on-site well municipal river/creek/pond spring other _____

IF YOU USE ADDITIVES IN THE WATER, DESCRIBE THEM IN THE FOLLOWING TABLE:

NO ADDITIVES USED

ADDITIVE	REASON FOR USE	APPROVED (A) RESTRICTED (R) PROHIBITED (P)	ADDITIVE	REASON FOR USE

DESCRIBE ANY WATER CONTAMINATION PROBLEMS IN YOUR REGION.

NO CONTAMINATION PROBLEMS

IF POULTRY HAVE ACCESS TO A RIVER, CREEK, OR POND, HOW DO YOU PREVENT BANK EROSION? _____

SECTION 6: Housing

Organic standards require that poultry living conditions provide reasonable freedom of movement, lack of crowding, proper sanitation, fresh air, sunshine, and shelter. If animals eat the bedding, organic bedding may be required. Standards may also specify the minimum square footage per bird and maximum hours of artificial lighting allowed.

If your operation includes multiple poultry houses, attach a list showing each house, square footage, and number of organic poultry raised in each house.

Describe ventilation systems you use: _____

Describe type(s) of bedding: _____

How often and how is housing cleaned out? _____

Name sanitation or cleaning products used and describe when they are used: _____

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

How many hours of artificial light are provided per day? _____

Does each poultry flock have an outdoor run area? YES NO

(Include these areas, showing adjoining land use, on your map, and complete Outdoor Access/Pasture History Sheet for each area.)

At what age are poultry allowed access to outdoors? _____

How long are animals indoors (hours per day)? _____ Spring _____ Summer _____ Fall _____ Winter

Is edible pasture provided in the outdoor run areas? YES NO

SECTION 7: 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, according to the NOP requirements. 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: _____

B. DISEASE/HEALTH PROBLEMS:

NO PROBLEMS

Describe health or disease problems in the last two years, including vaccinations applied at the hatchery and on-site:

HEALTH PROBLEM/ DISEASE	FLOCK ID	PREVENTION/MANAGEMENT PRACTICES	PRODUCT(S) USED

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:

C. FLY CONTROL:

Not a problem

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

D. 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?
(List any products used in the table above.) _____

E. PREDATOR CONTROL:

No problems No Changes

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

dogs other _____

PREDATOR PROBLEM	CONTROLS USED	PRODUCTS USED

If you use poison baits, list products in the table above.

None used

F. Surgical practices:

Organic standards may prohibit some surgical practices, such as beak trimming or wing burning

Describe surgical practices you use:

Not used No Changes

SURGICAL PRACTICE	WHY USED?
BEAK TRIMMING	
WING BURNING	
OTHER:	

SECTION 8: Manure Management

Organic standards require manure to be free of contaminants and be spread on fields when the soil is warm and biologically active. Composting manure is preferable.

Not used No Changes

If manure from your poultry is used on your fields, describe how it is used: _____

List ingredients/additives (example: bedding, inoculants, etc.) _____

During what months do you apply manure/compost? _____

Describe your composting method(s):

Composting not used

Estimated quantity of manure generated per year: _____ tons

Acres of land available for manure application: _____ acres

SECTION 9: Handling for Slaughter

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

No Changes

If you slaughter your poultry, describe slaughter and meat processing procedures

We don't slaughter

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? _____

How many animals are loaded per cage? _____

What form of transportation is used? _____

How long does transportation take? _____

Are animals provided with food in transit? YES NO **Water?** YES NO

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 and equipment used: _____

How is equipment cleaned before using? List products used. _____

SECTION 10: Egg Handling and Packing

Facilities that handle organic eggs must be inspected and certified to verify that organic integrity is maintained.

No Changes

Name, address, and phone number of facility where eggs are washed, graded and packed: on-farm _____

Contact person _____ Is the facility certified organic? YES NO By what agency? _____

Do you or the facility have an egg handler's license? yes no

SECTION 11: Animal Identification

Organic standards require flock identification for poultry. Separation and identification are required for those animals that have been treated with prohibited products.

No Changes

Describe your flock identification system: _____

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

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

SECTION 12: Record keeping

Organic 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:

No Changes

DOCUMENTATION OF PURCHASED ANIMALS BREEDING PURCHASED FEED/FEED SUPPLEMENTS FEED LABELS

FEED STORAGE FLOCK HEALTH DEAD BIRD COUNTS WATER USAGE WEIGHT GAIN

SANITATION RECORDS SALES SLAUGHTER EGG HANDLING REPORTS SHIPPING/TRANSPORTATION

OTHER _____

SECTION 13: Marketing

TYPE OF MARKETING:

No Changes

farmers market direct to retail CSA/subscription service wholesale on-farm retail wholesale to processor

contract to buyer Other _____

If you use the seal of the certification agency on organic product labels? YES NO

(Attach examples of all organic product labels.)

SECTION 14: Certification Services

RATE SERVICES PROVIDED BY THIS CERTIFICATION AGENCY: EXCELLENT SATISFACTORY NEEDS IMPROVEMENT

Please comment _____

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 MY ORGANICALLY MANAGED OUTDOOR ACCESS AREAS FOR THE LAST THREE YEARS, NOR 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 _____

I have attached the following additional documents:

- Maps of the operation** (including outdoor access areas and showing adjoining land use and identification)
- Water test, if applicable**
- Housing records** (showing size and number of poultry housed per house)
- Organic product labels for your products** (if applicable)
- Outdoor Access/Pasture History Sheet**