

Organic Dairy Livestock Plan

Please fill out this form if you are requesting organic certification of an organic dairy herd. A separate organic Dairy Crop Plan Questionnaire must also be filled out.

SECTION 1: General Information		
Name	Organic Certification No.	Type of livestock operation
For re-certification, how have you addressed conditions from last year's certification: <input type="checkbox"/> No Conditions <input type="checkbox"/> Not Applicable		

SECTION 2: Organic Livestock Operation Profile												
List all animals on farm currently and the # of animals you expect to be born on farm this year. List them as follows: for organic certification (O), in transition (T) and conventional (C). Note: the transition (T) category is only for dairy animals transitioning to organic as part of a Dairy Herd Conversion. If you are certifying hogs, or ruminant animals that are not cull or male animals from the dairy herd please contact our office as you will need to fill out a Slaughter Stock Livestock Plan for the other animals.												
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		n/a			n/a			n/a			n/a	
Hogs		n/a			n/a			n/a			n/a	
Buffalo		n/a			n/a			n/a			n/a	
Sheep					n/a			n/a				
Goats					n/a			n/a				
Deer		n/a			n/a			n/a			n/a	
Horse		n/a			n/a			n/a			n/a	
Dairy					n/a			n/a				
Other types												

List all poultry animals on farm: Organic (O), in transition (T) and conventional (C) per year. If you want to certify the poultry please contact our office as you will need to fill out an Organic Poultry Plan.									
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

NOP 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?

SECTION 4: Livestock Feed and Feed Supplements

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 § 603 may be used as feed additives and supplements. Also section 205.237 requires that ruminant livestock derive 30% of their dry matter intake from grazing throughout the grazing season. See DMI Calculation Worksheet and the USDA/NOP website for more information on calculating Dry Matter Intake from grazing.

A1. FEED: Feed ration table during the Grazing Season: Dairy

LIVESTOCK	LIST FEED RATION INGREDIENTS, PERCENT OF RATION, AND WHETHER ORGANIC (O), TRANSITIONAL (T), CONVENTIONAL (C) [EXAMPLE: GROUND CORN, 10% (O)]	ESTIMATED DRY MATTER INTAKE % DURING GRAZING SEASON
Milking Cows/Does		
Dry Cows/Does		
Heifers/Doelings		
Bulls/Bucks		
Young stock		
Other		

A2. FEED: Feed ration table during the non-grazing season: Dairy

LIVESTOCK	LIST FEED RATION INGREDIENTS, PERCENT OF RATION, AND WHETHER ORGANIC (O), TRANSITIONAL (T), CONVENTIONAL (C) [EXAMPLE: GROUND CORN, 10% (O)]
Milking Cows/Does	
Dry Cows/Does	
Heifers/Doelings	
Bulls/Bucks	
Young stock	
Other	

Do you raise any feed on your farm? yes no

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 your dairy animals? yes no

If yes, what months are livestock pastured? _____

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)	GEO?*	REASON FOR USE

**NOP standards require that no genetically engineered products (GMO'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 GMOs.*

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

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 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

If livestock have access to a river, creek, or pond, how do you prevent bank erosion, and minimize water pollution from livestock waste? No access

SECTION 6: Housing

NOP Rule requires 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 type(s) of bedding: _____

If you are using straw, hay, or other roughage as bedding, is it from an organic source? yes no

If yes, what is the source? _____

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

What outdoor areas (feedlots, dry lots, yards, feeding pads) other than pasture do animals use? List the size of each area.

Can all of your herd fit into the outdoor area during the time period when they are not on pasture? yes no

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, or prevented them from having access to pasture during the grazing season? yes no

If yes, describe every situation in which animals were confined, kept from going outside, or denied access to pasture during the grazing season.

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 § 603.

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 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

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?
Castration	
Dehorning	
Tail docking	
Other:	

SECTION 8: Milk Handling

What type of milk handling system do you use:

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 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 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: _____

SECTION 10: Animal Identification

NOP standards require individual animal ID for slaughter & dairy & 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? _____

SECTION 11: 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 breeding purchased feed/feed supplements feed labels
 feed rations for each class of animal health somatic cell/plate count milk production sales
 feed storage shipping/transportation access to pasture/access to the outdoors
 slaughter other _____

SECTION 12: 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 13 : 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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