

## Organic Livestock Plan Questionnaire

*Please fill out this form if you are requesting organic certification of livestock. A separate organic Farm Plan Questionnaire also must be filled out if you are growing your own feed or any crops, including pasture; and a separate organic Handling Plan Questionnaire also must be filled out if you have any processing done. Use additional sheets if necessary. Attach all other supporting documents (farm map showing all fields, pasture areas and buildings; Organic History Reports; etc.). This form may be used for annual updates.*

SECTION 1: General Information					
Name		Farm		Type of livestock operation	
Address			City		<b>For Office Use Only</b>
State			Zip code		Received
Date			Date		Entered
Phone			Fax E-mail		Initials
Legal Status: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Trust or non-profit <input type="checkbox"/> Corporation <input type="checkbox"/> Legal Partnership (federal form 1065) <input type="checkbox"/> Other-specify			Do you understand current organic standards? <input type="checkbox"/> yes <input type="checkbox"/> no		
Do you plan to conduct foreign trade of organic products? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, specify destination country(ies): _____ If you plan to export organic products to another country, contact your certifier for additional requirements that apply when exporting to certain countries with organic trade agreements.					
Have you ever been denied certification? <input type="checkbox"/> yes <input type="checkbox"/> no		If yes, describe the circumstances:			
List types of livestock, including poultry products, requested for certification.					
Do you have any off-farm or on-farm processing done? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, you need to complete an Organic Processing/Handling Plan and submit it with your Organic Livestock Plan Questionnaire. Please contact the Division of Agriculture for an Organic Processing/Handling Plan.					
Do you grow your own feed or any crops or pasture? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, you need to complete an Organic Farm Plan Questionnaire and submit it with your Organic Livestock Plan Questionnaire. Please contact the Division of Agriculture for an Organic Farm Plan.					
For re-certification, how have you addressed conditions from last year's certification: <input type="checkbox"/> <b>No Conditions</b> <input type="checkbox"/> <b>Not Applicable</b>					
Give directions to your farm for the inspector.					

Return this form to: RIDEM Division of Agriculture  
Organic Certification Program  
235 Promenade St, Rm 370  
Providence, RI 02908

**SECTION 2: Organic Livestock Operation Profile**

List all animals on farm: animals requested for organic certification (O), in transition (T) and conventional (C):

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												
Hogs												
Buffalo												
Sheep												
Goats												
Deer												
Horse												
Dairy												
Other types												

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**

*National Organic Program 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?

*National Organic Program standards require that poultry must have been under continuous organic management since no later than the 2<sup>nd</sup> 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, how old are they when they arrive on-farm? \_\_\_\_\_

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

1 OR 2 DAY OLD CHICKS:

Not applicable

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

**SECTION 4: Livestock Pasture, Feed and Feed Supplements**

*National Organic Program standards require 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 §205.603 may be used as feed additives and supplements. The producer must demonstrate that for all ruminant livestock there is a functioning management plan for pasture as detailed in §205.240.*

**A. FEED:** Feed ration table:

Slaughter/dairy	LIST FEED RATION INGREDIENTS, PERCENT OF RATION, AND WHETHER ORGANIC (O), TRANSITIONAL (T), CONVENTIONAL (C) [EXAMPLE: GROUND CORN, 10% (O)]
Females	
Males	
Castrated males	
Young stock	
Other	

A. FEED: Feed ration table (cont.):	
Poultry	LIST FEED RATION INGREDIENTS, PERCENT OF RATION, AND WHETHER ORGANIC (O), TRANSITIONAL (T), CONVENTIONAL (C) [EXAMPLE: GROUND CORN, 10% (O)]
Chicks	
Pullets	
Hens	
Roosters/Toms	
Capons	
Other	

Do you raise any feed on your farm?  yes  no *If yes, include a map of fields and ID No. and complete the Organic Farm Plan Questionnaire and Organic History Report.*

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 ruminants?**  yes  no If yes, include: 1) a pasture plan as described in §205.237 (e.g. NRCS

Pasture/Rangeland plan) and 2) documentation that the pasture plan complies with §205.240 (e.g. USDA DMI calculation worksheet).

Include a map of pastures/paddocks with ID Nos. and complete the Organic Farm Plan Questionnaire and Organic History Report.

**Indicate the duration of confinement from pasture for each group listed below (if not applicable, indicate N/A in the space provided):**

Young Stock:	Pre-Parturition:
Feeder Stock:	Post-Parturition:
Breeding Animals:	Slaughter Stock:
Lactating Animals:	Other:

**Indicate why livestock may be subject to confinement:**

Inclement weather:	Stage of production:	N/A:
Risk to soil or water:	Health, safety or well-being of animal:	Other:

**Describe your plan to demonstrate that you provide adequate pasture to your organic animals. (Include all stages of animals.):**

**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)	GMO?*	REASON FOR USE
			YES (Y) OR NO (N)	

*\*National Organic Program standards require that no genetically modified organisms (GMO) 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 modified sources unless the label specifically states such product is free of GMO.*

**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

\_\_\_\_\_

**How do you control insects in organic feed storage areas?**  No insect 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 required)

**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	APPROVED (A) RESTRICTED (R) PROHIBITED (P)

**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?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION 6: Livestock Living Conditions**

*National Organic Program standards require 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 ventilation systems you use: \_\_\_\_\_  
\_\_\_\_\_

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

Is the bedding edible?  yes  no  N/A      Is the bedding organic?  yes  no  N/A

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

How many hours of artificial light are provided per day? \_\_\_\_\_

Do you provide pasture to any animals?  yes  no      Is the pasture certified organic?  yes  no

List names/identification of all outdoor access areas and pastures used by animals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Does each outdoor access area/pasture have sufficient shade, shelter, direct sunlight, clean drinking water?  yes  no

If not, specify which areas and why not:



**SECTION 7: Health Management**

*National Organic Program standards require the producer to 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 §205.603. Records must be kept of all treatments.*

**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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**B. 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:**

**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 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

**F. SURGICAL PRACTICES:**

*National Organic Program standards require that performance of physical alterations be done as needed to promote the animal's welfare and in a manner that minimizes pain and stress.*

Describe surgical practices you use:

Not used

SURGICAL PRACTICE	WHY USED?
Castration	
Dehorning	
Tail docking	
Beak trimming	
Wing burning	
Other:	

## SECTION 8: Manure Management

*National Organic Program standards require manure to be managed in a manner that does not contribute to contamination of crops, soil, or 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: Milk Handling

*National Organic Program requires that milk or milk products must be from animals that have been managed according to standard 205.236.*

What type of milk handling system do you use:  We are not a dairy operation

pipeline  automated  step saver  hand milking  parlor  tie stalls  stanchions  other \_\_\_\_\_

How are you licensed?  Grade A  Grade B  other \_\_\_\_\_

Describe cleaning cycle for milking equipment (water temperature, number of rinses, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of detergent used: \_\_\_\_\_

Name of acid cleaner used: \_\_\_\_\_

Name of sanitizer used: \_\_\_\_\_

Report somatic cell counts for last six tests:

DATE	SSC	DATE	SSC	DATE	SSC

List products used to clean animals:

None used

Teat dips \_\_\_\_\_

Udder washes \_\_\_\_\_

How often do you change inflations? \_\_\_\_\_

How many animals do you currently milk? \_\_\_\_\_

Report production for the last six milkings:

DATE	POUNDS PRODUCED	DATE	POUNDS PRODUCED	DATE	POUNDS PRODUCED

**SECTION 10: Handling for Slaughter**

*National Organic Program 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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? \_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How is equipment cleaned before using? List products used. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## SECTION 11: Egg Handling and Packing

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

Specify where your eggs are cleaned, graded and packed:  on-farm  off-farm

Describe how eggs are cleaned and packed for sale. List any egg washes, water additives or cleaning agents:

Are the egg cartons/containers new or used?  new  used Submit for review: color copies or images of labels for marketing of, or for use on, organic egg cartons/containers. Show or describe all other markings on the cartons/containers.

If egg cartons/containers are used, what did they contain prior to organic use? \_\_\_\_\_

Are the cartons/containers used for organic eggs only?  yes  no

If eggs are cleaned, graded and packed off-farm, specify the name, address, and phone number of the facility: \_\_\_\_\_

Contact person \_\_\_\_\_ Is the facility certified organic?  yes  no If so, by what agency? \_\_\_\_\_

## SECTION 12: Animal Identification

*National Organic Program standards require individual identification of slaughter and dairy animals, and flock identification for poultry. Separation and identification are required for those animals that have been treated with prohibited products.*

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

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

For poultry, 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 13: Recordkeeping

*National Organic Program 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  
 health  somatic cell/plate count  milk production  egg handling reports  sales  feed storage  
 shipping/transportation  dead bird counts  water usage  weight gain  sanitation records  
 slaughter  pasture/outdoor access  other \_\_\_\_\_

## SECTION 14: 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 seal of the certification agency on organic product labels?    yes    no

Do you use the USDA organic seal on organic product labels?    yes    no

*Attach examples of all organic product labels.*

## 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 pasture areas and 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 as deemed appropriate to ensure compliance with the NOP Rule. I understand that acceptance of this questionnaire in no way implies granting of certification by the certifying agent. I agree to follow the NOP Rule.

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

I have attached the following additional documents:

- Maps of the operation** (including pasture/rotational grazing areas and showing adjoining land use and identification)
- Directions to farm**
- Water test, if applicable**
- Organic History Report**
- Organic product labels for your products** (if applicable)
- Housing records** (showing size and number of poultry housed per house)
- CSA contract, if applicable**
- I have made copies of this questionnaire and other supporting documents for my own records.**