Name					

LIVESTOCK PRODUCTS SUPPLEMENT

(OTHER THAN DAIRY and POULTRY)

If you are certifying several types of ruminant livestock (e.g. beef cows and sheep), please complete a separate form for each species. For certifying poultry use the Poultry Supplement, for dairy use the Dairy Supplement, for non-ruminants use the Non-Ruminant Supplement.

SECTION 1: OVERVIEW

1.1 Identify livestock to be certified organic in the table below.

Livestock Type	Breed(s)	# Males	# Females	# Bred or for breeding	Total Number on Farm	Product and estimated # of products for market this year?
Beef Cows						
Goats						
Sheep						
Other:						

- 1.2 What conventional livestock and livestock products do you raise/produce?
- 1.3 You must have a system for permanently identifying your animals, using tags, tattoos, photographs, or other approved systems. Please describe your system below:
- 1.4 a) Do you raise all of your own replacement livestock on farm? ☐ Yes ☐ Nob) If not, who supplies replacements to your farm? (Name and address of farm and attach copy of their organic certificate)
- 1.5. List last 12 months' acquisitions of livestock and date(s) of purchase (use additional sheets if needed). Livestock must be organically managed from the last third of gestation.

Records, receipts, & certificates must be available for inspection.

Describe & Identify Animal	Date of Acquisition	Source	Organic Certifier	Organic for Slaughter*

^{*} Organic slaughter stock must be managed organically from the last third of gestation. Transitioned animals are not eligible for organic meat.

Animals treated with a synthetic parasiticide are not eligible for organic meat.

Name_		
INGILIE		

- 1.6 Animal List. Please submit a list of all livestock to be certified. Use any format that is easily understood. The list must contain the following for each animal:
 - Name and/or ID # and breed
 - Date of birth or date of purchase
 - Notation as to eligibility for organic slaughter (organic from the last third of gestation, never treated with synthetic parasiticides)

The information on this list will not be entered into our database, nor will it be shared outside of MOFGA.

SECTION 2: FEEDS AND RATIONS

FOR ORGANIC PASTURE, HAY, SILAGE AND GRAINS PRODUCED ON YOUR OWN FARM:

Please attach a **Field History** for each field. Field names and acreages must be consistent so we can cross-reference field histories with fields identified on your maps. **All farms including livestock operations must complete the <u>Organic Farm Plan</u>, and identify the organic crops they produce in the <u>Crop Supplement</u>.**

2.1 List total forage and grain crops harvested on your farm in the last 12 months:

Crop (corn silage, grain, dry hay, baleage, grass silage)	Acreage	Number of Harvests	Total Number / Weight (i.e.: 200 round bales at 500lb each, OR 276 tons, OR 5,000 lbs)	Harvest Estimated (DM) (Your forage tests results, or your own best estimate)

If you sell on-farm processed feed, you must fill out an On-farm Processor Supplement.

Name

FOR HAY, SILAGE AND GRAIN **NOT PRODUCED ON YOUR FARM**. (add more pages as needed)

Please have all receipts and organic certificates ready at time of inspection.

2.2 If you purchase forages, please list the sources and amounts purchased in the past 12 months.

Type of forage crop	Source	Organic Certifier	Amount purchased/weight
Example: haylage	Little Joe Cartwright Ponderosa, ME	MOFGA	350 round bales, 1200lbs ea

2.3 If you purchase grain (concentrates) please list the sources and amounts purchased in the past 12 months.

Type of Feed or Grain	Source	Organic Certifier	Amount purchased
Example:	Morrisons	VOF	60 tons
16% dairy pellets	IVIOITISOTIS	VOI	oo tons

2.4 Describe your feed storage locations:

Location	Type of storage	Type of Feed	Capacity

AVERAGE	SMALL	LARGE BREED
MILK PER	BREED <900-	1200-
DAY	1200#+ DMD	1400#+ DMD
10#	21#	27#
15#	23#	28#
20#	24#	30#
25#	26#	31#
30#	28#	33#
35#	30#	34#
40#	31#	36#
45#	33#	37#
50#	35#	39#
55#	36#	40#
60#	38#	42#
65#	40#	43#
70#	42#	45#
75#	43#	46#
80#	45#	48#

RUMINANT GROUPS: DRY MATTER DEMAND AS A PERCENTAGE OF BODY WEIGHT				
Dry dairy cows	1.8%			
Bred dairy heifers (14-24 months of age)	2.5%			
Unbred dairy heifers (6-14 months of age)	2.5%			
Beef cattle (more than 1 year of age)	2.25%			
Beef cattle (weaned, less than 1 year of age)	2.75%			
Sheep (brood or milking animals)	3.65%			
Goats (brood or milking animals)	4%			
Sheep (weaned, slaughter or replacement stock)	3.3%			
Goats (weaned, slaughter or replacement stock)	2.25%			

Beef Cattle

	Daily DMD		
Current Body Weight, Ib	lb	% Body Weight	
300	10.1	3.35	
350	11.3	3.23	
400	12.5	3.12	
450	13.6	3.03	
500	14.8	2.95	
550	15.9	2.89	
600	16.9	2.82	
650	17.9	2.76	
700	18.0	2.58	
750	18.9	2.53	
800	20.2	2.51	
850	21.0	2.47	
900	21.8	2.44	
950	22.6	2.39	
1,050	24.5	2.33	
1,150	26.1	2.27	

Adapted from: "Tables 15, 16, 17, 18, and 19," from Nutrient Requirements of Beef Cattle: Seventh Revised Edition: Update 2000, by Subcommittee on Beef Cattle Nutrition, Committee on Animal Nutrition, National Research Council, 1996, Washington, D.C.: National Academies Press. Copyright 1996 by National Academy of Sciences.

Name	

2.5 **Dry matter demand (DMD).** Using the percent bodyweight (%BW) from the tables on page 4 and/or in the Practice Manual, you may calculate DMD for each group that you manage on your farm. You may use another method, but you must fill in the DMD column for each group, and explain below.

	Average					Check here if you figure DMD
GROUP	Bodyweight		%BW		DMD	another way
Mature females: nursing		х		=		
young						
Finishing slaughter stock		Х		=		
Young Stock:		Х		=		
Breeding Age						
Young Stock:		Х		=		
Unbred						
Young Stock:		Х		=		
Calves/lambs/kids						
Males:		Х		=		
Steers/wethers						
Other:		х		=		

2.6	If you determine DMD another way, please explain here:
	☐ Dry matter demand tables (specify source:
	□ NRCS grazing plan
	☐ Nutritionist, please specify:
	☐ Other, explain:

2.7 Ruminant slaughter stock are exempt from the requirement of 30% DMI from pasture for 120 days, or 1/5 of their life span, whichever is shorter. How do you manage ruminant slaughter stock when finishing during the grazing season?

Name

Dry matter intake fed (DMI fed)—Winter, and Spring grazing. Please provide your feed ration and convert to Dry Matter (DM).

- If necessary, write in a range of how many pounds you feed (for example, 6-12 lbs grain).
- If you have forage tests, please use the DM from your test results. Or, use these typical book figures as a guide. Use the numbers that best represent your feeds.
- The % column is optional for you to fill out.

HERE IS AN EXAMPLE.

% Dry Matter (DM) Book Figures

Dry hay = 90%	Grass silage = 25 – 30%	Fresh green chop = 20%
Haylage/Baleage = 40 – 50%	Corn silage = 25 – 30%	Grain = 89%

GROUP: ___EXAMPLE - <u>unbred heifers</u> __ **AVERAGE BODY WEIGHT**: ____EXAMPLE <u>750-950</u>

EXAMPLE WINTER FEED RATION

Feed	Lbs fed		% DM		DMI fed	% (Optional)
Нау	15	х	90	=	13.5	54%
Baleage	20	х	35	=	7.0	28%
Grain	5	х	89	=	4.45	18%
		х		=		
		х		=		
		х		=		
TOTALS:	40				24.9	100%

DMI fed = Lbs fed x (%DM \div 100)

% of ration fed = (DMI fed ÷ total DMI fed) x 100

EXAMPLE SPRING GRAZING FEED RATION—forages and grain fed in addition to pasture.

Feed	Lbs fed		% DM		Spring DMI fed	% (Optional)
Grain	5	х	89	=	4.45	100%
		х		=		
		х		=		
		х		=		
		х		=		
		х		=		
TOTALS:	5				4.45	100%

DMI fed = Lbs fed x (%DM \div 100)

	Name	<u> </u>	
GROUP:	AVERAGE BODY WEIGHT:		
Percent Dry Matter (%DM) Book Figur	res		
Dry hay = 90%	Grass silage = 25 – 30%	Fresh green chop = 20%	

Corn silage = 25 - 30%

WINTER FEED RATION

Haylage/Baleage = 40 - 50%

Feed	Lbs fed		% DM		DMI fed	% (Optional)
		х		=		
		х		=		
		х		=		
		х		=		
		х		=		
		х		=		
TOTALS:						100%

DMI fed = Lbs fed x (%DM \div 100)

% of ration fed = (DMI fed ÷ total DMI fed) x 100

SPRING GRAZING FEED RATION—forages and grain fed in addition to pasture.

Feed	Lbs fed		% DM		Spring DMI fed	% (Optional)
		х		=		
		х		=		
		х		=		
		х		=		
		х		=		
		х		=		
TOTALS:						100%

DMI fed = Lbs fed x (%DM \div 100)

	IN	ame	
GROUP:	AVERAGE BODY WEIGHT:		
Percent Dry Matter (%DM) E	Book Figures		
Dry hay = 90%	Grass silage = 25 – 30%	Fresh green chop = 20%	

Corn silage = 25 - 30%

WINTER FEED RATION

Haylage/Baleage = 40 – 50%

Feed	Lbs fed		% DM		DMI fed	% (Optional)
		х		=		
		х		=		
		х		=		
		х		=		
		х		=		
		х		=		
TOTALS:						100%

DMI fed = Lbs fed x (%DM \div 100)

% of ration fed = (DMI fed ÷ total DMI fed) x 100

SPRING GRAZING FEED RATION—forages and grain fed in addition to pasture.

Feed	Lbs fed		% DM		Spring DMI fed	% (Optional)
		х		=		
		х		=		
		х		=		
		х		=		
		х		=		
		х		=		
TOTALS:						100%

DMI fed = Lbs fed x (%DM \div 100)

	Name	9	
GROUP:	AVERAGE BODY WEIGHT:		
Percent Dry Matter (%DM) Book Figui	res		
Dry hay = 90%	Grass silage = 25 – 30%	Fresh green chop = 20%	

Corn silage = 25 – 30%

WINTER FEED RATION

Haylage/Baleage = 40 - 50%

Feed	Lbs fed		% DM		DMI fed	% (Optional)
		х		=		
		х		=		
		х		=		
		х		=		
		х		=		
		х		=		
TOTALS:						100%

DMI fed = Lbs fed x (%DM \div 100)

% of ration fed = (DMI fed ÷ total DMI fed) x 100

SPRING GRAZING FEED RATION—forages and grain fed in addition to pasture.

Feed	Lbs fed		% DM		Spring DMI fed	% (Optional)
		х		=		
		х		=		
		х		=		
		х		=		
		х		=		
		х		=		
TOTALS:						100%

DMI fed = Lbs fed x (%DM \div 100)

	Name	9	
GROUP:	AVERAGE BODY WEIGHT:		
Percent Dry Matter (%DM) Book Figui	res		
Dry hay = 90%	Grass silage = 25 – 30%	Fresh green chop = 20%	

Corn silage = 25 – 30%

WINTER FEED RATION

Haylage/Baleage = 40 - 50%

Feed	Lbs fed		% DM		DMI fed	% (Optional)
		х		=		
		х		=		
		х		=		
		х		=		
		х		=		
		х		=		
TOTALS:						100%

DMI fed = Lbs fed x (%DM \div 100)

% of ration fed = (DMI fed ÷ total DMI fed) x 100

SPRING GRAZING FEED RATION—forages and grain fed in addition to pasture.

Feed	Lbs fed		% DM		Spring DMI fed	% (Optional)
		х		=		
		х		=		
		х		=		
		х		=		
		х		=		
		х		=		
TOTALS:						100%

DMI fed = Lbs fed x (%DM \div 100)

Name

2.8 **Estimated DMI from Pasture.** Use your **DMD** numbers from the **DMD tables on page 4** or in the Practice Manual and your **Spring DMI fed** numbers from the **DMI charts on page 6** to calculate your estimated DMI from pasture. If you are using another method of estimating DMI from pasture please specify below.

GROUP	DMD		Spring DMI fed		Estimated DMI from pasture
Mature females:		-		=	
Nursing young					
Finishing slaughter		-		=	
stock					
Young Stock:		-		=	
Breeding Age					
Young Stock:		-		=	
Unbred					
Young Stock:		-		=	
Calves/lambs/kids					
Males:		-		=	
Steers /wethers					
Other:		-		=	

2.9	If you are using another method of estimating DMI from pasture, please specify.
	☐ Subtraction method—against winter ration
	☐ Direct pasture measurements
	☐ NRCS grazing plan
	☐ Nutritionist, please specify:
	☐ Other, explain:

SECTION 3: CROP MANAGEMENT

Information about soil fertility management and crop management is requested in the Organic Farm Plan. What organic crops you grow for your own operation or for sale is captured in the Crop Supplement. All farms including dairy and livestock operations must complete the Organic Farm Plan and the Crop Supplement.

SECTION 4: PASTURE PLAN & GRAZING MANAGEMENT

- 4.1 Please attach maps for all permanent pasture land on your farm. **If you already submitted maps, you do not need to re-submit them each year.** We prefer aerial photo maps such as USDA maps, available from FSA. Pasture Maps need to clearly illustrate the following:
 - (a) Pasture name/ID and size of each in acres
 - (b) Permanent fences
 - (c) Laneways and outdoor access areas
 - (d) Sources of shade and drinking water
 - (e) Protected environmental resources, if applicable

Name

4.2		d management practices do you	·	•	
		e quality, or extend the grazing s	season? Please check all	that apply.	
	☐ Pasture so	<u> </u>			
	•	puts/spreading manure			
	☐ pH adjustr ☐ Rotational				
	☐ Clipping w				
		l access/avoiding overgrazing			
	☐ Stockpiling				
		azing season extension crops (w	arm season grasses, bras	ssicas, etc)	
	☐ Irrigation	S. S	0 ,	, ,	
	•				
_		r last year for each managemen Grazing Season Dates:	-	(end).	
_	(groups)	Grazing Season Dates:	(start), till	(end).	
_		Grazing Season Dates:	(start), till	(end).	
_		Grazing Season Dates:	(start), till	(end).	
_		Grazing Season Dates:	(start), till	(end).	
4.4		PS AND GRAZING METHODS ch grazing group, group size, ma	nagement, and acres ava	ailable for each group.	

4

Animal Group	#Head	Type of grazing management * Management Intensive Grazing * Rotational Grazing * Occasional Rotations * Continuous grazing/one open pasture * Day & Night Pastures * Strip Grazing * Other (please name)	#Acres
Example: Finishing steers	12	Management intensive grazing	18
	<u>.</u>	TOTAL ACRES: (all your pastured land)	

Spring	Summer	Fall_				
(c) What is the rest p	period for pasture between	n grazings (on average)?				
Spring	Summer	Fall_				
(d) What kinds of co	nventional animals share t	the organic pasture described h	ere? How many head?			
(e) How many a	dditional acres of hayed/c	ropped land do you graze?				
(f) Do you graze	e or board animals on ano	ther producer's farm (custom b	oarding/grazing)?			
Producer's n	ame					
Name of far	m					
Animal grou	Animal group grazing there Head					
Is this farm p	part of your OSP? Yes	□ No				
If not, have	you obtained an organic co	ertificate for the pasture on tha	t farm? □ Yes □ No			
g) If there are na contamination		ds or riparian areas adjacent to	o grazing land, how do you prevent			
SECTION 5: LIVING O	CONDITIONS					
5.1 What type of s	helter is used for each ani	mal group in summer and winte	er? List more then one if needed.			
		dded pack, run-in shed, trees, h				
Group Name	Shelter Summer	Shelter Winter	Outdoor Access Winter			
Finishing slaughter						
stock Mother /offspring						
group						
Breeding age						
females						
Young stock						
Other						

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	nat type of bedding material is used? If it is an agriond) it must be certified organic. Include bedding lim		· ·
	Type of bedding	Org	anic certifier
	Type of bedding	O.B.	and definiti
a l rea	emporary Confinement Temporary Confinement is imited time only (e.g. overnight, during a storm or asons do you temporarily confine animals on your	perio	d of illness) (NOP 205.2). For what and for how long?
Reason	for temporary confinement		Typical duration of temporary confinement
Incleme	ent weather		
Stage o	f life (lactation is not a stage of life)		
To prot	ect the health, safety, or wellbeing of animals		
Risk to	soil or water quality		
To adm	inister healthcare procedures		
Sorting	or shipping		
Breedin	g purposes (until bred)		
4-H or o	other youth projects		
Dry off			
Birthing	3		
Shearin	g fiber animals		
Other:	-		
Other:			
	Please have records of outdoor access/t	tempo	orary confinement ready for inspection.
5.4 D	o all your animals have access to the following (che □ winter outdoor areas □ shade □ shelter □ exercise areas	eck if	yes): □ fresh air □ clean water for drinking □ direct sunlight

SE	ECTION 6: HEALTH CARE				
6.				eing, and productivity. Ch	
 □ selective breeding □ raise own replacements □ isolation for sick or new animals □ vaccinations □ homeopathic remedies □ nutritional supplements □ good sanitation 		 □ pasture rotation □ clean bedding □ high quality feeds □ ventilation □ culling □ probiotics 		preventative strategies pasture plantings/forage composition tannins in forages FAMACHA fecal testing herbal remedies other:	
	6.2 Do your animals ha including medical a	nd environ		ent strategies.	our full management protocol,
	Problem	Clas	s of animai	Medical	gement Protocol Cultural/Environmental
	Example:			Electrolytes, slippery elm,	Change bedding more often, split
	Scours	Calves (0-2	mo)	yogurt.	bottle feeding into 3x/day
	Scours	Caives (U-2 i	mo)	yogurt.	bottle feeding into 3x/day
	6.3 The NOP requires tha	at physical manner th	alterations are pe nat minimizes pair	erformed as needed to pro	omote the
	6.3 The NOP requires that animal's welfare, in a	at physical manner th	alterations are pe nat minimizes pair	erformed as needed to pro	omote the
	6.3 The NOP requires that animal's welfare, in a	at physical manner th	alterations are pe nat minimizes pair lure (if applicable)	erformed as needed to pro	omote the
	6.3 The NOP requires the animal's welfare, in a describe your dehorn	at physical manner th	alterations are pe nat minimizes pair lure (if applicable)	erformed as needed to pro	omote the
	6.3 The NOP requires the animal's welfare, in a describe your dehorm	at physical manner th	alterations are pe nat minimizes pair lure (if applicable)	erformed as needed to pro	omote the
	6.3 The NOP requires the animal's welfare, in a describe your dehore. Age when performed: Tools/Implement used:	at physical manner th ning proced	alterations are pe nat minimizes pair lure (if applicable)	erformed as needed to pro	omote the

Farm_

Name			
INAIIIE			

6.4 HEALTH CARE Materials and Farm Inputs please use separate Materials List. If you are using a product that does not appear on this list, IT WILL NOT BE CONSIDERED PART OF YOUR OSP.	
6.5 Describe internal and external parasite control on your farm. Include methods used both to <u>preven</u> <u>reduce</u> infestations.	<u>t</u> and
6.6 How do you prevent/control flies? □ sticky tape /traps /mechanical control □ parasitic wasps /biological control □ sprays /chemical control (list brand names on your materials list) □	
6.7 How do you prevent/control rodents? ☐ traps /mechanical control ☐ cats /biological control ☐ bait /chemical control (list brand names on your materials list) ☐	
6.8 How do you prevent predation?	

6.9 List any **restricted or prohibited synthetic medications used in the last 12 months**, animal treated and reason for use (include antibiotics, hormones, etc).

Animal treated	Item(s) Used	Date(s) used (over last 12 months)	Reason for use	Location of animal

6.10	If individuals are treated with prohibited or restricted materials how are they identified, segregated, and/or removed from the organic system?
6.11	Please your biosecurity program (example: boot washing, santation):
6.12	Please provide the name, phone, and address of your regular veterinarian.
Na	me: Phone:
Clir	
Adı	dress:
7.1	Please provide the name, address and phone of facility where your animals are slaughtered. Name:
	Address:
	Phone:
7.2	Do you transport your own livestock? \square Yes \square No
7.3	Are livestock being sold as organic for slaughter transported from your operation by a third party hauler? \Box Yes \Box No If yes, please provide name, address and phone of hauler:
	Name:
	Address:
	Phone:
7.4	How do you sell your livestock products? If you sell individual retail packages, please attach your draft organic label(s) for us to review.

7.5 Please list each cut of meat you are seeking to certify. Please submit Single-Ingredient Product Profiles for each product.	r
SECTION 8: MONTORING PRACTICES 8.1 What monitoring practices do you use in your operation to verify that the organic system plan is effective implemented and how frequently do you use them? (For example: soil tests, water tests, product quality testing, soil observations, crop yields, feed analyses, etc.)	ely
(