

**Department of Plant Industry**  
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## Organic Poultry Plan Questionnaire

**Please fill out this form if you are requesting organic certification or re-certification of poultry for slaughter or egg production. A separate organic Farm Plan Questionnaire must be filled out if you are growing your own feed or other organic crops for sale. Use additional sheets if necessary. Attachments required with questionnaire: Directions to your farm/ranch operation; farm map showing all poultry houses and outdoor access areas; Outdoor Access/Pasture History Sheet; and water test, if applicable.**

**For re-certification, please select the "No Changes" option where applicable, and move on to the next section. Complete all sections where any changes have been made in the operation. Attach Poultry Outdoor Access History sheets for new areas or changes in pastures, and applicable test results.**

SECTION 1: General Information					
Name		Operation name		Type of poultry operation	
Address			City	St/Prov	Postal code
Phone		Fax		E-mail	
Preferred dates and time for inspection visit: <input type="checkbox"/> morning <input type="checkbox"/> afternoon <input type="checkbox"/> evening				Organic Certification No.	
How many years have you raised poultry?		How many years have you raised poultry organically?		What are your sources of organic poultry information/consultation?	
Why do you raise poultry organically?					
Year first certified	List previous organic certification by other agencies		List current organic certification by other agencies		Do you understand current organic standards? <input type="checkbox"/> yes <input type="checkbox"/> no
Year when complete Organic Livestock Plan Questionnaire was last submitted:					
List type of poultry and/or poultry products requested for certification:					

For re-certification, how have you addressed conditions from last year's certification:  No Conditions  Not Applicable

Have you ever been denied certification?  
 yes  no

If yes, describe the circumstances:

**SECTION 2: Organic Poultry Operation Profile**

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**

*Organic standards allow day old poultry to be purchased from any source. Egg-laying pullets may be purchased from any source, but must be raised and fed organically for a specified period of time prior to organic production, according to certification agency requirements.*

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

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

**DAY OLD CHICKS:**  Not applicable  No Changes

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION 4: Poultry Feed and Feed Supplements**

*Organic standards require that certified organic poultry be fed 100% certified organic feed. Feed supplements should not contain non-organic protein sources or prohibited materials. Please save labels for the organic inspector.*

**A. FEED:** Feed ration table:  No Changes

	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/additives  No Changes

List all feed supplements and additives, including vitamins, amino acids, minerals, etc. used:

FEED SUPPLEMENT/ ADDITIVE	SOURCE	SYNTHETIC INGREDIENTS YES (Y) OR NO (N)	GEO? * YES (Y) OR NO (N)	REASON FOR USE

*\*Organic standards require that no genetically engineered products (GEO'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 engineered sources unless the label specifically states such product is free of GEOs.*

**C. FEED STORAGE:**

No Changes

**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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**How do you control insects in organic feed storage areas?**

No insect problems

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION 5: Water**

*Water used for organic poultry must be potable and readily accessible. Water tests for coliform bacteria, nitrates and/or known contaminants may be required.*

**What are your sources of water for poultry use?**

on-site well    municipal    river/creek/pond    spring    other \_\_\_\_\_

\_\_\_\_\_

**What is the date of your last water test for coliform bacteria and nitrates?** \_\_\_\_\_ (Attach copy, if required)

If you use additives in the water, describe them in the following table:

No additives used

ADDITIVE	REASON FOR USE	APPROVED (A) RESTRICTED (R) PROHIBITED (P)	ADDITIVE	REASON FOR USE	APPROVED (A) RESTRICTED (R) PROHIBITED (P)

Describe any water contamination problems in your region.

No contamination problems

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If poultry have access to a river, creek, or pond, how do you prevent bank erosion? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION 6: Housing**

*Organic standards require that poultry living conditions provide reasonable freedom of movement, lack of crowding, proper sanitation, fresh air, sunshine, and shelter. If animals eat the bedding, organic bedding may be required. Standards may also specify the minimum square footage per bird and maximum hours of artificial lighting allowed.*

*If your operation includes multiple poultry houses, attach a list showing each house, square footage, and number of organic poultry raised in each house.*

No Changes

What type of housing do you use? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe sizes (length x width) and number of poultry per housing unit: \_\_\_\_\_

\_\_\_\_\_

Describe ventilation systems you use: \_\_\_\_\_

\_\_\_\_\_

Describe type(s) of bedding: \_\_\_\_\_

How often and how is housing cleaned out? \_\_\_\_\_

Name sanitation or cleaning products used and describe when they are used: \_\_\_\_\_

What source(s) of light is used in poultry housing? \_\_\_\_\_

How many hours of artificial light are provided per day? \_\_\_\_\_

Does each poultry flock have an outdoor run area?  yes  no

*(Include these areas, showing adjoining land use, on your map, and complete Outdoor Access/Pasture History Sheet for each area.)*

At what age are poultry allowed access to outdoors? \_\_\_\_\_

How long are animals indoors (hours per day)? \_\_\_\_\_spring \_\_\_\_\_summer \_\_\_\_\_fall \_\_\_\_\_winter

Is edible pasture provided in the outdoor run areas?  yes  no

**SECTION 7: Health Management**

***Organic standards require a proactive health management program to prevent health problems and potential use of prohibited materials. If prohibited treatments are used, the treated animals and/or their products may not be sold as organic, according to certification agency requirements. Records must be kept of all treatments.***

**A. GENERAL INFORMATION:**

**Identify the general components of your animal health management program:**

- breed selection  raise own replacement stock  isolation for purchased/diseased animals  culling
- vaccinations  good sanitation between flocks  access to outdoors  dry bedding
- good ventilation in housing  good quality feed  nutritional supplements  probiotics
- other: \_\_\_\_\_

**B. DISEASE/HEALTH PROBLEMS:**

Describe health or disease problems in the last two years, including vaccinations applied at the hatchery and on-site:

No problems

HEALTH PROBLEM/DISEASE	FLOCK ID	PREVENTION/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:

**C. FLY CONTROL:**

Not a problem

If flies are a problem in your operation, what do you do to prevent or control them?

\_\_\_\_\_

\_\_\_\_\_

**D. 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? (List any products used in the table above.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**E. PREDATOR CONTROL:**

No problems  No Changes

Check which predators you have problems with:  rodents  hawks  feral cats  raccoons/skunks, etc.

dogs  other \_\_\_\_\_

PREDATOR PROBLEM	CONTROLS USED	PRODUCTS USED	APPROVED (A) RESTRICTED (R) PROHIBITED (P)

If you use poison baits, list products in the table above.			<input type="checkbox"/> None used

**F. SURGICAL PRACTICES:**  
*Organic standards may prohibit some surgical practices, such as beak trimming or wing burning.*

Describe surgical practices you use:  Not used    No Changes

SURGICAL PRACTICE	WHY USED?
Beak trimming	
Wing burning	
Other:	

**SECTION 8: Manure Management**

*Organic standards require manure to be free of contaminants and be spread on fields when the soil is warm and biologically active. Composting manure is preferable.*

Not used    No Changes

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List ingredients/additives (example: bedding, inoculants, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

During what months do you apply manure/compost? \_\_\_\_\_

Describe your composting method(s):  Composting not used

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimated quantity of manure generated per year: \_\_\_\_\_ tons

Acres/hectares of land available for manure application: \_\_\_\_\_ acres/hectares

**SECTION 9: Handling for Slaughter**

*Organic standards require that humane methods of handling be used for loading, unloading, holding and slaughter. Slaughter facilities must be certified.*

No Changes

**If you slaughter your poultry, describe slaughter and meat processing procedures**  We don't slaughter

\_\_\_\_\_

\_\_\_\_\_

**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?** \_\_\_\_\_

\_\_\_\_\_

**How many animals are loaded per cage?** \_\_\_\_\_

**What form of transportation is used?** \_\_\_\_\_

**How long does transportation take?** \_\_\_\_\_

**Are animals provided with food in transit?**  yes  no **Water?**  yes  no

**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 and equipment used:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**How is equipment cleaned before using? List products used.** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION 10: Egg Handling and Packing**

*Facilities that handle organic eggs must be inspected and certified to verify that organic integrity is maintained.*

No Changes

**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**

**Organic standards require flock identification for poultry. Separation and identification are required for those animals that have been treated with prohibited products.**

No Changes

**Describe your flock identification system:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

**If the 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**

**Organic 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:**  No Changes

- documentation of purchased animals
- breeding
- purchased feed/feed supplements
- feed labels
- feed storage
- flock health
- dead bird counts
- water usage
- weight gain
- sanitation records
- sales
- slaughter
- egg handling reports
- shipping/transportation
- other \_\_\_\_\_

**SECTION 13: Marketing**

**TYPE OF MARKETING:**  No Changes

- farmers market
- direct to retail
- CSA/subscription service
- wholesale
- on-farm retail
- wholesale to processor
- contract to buyer
- Other \_\_\_\_\_

**If you use the seal of the certification agency on organic product labels?**  yes  no

**(Attach examples of all organic product labels.)**

**SECTION 14: Certification Services**

Rate services provided by this certification agency:  excellent  satisfactory  needs improvement

Please comment \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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 outdoor access 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 \_\_\_\_\_

I have attached the following additional documents:

- Maps of the operation** (including outdoor access areas and showing adjoining land use and identification)
- Directions to farm/ranch**
- Water test, if applicable**
- Housing records** (showing size and number of poultry housed per house)
- Organic product labels for your products** (if applicable)
- Outdoor Access/Pasture History Sheet**