



Pacific Agricultural Certification Society

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admin@pacscertifiedorganic.ca Website: www.pacscertifiedorganic.ca

Livestock: *Renewal Plan*

This form is to be used by **organic livestock producers in years following submission of an INITIAL Livestock Plan**. Livestock producers growing crops for human consumption must complete a full Crop Plan (formerly Farm Plan) in addition to completing this form.

Specific livestock questions are captured in appendices. Please specify the livestock you are raising and complete an appendix for each:

- Dairy Meat ruminants Poultry Rabbit Swine

Please review the **2020 version** of the Canadian Organic Standards and Permitted Substances List (CAN/CGSB-32.310 and 311) while completing this Renewal Plan. **NOTE:** These documents are on the PACS website: www.pacscertifiedorganic.ca.

Please refer to your most recent PACS Certification Review Report when completing this form.

Form instructions: This form can be completed on a computer, (save the form onto your hard drive before filling it in; to fill in, place cursor in grey boxes) or can be printed and completed with a black ink pen. Do not use Google docs. **If you run out of room, attach another file or sheet of paper.** Keep a copy of this form for your records.

Enterprise Name	PACS Client #: 16-	Date (dd/mm/yyyy):	Office only: Date: Reviewed by:
Primary Contact Information Name: Position: Tel: Email: Webpage:	Additional Contact(s) (if applicable) Name: Position: Email/ phone (if different): <input type="checkbox"/> Copy on all correspondence? Name: Position: Email/ phone (if different): <input type="checkbox"/> Copy on all correspondence?		
Mailing address, including municipality:	Inspection Site Location(s): <input type="checkbox"/> Same as mailing address <input type="checkbox"/> Different (please specify): <input type="checkbox"/> Multiple Locations (<i>list inspection sites below</i>)		
Multiple Inspection Site Addresses (if applicable):			
Provide directions to farm location (<i>if not found using address. Attach separate sheet if information cannot fit in this space</i>):			
Is the farm or any of the land base listed above: <input type="checkbox"/> Currently for sale <input type="checkbox"/> To be put up for sale this year <input type="checkbox"/> Leased/under the management of someone else PACS must be notified of changes at the time of sale and/or change of management. Organic certification does not carry over to a new owner without notifying and making an application to the PACS office.			
Additional Plans Completed: <input type="checkbox"/> None (livestock & livestock feed only) <input type="checkbox"/> Crop <input type="checkbox"/> Preparation <input type="checkbox"/> Greenhouse/Microgreens			
Income Category: (See http://www.pacscertifiedorganic.ca/pacs_certified_organic_to_register_renewals.html for income category breakdown. Note: This field is required and will be verified by the VO during your next inspection. See the PACS website for more details and information.			
My products will be sold, or used as ingredients* in a product that will be sold in the following jurisdictions: <input type="checkbox"/> My own regional area only (will not cross any provincial/territorial border – includes Low Risk enterprises) <input type="checkbox"/> Canada <input type="checkbox"/> USA <input type="checkbox"/> EU <input type="checkbox"/> International destinations: *Ingredients such as grapes used to make wine that is sold out of province, or grain sold to a distributor with final sales outside of province/territory.			
Please note the primary contact name, email, phone, & physical address provided above will be posted to our website and COABC's website unless otherwise specified. You give consent to PACS to send forms, certification documents, periodic newsletters and other notifications electronically (via email): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not have email			
Please complete and return to the PACS office with a cheque, email transfer or money order as per your Renewal Fees invoice provided.			

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A. CERTIFICATION INFORMATION									
1.	Do you have organic certification with any other certification bodies ? <input type="checkbox"/> no <input type="checkbox"/> yes Details: List current certification by other agencies : (i.e. Biodynamic, Canada GAP, Food Safe): <input type="checkbox"/> <i>not applicable</i>								
2.	List all livestock feed crops and products in production this annual cycle: (Feel free to include your own attachment)								
		Feed Crop (include pasture)	Field ID	Status				Total Area (acres)	Projected Yield
				Organic	Conventional	Transitional	Buffer		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If more space is required, attach a separate page. <input type="checkbox"/> An extra page is attached.									
3.	List the organic animal products that you wish to have listed on your organic certificate: <input type="checkbox"/> No change from previous year's certificate								
		Animal	Products to list on certificate						
If more space is required, attach a separate page. <input type="checkbox"/> An extra page is attached									
4.	Do you plan to sell live organic animals or insects this year? <input type="checkbox"/> no <input type="checkbox"/> yes, give details :								
5.	Will you be removing anything from your certification this year? (Animals, animal products) <input type="checkbox"/> no <input type="checkbox"/> yes please list :								
6.	Do you use a third party for <u>slaughtering</u> livestock? <input type="checkbox"/> no <input type="checkbox"/> yes please identify : If yes , is the facility certified organic? <input type="checkbox"/> no (attach Third Party Service Provider form) <input type="checkbox"/> yes (attach Certificate)								
7.	Do you use a third party for <u>butchering/cutting/processing</u> livestock? <input type="checkbox"/> no <input type="checkbox"/> yes please identify : If yes , is the facility certified organic? <input type="checkbox"/> no (attach Third Party Service Provider form) <input type="checkbox"/> yes (attach Certificate)								
8.	In this annual cycle, will you sell any organic products which are not produced by your enterprise? (via CSA box program, on-farm retail, distribution) <input type="checkbox"/> no <input type="checkbox"/> yes Please provide details:								

B. LAND BASE - CAN/CGSB 32.310 Clause 5							
9.	Have there been any changes to your land base? <input type="checkbox"/> yes <input type="checkbox"/> no - Skip to #10 If yes: Include updated map(s) of your farm <input type="checkbox"/> Map(s) attached Complete the following table for new production units that you wish to add to your certification program. Addition of new land to your organic land base requires a <i>Field Identification and Land Use History Sheet and Declaration(s)</i> . Please refer to the PACS website for appropriate forms. Select one: <input type="checkbox"/> I have attached the <i>Field Identification and Land Use History Sheet and Declaration(s)</i> <input type="checkbox"/> I have already sent to PACS the <i>Field Identification and Land Use History Sheet and Declaration(s)</i>						
		Site name	Field ID	Area (acres)	Civic address OR legal description (include municipality)	Status	Date control or ownership began
						<input type="checkbox"/> lease <input type="checkbox"/> rent <input type="checkbox"/> own	
						<input type="checkbox"/> lease <input type="checkbox"/> rent <input type="checkbox"/> own	
						<input type="checkbox"/> lease <input type="checkbox"/> rent	

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					<input type="checkbox"/> own <input type="checkbox"/> lease <input type="checkbox"/> rent <input type="checkbox"/> own
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Complete the following table for production units that you wish to **remove** from your certification program:

Site name	Field ID	Area (acres)	Date of removal	Other details

If more space is required, attach a separate page. **An extra page is attached.**

10. In the past 12 months, have there been any changes at your operation relative to:

Item	Answer	If yes, explanation
Buffer zones or other isolation strategies (hedgerows, drainage ditches etc.)	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	
Buffer crops	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	
Neighbour declarations (these forms are available on the PACS website)	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	
Irrigation system	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	
Farm equipment (additions or removals)	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	
Soil maintenance & improvement strategies	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	
Plastic mulch, row covers or solarisation materials	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	
CCA-treated fence posts in use or stockpiled	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	Please submit an updated count of the number currently stockpiled, if it has changed.
New fence posts, trellises or crop support structures installed	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	Give details of new materials purchased & installed.
The source(s), quantity or quality of water on the farm	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	
Your Risk Management Plan to prevent GMO contamination of: Crops: <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a Fields: <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a		
Crops in parallel production	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	
Use of treated seed (including inoculants or pelletized seed)	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	
Production/harvest/storage/management contracted to another operation or third party	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	Independent Storage Statement attached? <input type="checkbox"/> yes <input type="checkbox"/> no Third Party Service Provider form attached? <input type="checkbox"/> yes <input type="checkbox"/> no
Cultivation techniques	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	
Flood or drought conditions	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	Please describe:

C. CROP PRODUCTION FOR ANIMAL FEED No feed crops grown (skip to Section D)

11. List each separate source of **seeds/rootstock purchased** in the last 12 months No seeds/rootstock
Include cover crop seed and annual or perennial rooting stock

Source/ supplier	Organic	Non-organic			Type of seed or planting stock				Planting Date (conventional root stock)	Documented search of 3 potential organic sources
		Un-treated	Non GMO	Treated	Seed type: Vegetable (V), Cover crop (C) Forage (F) or Grain (G)		Root stock type (specify)			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> V <input type="checkbox"/> C <input type="checkbox"/> F <input type="checkbox"/> G				<input type="checkbox"/> y <input type="checkbox"/> n	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> V <input type="checkbox"/> C <input type="checkbox"/> F <input type="checkbox"/> G				<input type="checkbox"/> y <input type="checkbox"/> n	

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> V <input type="checkbox"/> C <input type="checkbox"/> F <input type="checkbox"/> G			<input type="checkbox"/> y <input type="checkbox"/> n
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> V <input type="checkbox"/> C <input type="checkbox"/> F <input type="checkbox"/> G			<input type="checkbox"/> y <input type="checkbox"/> n
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> V <input type="checkbox"/> C <input type="checkbox"/> F <input type="checkbox"/> G			<input type="checkbox"/> y <input type="checkbox"/> n
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> V <input type="checkbox"/> C <input type="checkbox"/> F <input type="checkbox"/> G			<input type="checkbox"/> y <input type="checkbox"/> n
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> V <input type="checkbox"/> C <input type="checkbox"/> F <input type="checkbox"/> G			<input type="checkbox"/> y <input type="checkbox"/> n
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> V <input type="checkbox"/> C <input type="checkbox"/> F <input type="checkbox"/> G			<input type="checkbox"/> y <input type="checkbox"/> n

If more space is required, attach a separate page. **An extra page is attached.**

For each **non-organic** seed or planting stock purchased, you must have a documented search of 3 potential organic sources and evidence that they have not been treated with anything other than substances listed in Table 4.3 of **CAN/CGSB-32.311**. You must provide this documentation to the VO at the time of inspection. I understand

12. List any **NEW** land base/crop inputs that have not been reviewed by PACS **No Changes to Inputs**

Include potting mixes and transplant inputs, fertilizers, pest control substances, manure (composted, raw, purchased), mulches (plastic, straw etc). See Permitted Substances List for details. **Note: Review your most recent PACS Certification Review Report for a complete list of products reviewed.**

Input	Brand Name/ Manufacturer	Crop(s) Applied to	Condition or reason for use	Input is on PSL Tables 4.2 / 4.3
<i>Example: Sulphur</i>	<i>Kumulus</i>	<i>Apples</i>	<i>mildew</i>	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no
				<input type="checkbox"/> yes <input type="checkbox"/> no
				<input type="checkbox"/> yes <input type="checkbox"/> no
				<input type="checkbox"/> yes <input type="checkbox"/> no
				<input type="checkbox"/> yes <input type="checkbox"/> no
				<input type="checkbox"/> yes <input type="checkbox"/> no
				<input type="checkbox"/> yes <input type="checkbox"/> no
				<input type="checkbox"/> yes <input type="checkbox"/> no
				<input type="checkbox"/> yes <input type="checkbox"/> no
				<input type="checkbox"/> yes <input type="checkbox"/> no
				<input type="checkbox"/> yes <input type="checkbox"/> no
				<input type="checkbox"/> yes <input type="checkbox"/> no

If more space is required, attach a separate page. **An extra page is attached**

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D. GENERAL LIVESTOCK MANAGEMENT INFORMATION

13. Please identify changes in the past 12 months:

Item	Answer	If yes, provide details
Describe any changes that have been made to livestock pasture/ runs/ housing since the last inspection	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	Please submit an updated diagram/map showing details of the changes.
Has livestock access to outdoor areas changed?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	Please submit an updated diagram/map showing details of the changes.
Have there been changes to the grazing leases to which you have tenure?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	<i>If new grazing leases are shared, give details:</i>
Have changes been made to the interior dimensions or layouts of barns or livestock buildings?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	Please submit an updated building diagram showing details of the changes.
Will you raise non-organic animals this year? If yes – explain:	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	* If you raise non-organic animals have you submitted a Split Operation form to PACS? <input type="checkbox"/> yes <input type="checkbox"/> No
Are there any changes to animal tags/identification?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	
Have breeding practices changed?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	
Have there been any changes to your procedures for culling and/or disposal of mortalities?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	
Have there been any changes to livestock transportation and handling?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	
Have there been any changes to auction mart, slaughter or production facilities?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	
Have there been any changes to final meat product storage and/or sales?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	
Has there been any change to or addition of third party handling of organic products?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	
Did you experience an emergency/shortage of feed/ interruption to organic management or situation where livestock housing/ outdoor access was restricted in the past 12 months?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a	

E. LIVESTOCK ORIGIN – CAN/CGSB-32.310 clause 6.2

14. Have you purchased livestock in the last 12 months no yes, *give details below* *If no, skip to next question*

Animal	Breed	Certified Organic? If no, complete 14a	Gestating when purchased?	Cloned/Embryo Transfer/Genetically Engineered?	Age of purchased chicks <input type="checkbox"/> n/a (no poultry)
		<input type="checkbox"/> yes <input type="checkbox"/> no -see table below	<input type="checkbox"/> no <input type="checkbox"/> yes- <i>give details:</i>	<input type="checkbox"/> no <input type="checkbox"/> yes, <i>explain</i>	
		<input type="checkbox"/> yes <input type="checkbox"/> no -see table below	<input type="checkbox"/> no <input type="checkbox"/> yes- <i>give details:</i>	<input type="checkbox"/> no <input type="checkbox"/> yes, <i>explain</i>	
		<input type="checkbox"/> yes <input type="checkbox"/> no -see table below	<input type="checkbox"/> no <input type="checkbox"/> yes- <i>give details:</i>	<input type="checkbox"/> no <input type="checkbox"/> yes, <i>explain</i>	
		<input type="checkbox"/> yes <input type="checkbox"/> no -see table below	<input type="checkbox"/> no <input type="checkbox"/> yes- <i>give details:</i>	<input type="checkbox"/> no <input type="checkbox"/> yes, <i>explain</i>	
		<input type="checkbox"/> yes <input type="checkbox"/> no -see table below	<input type="checkbox"/> no <input type="checkbox"/> yes- <i>give details:</i>	<input type="checkbox"/> no <input type="checkbox"/> yes, <i>explain</i>	
		<input type="checkbox"/> yes <input type="checkbox"/> no -see table below	<input type="checkbox"/> no <input type="checkbox"/> yes- <i>give details:</i>	<input type="checkbox"/> no <input type="checkbox"/> yes, <i>explain</i>	

If more space is required, attach a separate page. **An extra page is attached**

14a. **Commercial availability:** Complete the table below with details of your search for organic animals prior to purchasing the non-organic animals.

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Date of contact	Name of certified organic enterprise contacted
Further details/explanation if applicable:	

15. Complete the following table regarding livestock under your management within the last 12 months:

Livestock type	Opening #s from last renewal	On farm births	Animals bought	Sold/Slaughtered animals		Deaths	Current # of animals	
				Organic	Non-Organic		Organic	Non-Organic
Beef cows								
Beef calves								
Milk cows								
Milk calves								
Sheep - ewes								
Sheep - lambs								
Goats - milking								
Goats - slaughter								
Bison cows								
Bison calves								
Rabbit does								
Slaughter rabbits								
Insects (<i>specify</i>):								
Poultry (<i>specify</i>)								
Poultry (<i>specify</i>)								
Poultry (<i>specify</i>)								
Swine – Breeding sows								
Swine – Gilts								
Swine – slaughter stock								
Breeding Males (<i>specify</i>)								
Breeding Males (<i>specify</i>)								

Attach an extra sheet if more space is required. **An extra sheet is attached.**

Describe how you keep track of your livestock sales/dispersals/Lot #s

F. FEED – CAN/CGSB-32.310 clause 6.4											
16.	I have completed and have attached a Livestock Feed Ration Worksheet (Dairy and Meat Ruminants only) <input type="checkbox"/>										
17.	Report all changes over the past 12 months related to the following:										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 65%;">Circumstance</th> <th>Explanation/details/comments</th> </tr> </thead> <tbody> <tr> <td>Providing a balanced feed ration from on-farm crops</td> <td><input type="checkbox"/> n/a</td> </tr> <tr> <td>Livestock feeding locations or systems</td> <td><input type="checkbox"/> n/a</td> </tr> <tr> <td>On-farm feed processing (grinding, mixing, etc.)</td> <td><input type="checkbox"/> n/a</td> </tr> <tr> <td>Rodent control in feed storage areas</td> <td><input type="checkbox"/> n/a</td> </tr> </tbody> </table>	Circumstance	Explanation/details/comments	Providing a balanced feed ration from on-farm crops	<input type="checkbox"/> n/a	Livestock feeding locations or systems	<input type="checkbox"/> n/a	On-farm feed processing (grinding, mixing, etc.)	<input type="checkbox"/> n/a	Rodent control in feed storage areas	<input type="checkbox"/> n/a
Circumstance	Explanation/details/comments										
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Livestock feeding locations or systems	<input type="checkbox"/> n/a										
On-farm feed processing (grinding, mixing, etc.)	<input type="checkbox"/> n/a										
Rodent control in feed storage areas	<input type="checkbox"/> n/a										
18.	In the past 12 months, have there been any changes to the sources, quantity or quality of water available to livestock? <input type="checkbox"/> no <input type="checkbox"/> yes – explain:										

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19.	Have you conducted your annual water test?	<input type="checkbox"/> no <input type="checkbox"/> yes – date of most recent test: Results attached to this application? <input type="checkbox"/> no <input type="checkbox"/> yes																														
20.	Do you currently add anything to livestock drinking water?	<input type="checkbox"/> no <input type="checkbox"/> yes – detail: <i>If yes, do you have documentation confirming that this substance is organic or meets the pertinent requirements of the standard?</i> <input type="checkbox"/> no <input type="checkbox"/> yes																														
21.	Within the past 12 months, have there been any changes to your feed storage (i.e. addition to or removal of any storage, third party or off-site storage)? <input type="checkbox"/> no <input type="checkbox"/> yes - provide details of the changes below:																															
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Storage ID</th> <th style="width: 15%;">Added or removed?</th> <th style="width: 15%;">Feed</th> <th style="width: 15%;">Type of Storage</th> <th style="width: 15%;">Capacity</th> <th style="width: 20%;">Status of Feed</th> </tr> </thead> <tbody> <tr> <td></td> <td> <input type="checkbox"/>added <input type="checkbox"/>removed </td> <td></td> <td></td> <td></td> <td> <input type="checkbox"/>organic <input type="checkbox"/>non-organic </td> </tr> <tr> <td></td> <td> <input type="checkbox"/>added <input type="checkbox"/>removed </td> <td></td> <td></td> <td></td> <td> <input type="checkbox"/>organic <input type="checkbox"/>non-organic </td> </tr> <tr> <td></td> <td> <input type="checkbox"/>added <input type="checkbox"/>removed </td> <td></td> <td></td> <td></td> <td> <input type="checkbox"/>organic <input type="checkbox"/>non-organic </td> </tr> <tr> <td></td> <td> <input type="checkbox"/>added <input type="checkbox"/>removed </td> <td></td> <td></td> <td></td> <td> <input type="checkbox"/>organic <input type="checkbox"/>non-organic </td> </tr> </tbody> </table>	Storage ID	Added or removed?	Feed	Type of Storage	Capacity	Status of Feed		<input type="checkbox"/> added <input type="checkbox"/> removed				<input type="checkbox"/> organic <input type="checkbox"/> non-organic		<input type="checkbox"/> added <input type="checkbox"/> removed				<input type="checkbox"/> organic <input type="checkbox"/> non-organic		<input type="checkbox"/> added <input type="checkbox"/> removed				<input type="checkbox"/> organic <input type="checkbox"/> non-organic		<input type="checkbox"/> added <input type="checkbox"/> removed				<input type="checkbox"/> organic <input type="checkbox"/> non-organic	
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	<input type="checkbox"/> added <input type="checkbox"/> removed				<input type="checkbox"/> organic <input type="checkbox"/> non-organic																											
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	<input type="checkbox"/> added <input type="checkbox"/> removed				<input type="checkbox"/> organic <input type="checkbox"/> non-organic																											
	<input type="checkbox"/> added <input type="checkbox"/> removed				<input type="checkbox"/> organic <input type="checkbox"/> non-organic																											
	Attach an extra sheet if more space is required. <input type="checkbox"/> An extra sheet is attached.																															
22.	Complete the following table regarding purchased feed <input type="checkbox"/>n/a - No off-site feed																															
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Off-site Feed (hay, dairy ration, grain, silage, etc.)</th> <th style="width: 25%;">Source</th> <th style="width: 25%;">Organic Certifier</th> <th style="width: 25%;">Organic Certificate attached?</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/>yes <input type="checkbox"/>no</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/>yes <input type="checkbox"/>no</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/>yes <input type="checkbox"/>no</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/>yes <input type="checkbox"/>no</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/>yes <input type="checkbox"/>no</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/>yes <input type="checkbox"/>no</td> </tr> </tbody> </table>	Off-site Feed (hay, dairy ration, grain, silage, etc.)	Source	Organic Certifier	Organic Certificate attached?				<input type="checkbox"/> yes <input type="checkbox"/> no				<input type="checkbox"/> yes <input type="checkbox"/> no				<input type="checkbox"/> yes <input type="checkbox"/> no				<input type="checkbox"/> yes <input type="checkbox"/> no				<input type="checkbox"/> yes <input type="checkbox"/> no				<input type="checkbox"/> yes <input type="checkbox"/> no			
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			<input type="checkbox"/> yes <input type="checkbox"/> no																													
	Attach an extra sheet if more space is required. <input type="checkbox"/> An extra sheet is attached.																															
23.	Feed Supplements, Vitamins and Minerals, Amino Acids, Silage Preservatives & Other Inputs <input type="checkbox"/>Do not use supplements																															
	List each separate product and source currently in use:																															
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Source/supplier</th> <th style="width: 20%;">Name of product</th> <th style="width: 20%;">Label and Ingredient list in records?</th> <th style="width: 20%;">Reason for Use</th> <th style="width: 20%;">Prohibited Substances absent?</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td><input type="checkbox"/>yes <input type="checkbox"/>no</td> <td></td> <td><input type="checkbox"/>yes <input type="checkbox"/>no – explain:</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/>yes <input type="checkbox"/>no</td> <td></td> <td><input type="checkbox"/>yes <input type="checkbox"/>no – explain:</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/>yes <input type="checkbox"/>no</td> <td></td> <td><input type="checkbox"/>yes <input type="checkbox"/>no – explain:</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/>yes <input type="checkbox"/>no</td> <td></td> <td><input type="checkbox"/>yes <input type="checkbox"/>no – explain:</td> </tr> </tbody> </table>	Source/supplier	Name of product	Label and Ingredient list in records?	Reason for Use	Prohibited Substances absent?			<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no – explain:			<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no – explain:			<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no – explain:			<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no – explain:						
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	Attach an extra sheet if more space is required. <input type="checkbox"/> An extra sheet is attached.																															

G. HEALTH CARE – CAN/CGSB-32.310 clause 6.6

24.	In the last 12 months have your livestock experienced any health care problems or did you make any changes to preventative practices or health care management practices? <input type="checkbox"/> no <input type="checkbox"/> yes – explain fully:
25.	In the last 12 months did any of your livestock require parasiticide treatment(s)? <input type="checkbox"/> no <input type="checkbox"/> yes – give details: If yes: Did you seek permission from PACS? <input type="checkbox"/> no <input type="checkbox"/> yes – give details: Did you record the occurrence(s) and the medication(s) within your livestock health records? <input type="checkbox"/> yes <input type="checkbox"/> no – explain: How do you identify treated animals? explain:

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26. In the last 12 months did any of your livestock require antibiotic treatment(s)?
no yes – **give details:**
If yes:
 Did you record the occurrence(s) and the medication(s) within your livestock health records?
yes no – **explain:**
 How do you identify treated animals? **explain:**

27. Have there been any changes to livestock healthcare management? **No Changes**
 List any new hormones, medications and vaccines that have not been reviewed by PACS. Indicate their intended use and if you raise more than one species of livestock, indicate what species the medication is intended for.

Product type	Medication Name	Disease/condition being treated	Species being treated	Veterinary instruction on file?	Withdrawal/animal removal documented?
<i>i.e. vaccines, anti-inflammatory, homeopathics, antibiotics, painkillers</i>				<input type="checkbox"/> yes <input type="checkbox"/> no - explain:	<input type="checkbox"/> n/a <input type="checkbox"/> yes <input type="checkbox"/> no –
				<input type="checkbox"/> yes <input type="checkbox"/> no - explain:	<input type="checkbox"/> n/a <input type="checkbox"/> yes <input type="checkbox"/> no
				<input type="checkbox"/> yes <input type="checkbox"/> no - explain:	<input type="checkbox"/> n/a <input type="checkbox"/> yes <input type="checkbox"/> no
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				<input type="checkbox"/> yes <input type="checkbox"/> no - explain:	<input type="checkbox"/> n/a <input type="checkbox"/> yes <input type="checkbox"/> no
				<input type="checkbox"/> yes <input type="checkbox"/> no - explain:	<input type="checkbox"/> n/a <input type="checkbox"/> yes <input type="checkbox"/> no

Attach an extra sheet if more space is required. **An extra sheet is attached.**

28. Have there been any additional challenges or changes to livestock health care & management that was not mentioned above? Provide details

H. MANURE AND PEST MANAGEMENT - CAN/CGSB-32.310 Clauses 5.5; 6.8, 8.3

29. Since your last inspection, have there been any changes to your manure management, storage, systems, applications, or practices? no yes – explain:

30. Since your last inspection, have there been any changes to your pest management or pest control? no yes – **explain:**

I. LABELLING & SALES

31. Have there been any changes to product labels?
 n/a – **no labels used – skip to #33** no yes **If yes:**
New labels are attached for approval
I have Label Approvals from PACS for new labels
Other- explain

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32.	Have there been changes to whoever applies labels to your products?	<input type="checkbox"/> yes <input type="checkbox"/> no	Labels are applied by: <input type="checkbox"/> My enterprise only <input type="checkbox"/> Other- explain
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J. RECORDKEEPING - CAN/CGSB-32.310 Clause 4.4

33.	Do you retain all records (inputs, production, preparation, sales and handling) for the minimum 5 years required under CAN/CGSB-32-310 clause 4.4.5? <input type="checkbox"/> yes <input type="checkbox"/> no – explain :
-----	--

Documents I maintain at my operation:

- Purchase receipts for all livestock
- Purchase receipts for all inputs
- Livestock and livestock product production records
- Sales records for all organic products sold
- Livestock inventory & identification
- Pen sizes and stocking densities
- Medical records & Medications administered (date, dosage, source and tag #)
- Feed products purchased and fed (date, quantity, source, labels)
- Vitamin, mineral and other supplements and inputs (date, quantity, source, labels)
- For dairy, length of time milk is withdrawn after medication is given *not applicable*
- Complaint form
- Manure/compost logs and application records
- Cleaning/sanitation records

I understand that I must have the above indicated documents available for my inspection where applicable

Attachments I am including with this renewal application:

- Independent Storage Statement
- Lease agreements
- Livestock Feed Ration Worksheet **(this is a mandatory submission for Dairy and Meat Ruminants)**
- Neighbour or Land-Owner Declaration form
- New Labels
- SDS and/or Product Spec Sheets or Ingredients lists for cleaning & sanitizing products
- Split operation form
- Third Party Service Provider Agreement
- Updated animal housing & handling facility diagrams (including outdoor runs)
- Updated farm/crop maps/diagrams
- Other (*specify*):

K. ADDITIONAL INFORMATION

If there is any information you wish to share or that may provide assistance to the Certification Committee's review of your renewal application, please add the information here:

Remember to let the PACS office know whenever you make changes to your organic products. Remember to let the PACS office know whenever you make changes to your organic products. This includes changes in facility, management, recipes, ingredients, suppliers, labels and storage facilities. You may not market a product as organic until it has been evaluated by PACS and listed on your organic certificate.

You are required to update your organic plan each year. Keep a copy of this Renewal Plan as a reference for updating in the future. This application is part of your organic records and must be kept with your other farm records.

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L. ORGANIC OPERATOR AFFIRMATION

I affirm that all statements made in this application are true and correct.

I understand that:

- The applicable transition period of my enterprise does not commence until all documents constituting a complete application have been duly submitted to the PACS office for review, upon which time my enterprise and all its functions are operating under certification body supervision.
- Acceptance of this document in no way implies granting of certification by the Certification Body (CB).
- My operation may be subject to unannounced inspection and/or sampling for residues at any time as deemed appropriate to ensure compliance with the Canadian Organic Standards and Permitted Substances Lists.
- Any willful misrepresentation will result in de-certification.
- Production methods may not alternate between organic and non-organic methods.
- This completed document is confidential information according to the policies of the BC Certified Organic Program. Membership and certification status, however, is public information.

I agree:

- To allow the Verification Officer and/or members of the Certification Committee and the COABC Accreditation Board auditors access to all areas of my enterprise and to my records, including but not limited to: inputs, production, processing, handling, sales and products purchased for resale, from both organic and non-organic production.

I am applying as a [choose all that apply]:

- COR applicant** - ISO-compliant certification for interprovincial/international trade (permits use of the COR logo).
- PACS Compliant applicant** - certification of agricultural products for sales only within my own province/territory (excluding BC) or certification for Natural Health Products or Cannabis (within Canada).
- BCCOP applicant** - certification of my products for sales only within British Columbia (BC Certified Organic Program – permits use of the BCCOP logo).
- BCCOP applicant** – certification of my products to the BCCOP Low Risk Program. I understand that the eligibility requirements for participation in the Low Risk Program include the following criteria:
- a) Enterprise must not be exporting organic product out of its home province / territory
 - b) Enterprise must not practice parallel production
 - c) Enterprise must not have outstanding conditions on its certification
 - d) Enterprise must have received a valid organic certificate in all of the previous three years
 - e) The enterprise must be assessed for risk, and receive a low risk ranking from the certification committee

Signed: _____

Print Name: _____

Date: _____