

## Organic Livestock Plan

Please fill out this form if you are requesting organic certification of any livestock except poultry. A separate Organic Livestock Crop Plan must also be submitted. For certifying poultry, an Organic Poultry Plan must be submitted.

<b>SECTION 1: General Information</b>		
Farm Name	Certification No.	Date

<b>SECTION 2: Organic Livestock Operation Profile</b>	NOP 205.201, 205.236
---	----------------------

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.

**Reminder: You must submit a separate updated list of animals on the farm (Herd List) each year.**

LIVESTOCK TYPE	NO. FEMALES			NO. MALES			NO. CASTRATED MALES			NO. YOUNG STOCK		
	O	T	C	O	T	C	O	T	C	O	T	C
Dairy Cattle					n/a			n/a				
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	
Other:												
Other:												

List poultry animals on farm: Numbers of organic and conventional birds raised per year. If you want to certify the poultry please contact our office as you will need to fill out an Organic Poultry Plan.

<b>SECTION 3: Source of Animals</b>	NOP 205.236
-------------------------------------	-------------

**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)**

Are all organic dairy replacements raised on farm?  Yes  No  N/A

Are all organic slaughter stock raised on farm?  Yes  No  N/A

Do you purchase any livestock?  Yes  No If Yes, give specific information on purchased livestock in the table below.

TYPE OF LIVESTOCK PURCHASED	IDENTIFICATION NO./ NAME	DATE OF PURCHASE	PROJECTED OR REAL BIRTH DATE	PURCHASE SOURCE	IF CERTIFIED, BY WHAT AGENCY?

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

NOP 205.237, 205.240

**NOP Rule requires a total ration composed of organic agricultural products: Except, that nonsynthetic substances and synthetic substances allowed under §205. 603 may be used as feed additives and supplements. NOP 205.237 requires that ruminants derive 30% of their dry matter intake (DMI) 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. GRAZING SEASON FEED:** Feed during the Grazing Season. (Attach a DMI Worksheet for each ruminant animal class)

LIVESTOCK	LIST RATION INGREDIENTS, % OF RATION, AND WHETHER ORGANIC (O), TRANSITIONAL (T), OR CONVENTIONAL (C) [EX: GROUND CORN, 10% (O)]	ESTIMATED DMI % FROM PASTURE	WHICH MONTHS (JUNE, JULY,ETC) ON PASTURE?
<b>Dairy:</b> Milking Cows/Does			
<b>Dairy:</b> Dry Cows/Does			
<b>Dairy:</b> Heifers/Doelings			
<b>Slaughter:</b> Breeding Cows/Heifers			
<b>Slaughter:</b> Finishing Stock			
<b>Dairy/Slaughter:</b> Bulls/Bucks			
<b>Dairy/Slaughter:</b> Young Stock			
<b>Hogs:</b> Sows			
<b>Hogs:</b> Slaughter Stock			
Other			

**A2. NON-GRAZING SEASON FEED:** Feed ration during the Non-Grazing Season.

LIVESTOCK	LIST FEED RATION INGREDIENTS, PERCENT OF RATION, AND WHETHER ORGANIC (O), TRANSITIONAL (T), CONVENTIONAL (C) [EXAMPLE: GROUND CORN, 10% (O)]
<b>Dairy:</b> Milking Cows/Does	
<b>Dairy:</b> Dry Cows/Does	
<b>Dairy:</b> Heifers/Doelings	
<b>Slaughter:</b> Breeding Cows/Heifers	
<b>Slaughter:</b> Finishing Stock	
<b>Dairy/Slaughter:</b> Bulls/Bucks	
<b>Dairy/Slaughter:</b> Young stock	
<b>Hogs:</b> Sows	
<b>Hogs:</b> Slaughter Stock	
Other	

Do you raise any feed on your farm?  Yes  No If Yes, describe what feed crops and amounts you raise.

Do you purchase any feed?  Yes  No If Yes, fill out the table below.

TYPE OF PURCHASED FEED	SOURCE(S)	CERTIFIED BY WHAT AGENCY?	QUANTITY PURCHASED/ TO BE PURCHASED	DATES PURCHASED

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?

Do you use milk replacer?  Yes  No If so, describe:

**B. FEED SUPPLEMENTS AND ADDITIVES:**  No supplements or additives used

*NOP defines an additive or supplement as nutrient(s) mixed with feed or offered free choice to improve the overall nutrient balance of the feed ration or fill a specific nutritional need. All ingredients must be organic or allowed under NOP 205.603.*

List all feed supplements and additives, including silage inoculants & preservatives, salt, minerals, etc. in the table below.

FEED SUPPLEMENT/ ADDITIVE	SOURCE	BAYSTATE STATUS: APPROVED? YES OR NO	REASON FOR USE

**C. FEED STORAGE:**

Describe your feed storage in the table below, for any storage not already listed on your Organic Dairy Crop Plan:

STORAGE ID#	TYPE OF FEED STORED (HAY, BULK OR BAGGED GRAIN, ETC.)	TYPE OF STORAGE (MOW, SILO, ETC.)	CAPACITY	ORGANIC, TRANSITIONAL, CONVENTIONAL, OR BUFFER FEED?

How do you control pests (insects, rodents, etc.) in organic feed storage areas?  No pests needing controlling

**SECTION 5: Water**

NOP 205.203, 205.239

*Water used for organic livestock must be potable and readily accessible. Baystate requires, at a minimum, that initial water tests for coliform be submitted for water used in the milk room. Additional tests may be required based on risk factors.*

What are your sources of water for livestock use?

on-site well  municipal  river/creek/pond  spring  other (specify):

What is the date of your last water test for coliform bacteria?

*(Attach copy of test results if not already submitted)*

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

**SECTION 6: Housing**

NOP 205.239

*NOP 205.239 requires livestock living conditions to accommodate their health & natural behaviors. Ruminants must have daily access to pasture throughout the grazing season, and daily outdoor access year-round as appropriate to the species.*

List ALL housing available for your animals in the table below. List farrowing pens separately.  No housing access

TYPE OF HOUSING	DIMENSIONS OR SQUARE FOOTAGE	WHICH ANIMALS ARE HOUSED IN IT	MAXIMUM NUMBER OF ANIMALS USING IT AT THE SAME TIME	WHAT BEDDING IS USED (STRAW, HAY, SAWDUST, ETC.)

**What type(s) of bedding do you use (hay, straw, sawdust, sand, etc.)?**

**If you are using straw, hay, or other plant roughage as bedding, is it from an organic source?**  Yes  No  Not Applicable

If yes, what is the source?

**How often is housing cleaned out for each type of livestock?**

**How is housing cleaned?**

**Describe sanitation or cleaning products used:**

**How is ventilation provided?**

**How do you control pests in housing? (include products used)**

**Is day length regulated using artificial light?**  Yes  No If Yes, how many hours of total light are given?

**SECTION 7: Pasture And Outdoor Access**

NOP 205.240

**What are the average starting and ending dates of your grazing season for each type of livestock?**

**Give your total # of pasture acres for each livestock type, and maximum rate at which you stock them (animal units/acre):**

**Are any ruminants over 6 months of age ever kept off pasture during the grazing season?**  Yes  No  Not Applicable

If Yes, explain which animals do not get access, what time of year, for how long and for what reason(s):

How many hours a day do each class (i.e. milkers, dry, heifers, ewes, sows, etc.) of animals spend on pasture, on average?

If you are certifying hogs, do you provide access to wallows in the summer?  Yes  No  Not raising organic hogs

What outdoor areas (feedlots, dry lots, yards, feeding pads) do animals have access to when not on pasture? List the size of each area and note which animals have access to it:

Can all animals fit into the outdoor area(s) during their time off pasture?  Yes  No If No, Explain:

How many hours/day are milking animals given outdoor access? Spring: Summer: Fall: Winter:

How many hours/day are heifers/dry animals given outdoor access? Spring: Summer: Fall: Winter:

How many hours/day are young stock given outdoor access? Spring: Summer: Fall: Winter:

How many hours/day are sows/boars given outdoor access? Spring: Summer: Fall: Winter:

Have you temporarily confined animals (no outdoor or pasture access) at any time during the past year?  Yes  No

Do you ever confine (i.e. for calving, farrowing, drying off, wet conditions, extreme cold, severe weather, etc.)?  Yes  No  
If you answered Yes to either of the above, explain which animals do not get access, what time of year, for how long and for what reason(s):

## SECTION 8: Health Management

NOP 205.238, 205.603, 205.604

*NOP Rules require use of preventive livestock health care practices. When preventives and veterinary biologics are insufficient to prevent sickness, synthetic medications may be used: Provided. That, such medications are allowed under NOP 205.238.*

### A. GENERAL INFORMATION

Do you monitor your livestock's health?  Yes  No If Yes, how often?

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  body condition monitoring  nutritional supplements  probiotics  approved veterinary treatments
- prohibited veterinary treatments  other (specify):

Do you ever withhold conventional treatment from an ill animal after organic methods have failed, just to maintain its organic status?  Yes  No

**B. HEALTH CARE MATERIALS**

List health products and treatments in use **or on hand available for use**, including vaccinations given or planned:  None

PRODUCT, INCLUDING SOURCE/BRAND NAME, IF APPLICABLE	ANIMAL(S) USED ON, WHEN USED	REASON FOR USE, IF/WHEN USED	ALLOWED BY BAYSTATE?

Do you use any hormones?  Yes  No If Yes, list them above and state reason for use:

If you use antibiotics, list in table above.  Not used

If you use parasiticides, list in table above.  Not used

Name and phone number of your veterinarian:

**C. SURGICAL PRACTICES**

***NOP 205.238 requires the performance of physical alterations as needed to promote the animals welfare and to be done in a manner that minimizes pain and stress.***

Describe the surgical practices you use in the table below:  None used

SURGICAL PRACTICE	SPECIFIC METHOD/TOOL(S) USED, LIVESTOCK USED ON AND YOUR REASON FOR USING THIS PRACTICE
Castration	
Dehorning	
Tail Docking	
Other (Specify)	

**D. FLY, PARASITE AND PREDATOR CONTROL:**

**MONITORING:** Check if you monitor livestock 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?  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 predators require controlling on your operation:**

hawks  feral cats  raccoons/skunks, etc.  dogs  foxes  coyotes  other (specify):

**Describe how you control predators in the table below.**  No predator control needed

PREDATOR	CONTROLS USED	PRODUCTS USED	APPROVED, RESTRICTED, PROHIBITED?

If you use poison baits, list products in the table above.  None used

**SECTION 9: Milk Handling Not Applicable** NOP 205.272

**What type of milk handling system do you use (check all that apply):**

pipeline  automated  step saver  hand milking  parlor  tie stalls  stanchions  other (specify):

**How are you licensed?**  Grade A  Grade B  other (specify):

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

Names of detergents used:

Names of acid cleaners used:

Names of sanitizers used:

**Report somatic cell counts for last six tests in the table below:**

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 in the table below:**

DATE	POUNDS PRODUCED	DATE	POUNDS PRODUCED	DATE	POUNDS PRODUCED



**SECTION 10: Slaughter**      Not Applicable

NOP 205.100, 205.239, 205.272

*NOP standards require humane methods of loading, unloading, holding and slaughter. Slaughter facilities must be certified.*

If you slaughter your own livestock, describe slaughter and processing procedures for each type:  Don't slaughter our own

If slaughtered off-farm, give name, address, contact person and phone number of each slaughter facility:

Is the facility certified organic?  Yes  No    If Yes, by what agency?

*Reminder: You must maintain organic certificates on file for off-farm slaughter facilities that are certified.*

How is each type of livestock loaded?

Do you use electric prods?  Yes  no

What form of transportation is used?

How long does transportation take for each type of livestock?

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 do you insure that animals would only be fed allowed feed while awaiting 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 off-farm slaughter:

**SECTION 11: Animal Identification**

NOP 205.236, 205.238, 205.272

*NOP standards require individual animal ID for slaughter & dairy stock. Separation and identification are required for those animals that have been treated with prohibited products.*

Describe your animal identification system for each species:

If an individual animal required treatment with a prohibited material, how would they be identified and/or segregated?

**SECTION 12: Recordkeeping**

NOP 205.103

***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     birthing     feed/supplements purchase     proof of feed certification  
 feed rations for each class of animal     individual animal health records     somatic cell/plate counts     milk production  
 sales     feed storage     shipping/transportation     access to pasture/access to the outdoors     slaughter  
 other (list):

**SECTION 13: Marketing**

NOP 205.303 through 205.309

**TYPE OF MARKETING:**

- farmers market     direct to retail     CSA/subscription service     on-farm retail     wholesale     wholesale to processor  
 contract to buyer     other (specify):

**Do (or will) your product labels make any organic claims?**  Yes     no **(If Yes, attach samples of all organic labels.)**

**SECTION 14 : 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 during the three-year period prior to projected organic harvest. 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. I agree to provide further information as required 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:

1. 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.
2. Establish, implement, and update annually an organic production or handling system plan that is submitted to Baystate Organic Certifiers.
3. 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.
4. 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.
5. Submit applicable fees according to the Baystate Organic Certifiers' Fee Worksheet.
6. 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.
7. 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 \_\_\_\_\_

- I have made copies of this questionnaire and other supporting documents for my own records, or maintain digital records.

Submit completed form, fees, and supporting documents to:

**Baystate Organic Certifiers**  
**c/o Don Franczyk**  
**1220 Cedarwood Circle**  
**N. Dighton, MA 02764**