

CERTIFIED POULTRY PRODUCTS SUPPLEMENT

NOTE: Please enter information for all organic poultry on this form.

SECTION 1: OVERVIEW

1.1. Identify poultry to be certified:

| Livestock Type | Breed | # Males | # Females | Total on Farm | Estimated products for market this year (dozens of eggs, # broilers, # turkeys, etc.) |
|-------------------|-------|---------|-----------|---------------|---|
| Chickens (layers) | | | | | |
| Chickens (meat) | | | | | |
| Turkeys | | | | | |
| Ducks | | | | | |
| Geese | | | | | |
| Other: | | | | | |

1.2 List any conventional poultry/poultry products that you produce.

1.3 Do you raise replacement poultry on farm? Yes No

1.4 Please list purchases since last update (use additional sheets if needed). Poultry must be organically raised from second day of life.

| Type of poultry | Identification | Date acquired | Source | If purchased after second day of life, list organic certifier |
|-----------------|----------------|---------------|--------|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

1.5 Describe your flock identification system.

- By Breed Leg Bands
 Separate Pens Other? specify _____

SECTION 2: FEEDS AND RATIONS

2.1 List all poultry grain/feed/bedding harvested on your farm in last 12 months: N/A

| Crop | Acreage | Amount (number & weight or volume) |
|------|---------|------------------------------------|
| | | |
| | | |
| | | |

***Please fill out field history forms for all fields where these organic crops are grown.*

2.2 Do you process feed on-farm? (mixing, grinding, etc.) Yes No
 (If you sell processed feed please fill out an on-farm processing supplement).

2.3 Do you purchase grain to feed your poultry? Yes No

Please have ALL grain receipts for past 12 months and certificates ready at the time of your inspection.

| Brand of Feed | Type | Amount purchased/month |
|--|--|------------------------|
| <input type="checkbox"/> M. Sawyerville (ShurGain) | <input type="checkbox"/> Layer Pellet | |
| <input type="checkbox"/> Nature's Best | <input type="checkbox"/> Layer Mash | |
| <input type="checkbox"/> Morrison's | <input type="checkbox"/> Grower Pellet | |
| <input type="checkbox"/> Green Mountain | <input type="checkbox"/> Grower Mash | |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Scratch | |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | |

2.4. Describe feed storage location and type:

| Location | Type of Storage |
|--------------------------------------|--|
| <input type="checkbox"/> Barn | <input type="checkbox"/> Grain Bin |
| <input type="checkbox"/> Garage | <input type="checkbox"/> Metal Trash Can |
| <input type="checkbox"/> Shed | <input type="checkbox"/> Ton Tote |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> 50# Bags |
| | <input type="checkbox"/> Other _____ |

2.5. Do you use any feed supplements, grit, minerals, probiotics, or other feed/water additives?
 Yes No If YES, please add to your Materials List.

SECTION 3: HEALTH AND LIVING CONDITIONS

3.1 Management Practices: Check all that apply and list any other practices.

- | | | |
|--|---|--|
| <input type="checkbox"/> breed selection | <input type="checkbox"/> access to outdoors | <input type="checkbox"/> probiotics |
| <input type="checkbox"/> isolation | <input type="checkbox"/> DE or ash dust baths | <input type="checkbox"/> herbal remedies |
| <input type="checkbox"/> vaccinations | <input type="checkbox"/> clean bedding | <input type="checkbox"/> _____ |
| <input type="checkbox"/> homeopathic remedies | <input type="checkbox"/> high quality feeds | <input type="checkbox"/> _____ |
| <input type="checkbox"/> nutritional supplements | <input type="checkbox"/> ventilation | |
| <input type="checkbox"/> good sanitation | <input type="checkbox"/> culling | |

3.2. Outdoor Access:

a. At what age do birds get access to outdoors?

| | |
|----------|--|
| Layers | |
| Broilers | |
| Turkeys | |
| Other: | |
| Other: | |

b. Describe daily access to the outdoors:

| Group | Winter | Summer |
|----------|--------|--------|
| Layers | | |
| Broilers | | |
| Turkeys | | |
| Other: | | |

c. Do outdoor access areas provide scratch ground & exposure to direct sunlight? Yes No

Note: Hoop houses, “solar barns,” and structures covered with plastic or other coverings are considered indoors. Additional outdoor access areas will be required. Any land used as pasture, scratch ground, or outdoor access must be certified. Please include field histories for this land.

d. Temporary Confinement is lack of outdoor access for a limited time period. For the applicable reasons below, please indicate confinement length:

| Reason for confinement | Typical duration of confinement |
|----------------------------|---------------------------------|
| Inclement weather | |
| Stage of life | |
| Protection | |
| Risk to soil/water quality | |
| Healthcare procedures | |
| Sorting/shipping | |
| Breeding | |
| Other: | |

3.3. Describe methods to prevent/reduce poultry parasites. Add materials to Materials List.

3.4. Describe methods to prevent/reduce rodents. Add materials to Materials List.

3.5. Describe methods to prevent/reduce flies. Add materials to Materials List.

3.6. Describe methods to prevent losses from predation. Add materials to Materials List.

3.7. Do your poultry have any recurring health problems? Please describe management practices, including medical and environmental strategies.

| Problem | Age Group/ID | Management Practice | |
|---------|--------------|---------------------|---------------|
| | | Medical | Environmental |
| | | | |
| | | | |
| | | | |

3.8. If individual birds are treated with prohibited materials, how are they identified and/or segregated?

3.9. Do you have a biosecurity program in place? Yes No If yes, please describe.

3.10. Provide the name, address and phone # of your veterinarian.

SECTION 4: HOUSING

In 2018, the Organic Livestock and Poultry Practices (OLPP) Final Rule was withdrawn by USDA-NOP. However, it may be implemented in the future. If you are interested in learning about space requirements from the OLPP, please visit: <https://www.federalregister.gov/documents/2017/01/19/2017-00888/national-organic-program-nop-organic-livestock-and-poultry-practices>

4.1. Describe poultry housing. You may submit photos or diagrams.

4.2. What type of bedding material is used for each group? If bedding is an agricultural product, it must be certified organic.

4.3. How often is housing cleaned? Please list cleaning materials in the Materials List.

4.4. If you use artificial lighting to regulate day length describe light/dark regimen. N/A

SECTION 5: PROCESSING, HANDLING & MARKETING

5.1. Do you butcher / process poultry meat on your farm? Yes No

If YES, please complete an On-farm Processor Supplement.

If NO, answer questions 5.2-5.5.

5.2. Name/address/phone for facility where animals are slaughtered.

Name: _____

Address: _____

Phone: _____

5.3. Is slaughterhouse certified organic? Yes No

5.4. Do you wash or clean eggs? Yes No Not selling eggs

If YES, describe method. List any egg wash materials on Materials List.

5.5. Describe packaging for poultry products. For retail packages, please send us your draft label(s).

SECTION 6: RECORD KEEPING

6.1. During your annual inspection, an inspector will review all poultry/farm records in order to verify compliance with organic standards. Which of the following poultry records (in addition to your crop records) do you keep:

- Receipts for live bird purchases
- Organic grain receipts and certificates for all purchased feeds
- Harvest records for poultry feed produced on farm
- Field histories/records for all poultry outdoor access areas
- Receipts and certificates for all purchased forages and bedding hay/straw
- Receipts and labels for feed supplements, medical treatments, sanitizers, other inputs
- Health and mortality records
- Production records for all poultry products
- Sales records for all poultry and poultry products
- Other _____
- Other _____

6.2. What monitoring practices do you use in your operation, and how frequently do you use them? (For example: soil tests, water tests, product quality testing, soil observations, crop yields, feed analyses, etc.)