

Kentucky Department of Agriculture Livestock Plan Questionnaire

Please fill out this form if you are requesting organic certification of livestock. A separate organic Farm Plan Questionnaire must also be filled out. Use additional sheets if necessary

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	
Have you ever been denied certification? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, describe the circumstances:

SECTION 2: Organic Livestock Operation Profile												
List animals requested for organic certification (O), in transition (T) and conventional (C):												
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												
Hogs												
Buffalo												
Sheep												
Goats												
Deer												
Horse												
Dairy												
Other types												

List type and number of poultry requested for organic certification (O), in transition (T) and conventional (C) per year:									
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 § 205.236

NOP Rule differs for origin of slaughter stock, purchased breeder stock, purchased or transitioning dairy animals and poultry. You must demonstrate compliance with the applicable Rule section.

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?

NOP requires poultry or edible poultry products must be under continuous organic management beginning no later than the second day of life.

Do you raise your own chicks/replacement egg layers on-farm? yes no
 Do you purchase your chicks/replacement egg layers? yes no

If yes, give specific information on purchased poultry:

TYPE OF POULTRY PURCHASED	FLOCK NUMBER	DATE OF PURCHASE	PROJECTED SLAUGHTER/ EGG PRODUCTION DATE	SOURCE, ADDRESS PHONE NUMBER

1 OR 2 DAY OLD CHICKS: Not applicable

Describe your management plan for raising chicks (heating, space allowed, etc.) _____

SECTION 4: Livestock Feed and Feed Supplements

NOP § 205.237

NOP Rule requires a total feed ration composed of agricultural products, including pasture and forage, that are organically produced and, if applicable, organically handled. Nonsynthetic and synthetic substances allowed under § 205.603 may be used as feed additives and supplements

A. FEED: Feed ration table: Slaughter /dairy

LIVESTOCK	LIST FEED RATION INGREDIENTS, PERCENT OF RATION, AND WHETHER ORGANIC (O), TRANSITIONAL (T), CONVENTIONAL (C) [EXAMPLE: GROUND CORN, 10% (O)]
Females	
Males	
Castrated males	
Young stock	
Other	

Do you raise any feed on your farm? yes no *If yes, please complete Organic Farm Plan Questionnaire.*

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 any livestock? yes no

If yes, include a map of pastures/paddocks and complete the Pasture History (section 14 of this form).

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? _____

A. FEED: Feed ration table: Poultry	
LIST FEED RATION INGREDIENTS, PERCENT OF RATION, AND WHETHER ORGANIC (O), TRANSITIONAL (T), CONVENTIONAL (C) [EXAMPLE: CRACKED CORN, 40% (O)]	
Chicks	
Pullets	
Hens	
Roosters/Toms	
Capons	
Other	

Do you raise any feed on your farm? yes no *If yes, please complete Organic Farm Plan Questionnaire.*

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 process any 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)	GMO?* YES (Y) OR NO (N)	REASON FOR USE

**NOP standards require that no genetically engineered/modified 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 modified sources. Documentation must verify such products are 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

What are your sources of water for livestock use?

on-site well municipal river/creek/pond spring other _____

If you have had your water tested for coliform bacteria &/or nitrates, when was the latest date? _____

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?

No access

SECTION 6: Housing

NOP § 205.239

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: _____

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 other than pasture do animals use? _____

How long are animals indoors (hours per day)? _____ spring _____ summer _____ fall _____ winter

SECTION 7: Health Management

NOP § 205.238

NOP Rule requires livestock producers to 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, such medications are allowed under § 205.603.

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 any physical alterations needed to promote the animal's welfare must 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: Manure Management**NOP § 205.239 (c)**

NOP requires that manure must be managed so that it does not contribute to contamination of crops, soil or water.

What forms of manure do you use: liquid semi-solid/piled fully composted

If manure from your livestock is used on your fields, describe how it is used:

Not used

Acres of land available for manure application: _____

List ingredients/additives (example: bedding, barn lime, inoculants, preservatives) _____

During what months do you apply manure/compost? _____

Describe your composting method(s):

Composting not used

Estimated quantity of manure generated per year: _____ tons

SECTION 9: Milk Handling

What type of milk handling system do you use:

We are not a dairy operation

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: _____

Do you have a problem with high somatic cell counts? yes no

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? _____

What is your average pounds of milk production per month? _____

SECTION 10: Handling for Slaughter

Meat processing facilities must be certified for meat to bear an organic label.

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? _____

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: Egg Handling and Packing

Facilities that handle organic eggs must be certified for eggs to bear an organic label.

Name, address, and phone number of facility where eggs are washed, graded and packed: on-farm _____

Contact person _____ Is the facility certified organic? yes no By what agency? _____

Do you or the facility have an egg handler's license? yes no

SECTION 11: Animal Identification

NOP § 205.236 (c)

NOP standards require records sufficient to preserve identity of all organically managed animals and animal products. Animals that have been treated with prohibited products must be identified and separated from organic animals.

Describe your identification system: _____

If individual animals are treated with prohibited materials, how are they identified and/or segregated? _____

If the poultry entire flock is treated with prohibited materials, what changes do you make to insure that this flock is not sold as organic? _____

SECTION 12: Recordkeeping

NOP § 205.103

Documentation should be kept of purchased animals, breeding records, feed sources, health records and sales of animals and animal products. Your records must be available for review by the inspector or the certifier.

Check types of records you keep:

- documentation of purchased animals breeding purchased feed/feed supplements feed labels
 health somatic cell/plate count milk production sales feed storage shipping/transportation
 slaughter other _____

SECTION 13: 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 seal of the certification agency on organic product labels? yes no
(Attach examples of all organic product labels.)

SECTION 14: Livestock pasture/outdoor history**NOP § 205.239 (a)(1) and (a)(2)**

NOP Rule requires animals to have access to the outdoors, shade, shelter, exercise areas, fresh air, and direct sunlight. Ruminants must have access to pasture.

Pasture #	Acres	Type & Number. of Animals

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 the organically managed pasture or feed production areas for the last three years, nor 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 _____

Last Application of a Prohibited Substance Affidavit.

I _____ owner/operator of

_____ farm which is +/- _____ acres and is located at

_____ in
(address)

_____ county, _____ city,

_____ state. Hereby affirm, that to the best of my knowledge,

the last known application of a prohibited substance on

Field (s) _____ was

on _____
(Date)

(Signature)

(Date)

Organic Seed Sources

<u>Name</u>	<u>Number</u>
Fedco	270/873-7333
Great Harvest Organics	317/984-6685
Harris Seeds	800/544-7938
High Mowing Seeds	802/888-1800
Johnny's	800/854-2580
Peaceful Valley	888/784-1722
Seeds of Change	888/762-7333
Seedway	800/952-7333
Territorial	541/942-9547
Windy Acres Farm	615/654-3599

Kentucky Department of Agriculture Organic Program

Applicant _____ Farm Name _____

Mailing Address _____

Phone # _____ Fax# _____

E-mail _____

FEE SCHEDULE

For Kentucky Residence:

Areas of Organic Certification: Organic Crop, Organic Livestock, Organic Processing and Handling.

Write in amount you owe in all applicable categories.

I. Organic Crop Production Fees:

- _____ • Certification Fee: (Non-refundable) \$125
- _____ • Inspection Fee: (Free)

II. Organic Livestock Fees:

- _____ • Certification Fee: (Non-refundable) \$125
- _____ • Inspection Fee: (Free)

III. Organic Handler/Processor Fees:

- _____ • Certification Fee: (Non-refundable) \$125
- _____ • Additional Fee: \$100 for every \$100,000 in gross receipts
- _____ • Inspection Fee: (Free)

IV. Organic Exempt and Excluded Operation Fees:

- _____ • Registration Fee: \$25

For Organic Producers who are not Kentucky Residence:

You must sell, process, or handle the organic products in Kentucky; Your state of residence must not have a certification program,

I. Organic Crop Production Fees:

- _____ • Certification Fee: (Non-refundable) \$250
- _____ • Inspection Fee: (Mileage and expenses at KDA rate)

II. Organic Livestock Fees:

- _____ • Certification Fee: (Non-refundable) \$250
- _____ • Inspection Fee: (Mileage and expenses at KDA rate)

III. Organic Handler/Processor Fees:

- _____ • Certification Fee: (Non-refundable) \$250
- _____ • Additional Fee: \$100 for every \$100,000 in gross receipts
- _____ • Inspection Fee: (Mileage and expenses at KDA rate)

IV. Miscellaneous Fees:

- _____ • Postage and handling of unsigned or incomplete applications.... Actual cost
- _____ • Copies of official documents..... Greater of \$5 or \$0.25/page
- _____ • Out of state travel..... Mileage and expenses at KDA rate.

_____ Total

Signature of Owner/Manager _____ Date _____