Organic Poultry Plan Questionnaire

Please fill out this form if you are certifying poultry (chickens, ducks, turkeys, etc). Use additional sheets if necessary.

SECTION 1: G	eneral Information					NOP 205.401	
Name		Farm Name			Certification No.	Date	
IF YOU'VE ALREADY FILLED OUT AN ORGANIC FARM PLAN OR DAIRY/LIVESTOCK CROP PLAN, SKIP TO SECTION 2							
Mailing Address							
Physical address of	of operation to be certified, i	f different than abo	ve:				
Farm Phone Cell Phone				Fax			
Email				Website			
<u> </u>	Sole proprietorship 🔲 Tr Legal partnership (federal f	orm 1065) 🔲 Oth	her (specify)			
Year first certified:	List previous organic cert by other agencies: \(\subseteq N			nt organic certification by ncies: □N/A	Year that Orga was last subm	anic Poultry Plan itted: □N/A	
	to another organic certifying agency				•	e past, or are	
☐ Denied Certifica	ation	ed by another agend	су	☐ Was Certified in the p	oast (list years)		
	enied certification, attach a you took to address the nor		lianc	es noted by the certifying	g agent issuing the	denial, and	
☐ I have attache	d noncompliances and cor	rective actions [□N	ot Applicable			
by your previous co Noncompliance, No Certification with co	If you are currently certified by another agency, or were previously certified by another agency, submit any noncompliances cited by your previous certifying agent and corrective actions you took to fix the noncompliances: (attach copies of any Notices of Noncompliance, Notices of Proposed Suspension or Revocation of Certification, Notices or Suspension or Revocation of Certification with corrective actions.) If there are no noncompliances, submit a copy of your certification certificate and last post-inspection letter from your certifying agent. Not Applicable						
 ☐ I have attached noncompliances and corrective actions. ☐ I have attached current certification certificate, and last post-inspection letter. 							
Do you have a copy of the current Organic Standards?							
	ertify any crops (including h filled out an Organic Farm		∕es □ N	□ No No			
You must have an	Organic Farm Plan on file	to certify any crops.	. Cor	ntact Baystate with quest	tions or to get an O	rganic Farm Plan.	
	ff-farm or on-farm processi filled out an Organic Handl				s 🗌 No		
	ou must have an Organic H with your questions or to ob				ndling portion of you	ur operation.	
Availability for Insp		e you available to c re you available for				☐ Evening ☐ Evening	
The National Organic Standards require that Baystate Organic Certifiers perform unannounced inspections. You may choose two weekdays that you are unavailable for unannounced inspections. List them here:							

SECTION 2: Poultry Operation Profile NOP 205.201, 205.236							
List type and number of poultry that are requested for organic certification (O), and conventional (C). For poultry raised for slaughter, give the total number of birds you're planning to raise for the year:							
POULTRY TYPE		UMBER OF LAY			OSTERS/TOMS	NO. BROILERS/SLAUGHTER STOCK	
100211111111			C	O C		O C	
Chickens							
Turkeys							
Ducks							
Geese							
Other Types – List:							
If you raise the same species organically and non-organically, how do you prevent commingling of stock? Not Applicable List the type and number of all non-poultry farm animals on farm: Not Applicable							
Are any of these animals being transitioned to organic production? Yes No If Yes, list the transitional animals: SECTION 3: Source of Organic Animals NOP 205.236 NOP Rule 205.236(a)(1) requires poultry or edible poultry products must be from poultry that have been under continuous organic management beginning no later than the second day of life.							
Do you raise your	own chicks	s/replacement	egg layers on-far	m? ☐ Yes ☐] No		
Do you purchase	your chicks	/replacement	egg layers? 🗌 Ye	es 🗌 No			
If Yes, how old a	-	-					
			ed poultry, including				
TYPE OF POULTRY PURCHASED	FLOCK NUMBER	PURCHASE DATE	SLAUGHTER/ EGG LAYING DATE	PUR	CHASE SOURCE/LO		IF ORGANIC, CERTIFIED BY WHOM?

NOP 205.237 requ	ires a to	Poultry Feed and Footal feed ration compo	sed of agricultural prod	ducts, including pas					
		, if applicable, organica 4 may be used as feed			d synthetic substa	ances allowed			
	A. FEED: List each feed item, what % of the total ration it is, and whether Organic (O), Transitional (T) or Conventional (C). EXAMPLE: Cracked corn, 40% (O). If you're using blends, list name and type of blend and submit an ingredients list with this Plan.								
Chicks	<u> </u>	570 (57). II journ asing .			<u> </u>				
Pullets									
Hens									
Broilers									
Turkeys									
Other (Specify):									
List mount as a differ						Niet Amelieele			
List purchased fee	eds for c	organic poultry in the to	DATES	es & supplements o	n next page): 🗆	Not Applicable IF CERTIFIED, BY			
PURCHASED FEE	ED	TO BE PURCHASED	PURCHASED	SOURCE	E(S)	WHAT AGENCY?			
Do you raise any f	eed on y	your farm? ☐ Yes ☐	No If Yes, please co	mplete and submit a	an Organic Farm l	Plan.			
Do you process ar	ny feed (mix, grind, roast, extru	ıde, etc.) on-farm? 🗌 🗅	∕es □ No					
If Yes, is the equi	ipment a	lso used to process con	ventional products? 🗌 `	∕es □ No					
If Yes, how is equ	uipment	cleaned prior to process	ing organic feed to preven	ent contamination?					
Do you feed your p	ooultry l	nousehold scraps or w	aste vegetables from y	our garden or fields	?				
If Yes, are all scra	ps and v	vaste organic? Yes	□ No						
What is your plan	for eme	rgency feed supplies?							
Do you feed non-o	organic f	eed to any other anima	als on the farm? 🗌 Ye	s 🗌 No					
If Yes, how do you prevent your poultry from consuming the non-organic feed?									
B. SUPPLEMENTS	& ADD	ITIVES: List all feed s	upplements & additi	ves, including oys	ter shells.	lot Applicable			
FEED SUPPLEMENT/ ADDITIVE		SOURCE	SYNTHETIC INGREDIEN YES (Y) OR NO (N)	TS GMO?* YES (Y) OR NO (N)	REASON	FOR USE			
			135 (1) 51/110 (14)						

*NOP standards require that no products using genetically modified organisms be used in organic production systems.

SECTION 4-C:	FEED STORAGE.	Describe your feed	storage location	s.			
STORAGE ID#		OF FEED TORED	TYPE OF STORAGE	CAPACIT	v	STORAGE AREA USED RGANIC FEED?	ONLY FOR
How do you co	ntrol rodents in or	rganic feed storage a	reas? No roo	lent problems	5		
SECTION 5: V	Vater					NO	P 205.239
		eadily accessible. Te	sts for coliform,	nitrates or k	nown contan		
What are poultr	y drinking water s	sources? Onsite wel	II □municipal	☐river/pond	I □spring	other (specify):	
What is the date	e of your last wate	er test for coliform ba	cteria?	(Attach o	copy if not prev	viously submitted)	
	-	list them and state re		□ No additive	es used	,	
,	,				70 0.000		
Describe any w	ater contaminatio	n problems in your re	egion: 🗌 No con	itamination pi	roblems		
If noultry have a	access to a river	creek, or pond, how a	are vou preventir	na contamina	ation of the w	ater from their ma	nure?
pounty navo	,	proon, or pond, non c	o you provoniii	.9 00			
						NO	
SECTION 6: F							205.239
		iving conditions which t use lumber treated					nals. NOP
Is treated lumber	er used on farm in	contact with soil or	livestock? 🗌 Ye	s 🗌 No			
If yes, describe	e the areas where t	reated lumber is used:					
		ousing unit in the tab					
(e.g., BARN COC	P, HOUSED	IN IT (L x W) OR	MAX. # OF BIRDS HOUSED		LINEAR FEET OF ROOSTING	TYPE OF BEDDING (e.g., SHAVINGS,	IS BEDDING
MOBILE COOP	')	SQUARE FEET	AT A TIME	BOXES	SPACE	HAY, STRAW)	ORGANIC?
How is ventilati	on provided in po	ultry housing?					
Describe what a	access there is to	natural light in housi	ing:				
Is day length re	gulated using arti	ficial light? Yes	☐No If Yes, wha	at is the maxir	mum day lengt	h?	
		how often, and any			. •		

NOP 205.239 requ	uires access to the out of production, the cl	ıtdoors, shade, s	helter, exercise a	reas, fresh air, and	direct sunlight suit	able to the
	Iltry confined (no outs			ng: Summer:	Fall: W	inter:
Have you confine	d poultry for a full day	y or longer at any	time during the	past year? 🗌 Yes	□ No	
	every situation in which			ow: ☐ No Outdoor	Access or Pasture of	given
Pasture/Area ID	Size Seas	sons of year that anir	mals have access	Type & Max	. No. of Animals Using	Area
If No, explain wh	or area have access to at areas don't and why mall outdoor access a area down to bare di	: areas for your po		-	-	
SECTION 8: He	alth Managemen	t				
	iires preventive healt ducer may administe					
A. GENERAL INFO	ORMATION					
Identify the gener selective breed good sanitation pasture rotation	access to outdoo	acement stock	isolation for pure	chased/diseased anir lation in housing	_] vaccinations
B. HEALTH CAR	E MATERIALS					
List health produc	cts and treatments in	use or on hand a	vailable for use,	including vaccination	ons given or planne	ed: None
	S SOURCE/BRAND NAME, PLICABLE	ANIMAL(S) USED ON, WHEN USED	REA	ASON FOR USE, IF/WHEN	USED	ALLOWED BY BAYSTATE?
If you use antibio	tics, list in table abov	e. Not used	If you use pa	arasiticides, list in ta	able above. Not	used
	ations list in table ab					

C. FLY, PARASITE	AND PREDATOR CONTROL:							
MONITORING: Check if you monitor your flocks for: ☐ Fly-related problems ☐ Parasites ☐ Predators If you don't monitor for one or more of these, explain why:								
If flies need controlling in your operation, what do you do to prevent or control them? $\ \square$ N/A								
If internal or external parasites need controlling in your operation, what are they and how do you control them? N/A								
Check which predate	tors require controlling on your operation:	☐ None						
☐ hawks ☐ feral o	cats 🗌 raccoons/skunks, etc. 🔲 dogs	☐ foxes ☐ coyotes ☐ other (specify):						
Describe how you c	ontrol predators in the table below:	o predator control needed						
PREDATOR	CONTROLS USED	PRODUCTS USED	APPROVED, RESTRICTED, PROHIBITED?					
If you use poison ba	aits, list products in the table above. $\ \square$	lone used						
D. PHYSICAL ALTERATIONS: NOP 205.238 requires physical alterations as needed to promote animal welfare, performed in a manner that minimizes pain and stress.								
Describe physical alterations you use in the table below: ☐ None Used								
ALTERATION	DESCRIPTION OF PROCEDURE AND EXPLANAT	ION OF WHY USED						
Beak Trimming								
Debeaking								
Other:								
Other:								
SECTION 9: Man	ure Management							
NOP205.239 require	es manure to be managed so that it does n	ot contribute to contamination of crops, soil	, and water.					
If manure from your	r poultry is used on your fields, describe h	ow it is used: Not used						
Number of acres o	f land available for manure application:	Estimated quantity of manure generated per	year: tons					
During what month	s do you apply manure to fields?							
List manure ingredi	ents/additives (e.g. hay, straw, sawdust, larv	vicide, etc):						
If you compost you	manure, describe methods, including ter	mps. maintained and how often turned, if ap	plicable: N/A					

NOP standards require that humane facilities must be certified organic.	methods of handling be used for loading, unloading, holding and slaughter. Slaughter
If you slaughter your own poultry, des	scribe slaughter and meat processing procedures: We don't slaughter
If your poultry is slaughtered off farm	, list the Name, Address, and Phone of slaughter facility: ☐ No off-farm slaughter
Contact person:	Is the facility certified organic? ☐ Yes ☐ No By what agency?
Describe the method of slaughter:	
	rganic in order for the poultry to be sold as organic after slaughter. If your poultry is d facility, then they may be sold as live organic birds, but their meat may not be
IF POULTRY AREN'T TRANSPORTED	OR ARE SOLD AT THE FARM GATE AND BUYER TRANSPORTS, SKIP TO SEC. 11.
How are poultry caught and loaded or	nto transport for sale or slaughter?
Who transports poultry to sale or slau	ighter?
What form of transport is used?	How long does transport take?
Are poultry provided with water in tra	nsit? Yes No Feed? Yes No Is the feed organic? Yes No
Where are poultry kept after delivery I	out before slaughter?
Are organic animals kept separate from	m non-organic animals? Yes No
Are poultry given water while being h	eld prior to slaughter? Yes No Feed? Yes No Is it organic? Yes No
How many hours from start of loading	g onto transport until time of slaughter?
SECTION 11: Egg Handling and	Packing Not Applicable NOP 205.100, 205.270
Facilities that handle organic eggs m	ust be inspected and certified to verify that organic integrity is maintained.
Are your eggs cleaned and inspected	☐ On-farm or ☐ Off-farm
If on farm, describe how the eggs are	cleaned and packed for sale. List any egg washes or other water additives:
If off farm, give the Name, Address, a	nd Phone of facility where eggs are washed, graded and packed:
Contact person:	Is the facility certified organic? ☐ Yes ☐ No By what agency?

SECTION 12: Animal Identification NOP 205.236, 205.27	/2
NOP rules require flock identification. Also, poultry treated with prohibited products must be identified and segregated.	
Describe your flock identification system:	
If individual birds were treated with prohibited materials, how would they be identified and/or segregated?	
If the entire flock were treated with prohibited materials, what changes would you make to insure that this flock is not sol as organic?	d
SECTION 13: Recordkeeping NOP 205.103	3
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 ☐ purchased feed/feed supplements ☐ feed labels ☐ feed storage records	
☐ flock health records ☐ pasture/outdoor access ☐ egg production ☐ egg sales ☐ meat sales ☐ shipping/transpo	rt
☐ slaughter ☐ drinking water tests ☐ other (specify):	
SECTION 14: Marketing/Labeling NOP 205.303	3
Type of marketing:	_
☐ farmers market ☐ direct to retail ☐ CSA/subscription service ☐ on-farm retail ☐ internet ☐ wholesale ☐ wholesale to processor ☐ contract to buyer ☐ other (specify):	
Do you use label(s) that make an organic claim?	
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 fields or pastures during the three-year period prior to projected harvest, and no prohibited substances have been given to any animals I plan to sell as organic. I understand that my operation may be subject to inspection and/or sampling for residues at any time as deemed appropriate to ensure compliance with the Organic Foods Production Act of 1990 and National Organic Program Rules and Regulations. I understand that acceptance of my application for organic certification in no way implies granting of certification by Baystate Organic Certifiers.	
Furthermore, I agree to abide by the following general requirements for certification as specified in section 205.400 of the National Organic Standards. A person seeking to receive or maintain organic certification must:	
 Comply with the Organic Food Productions Act and all applicable regulations specified in the National Organic Standards and with all Baystate Organic Certifiers certification requirements as outlined in the Baystate Organic Certifiers Program Manual. Establish, implement, and update annually an organic production or handling system plan that is submitted to Baystate Organic Certifiers. Permit on-site inspections by Baystate Organic Certifiers with complete access to the production or handling operation, including noncertified production and handling areas, structures, and offices. Maintain all records applicable to the organic operation for not less than 5 years beyond their creation and allow authorized representatives of the Secretary of Agriculture, and Baystate Organic Certifiers access to such records during normal business hours for review and copying to determine compliance with the Organic Food Productions Act and all applicable regulations specified in the National Organic Standards. Submit applicable fees according to the Baystate Organic Certifiers' Fee Worksheet. Immediately notify Baystate Organic Certifiers concerning any: Application, including drift, of a prohibited substance to any field, production unit, site, facility, livestock, or product that is part of an 	
operation; and Notify Baystate of any change in a certified operation or any portion of a certified operation that may affect its compliance with the Act and the regulations in this part.	
 Submit all labels used to market organic produce, meat, or products to Baystate Organic Certifiers for review and approval prior to using these labels to market the produce, meat, or products. 	
Signature of Operator: Date:	