



Pacific Agricultural Certification Society

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Third-Party Service Declaration for Custom Grazing

Complete this form when you lease grazing land to an organic or non-organic livestock operation.

This completed form is part of your Organic Plan. A copy of this document should be kept in your records.

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 printed and completed with a black ink pen. DO NOT USE PENCIL. If you run out of room, attach another file or sheet of paper.

1. Identify the Field IDs and operations who contract your services of custom grazing:

Field ID	Operation name	Type of livestock (Dairy, Beef, Sheep)	Are livestock certified organic?	If organic, is the 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
			<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

2. Complete the following table for space leased during the grazing season:

Animal	# of animals	Animal Units	Pasture space available	Space per animal unit
Cows or bulls	=	①	② <input type="checkbox"/> ac <input type="checkbox"/> ha	② ÷ ① =
Calves				
less than 225 lbs	÷ 5 =	①	② <input type="checkbox"/> ac <input type="checkbox"/> ha	② ÷ ① =
225 -500 lbs	÷ 2 =	①	② <input type="checkbox"/> ac <input type="checkbox"/> ha	② ÷ ① =
Heifers or Grasser steers	=	①	② <input type="checkbox"/> ac <input type="checkbox"/> ha	② ÷ ① =
Ewes and lambs	÷ 4 =	①	② <input type="checkbox"/> ac <input type="checkbox"/> ha	② ÷ ① =
Does and kids	÷ 6 =	①	② <input type="checkbox"/> ac <input type="checkbox"/> ha	② ÷ ① =

3. Do you have a pasture and/or run rotation plan? yes no – **explain:**

If yes, provide details:

4. Is your rotation plan successful in avoiding pasture degradation and parasite build ups? yes no

If no, what plans do you have to improve the situation and what timeline is involved?

5. Have you submitted a map of leased production units? yes no – explain:

6. Please check the following to confirm your understanding when leasing to a certified organic livestock operator:

not applicable

I understand that the livestock operator leasing my production unit(s) must obtain permission from their organic certifier to provide any feed, feed additives, and/or supplements, to their organic livestock while onsite.

I understand that the livestock operator leasing my production unit(s) must obtain permission from their organic certifier for the use of health care products and production aids that must be administered to their organic livestock while onsite.

I verify that I maintain a logbook which identifies communication between myself, and the certified operators contracting my production unit(s) and will have it available to the Verification Officer at my annual inspection.

Pacific Agricultural Certification Society

I understand that a Verification Officer contracted by the Certification Body that certifies the organic livestock operation may be required to inspect the livestock and/or livestock records maintained at my location.

I understand that BCCOP-certified feed, including pasture, is not considered organic when consumed by COR-certified livestock; therefore, a Verification Officer contracted by the Certification Body that certifies COR livestock grazing on my property will need to inspect my production unit(s) to include them within the certification of the COR operation.

7. Please check the following to confirm your understanding when leasing to a non-organic livestock operator:

not applicable

I understand that to maintain the organic integrity of my certified organic land, I must obtain permission from PACS before any additional feed, feed additives, and/or supplements are provided to non-organic livestock on my production units.

Products approved by PACS to date:

I understand that the management of livestock, including, but not limited to, the administering of health care products or production aids and the cleaning of veterinary supplies (eg. Syringes) or equipment (eg. Feed troughs) on my production units, must not compromise the organic integrity of my certified organic land; therefore, I must contact PACS prior to the use of such products.

Products approved by PACS to date:

I confirm that I maintain a logbook which identifies communication between myself, and the livestock operators contracting my production units and will have it available to the Verification Officer at my annual inspection.

THIRD PARTY OPERATOR AFFIRMATION:

I affirm that all statements made in this application are true and correct. 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 through which the organic product(s) (including livestock) pass and to my records regarding the organic production, including but not limited to: inputs, production, processing, handling and transportation.

By initialing or checking the following items, I affirm that I understand each point and that I accept each of the following conditions:

I will provide any further information required by the Certification Body (CB) pertaining to the organic product(s) specified herein.

I understand that acceptance of this document by the CB does not imply granting of organic certification to my enterprise for the scope of livestock production.

I affirm that my enterprise does not take ownership of the livestock, which remain under control of the livestock operator contracting my services of custom grazing and, if applicable, livestock husbandry.

I affirm that a contract of service exists between the livestock operations contracting my services and my enterprise which sets out the terms of ownership, responsibility, obligations and requirements held by each party.

I affirm that PACS has provided access to their website: www.pacscertifiedorganic.ca to download the current versions of the Canadian Organic Standards and Permitted Substances Lists and to the COABC website: www.organicbc.org where the COABC standards are available.

I understand that this completed document is confidential information according to the policies of the BC Certified Organic Program Membership.

Signed: _____ Print Name: _____ Date: _____

Pacific Agricultural Certification Society

CERTIFIED ORGANIC LIVESTOCK OPERATOR AFFIRMATION:

not applicable (PACS operator leases to non-organic operators)

By initialing or checking the following items, I affirm that I understand each point and that I accept each of the following conditions:

I affirm that all information regarding my certified organic livestock management at the above mentioned PACS operator's production unit(s) is covered within my organic plan which is supervised by my organic certifier.

I understand that occasional communication may be required between PACS and my organic certifier.

Name:

Certified organic operation name:

Certification Body:

Signed: _____ Print Name: _____ Date: _____

VERIFICATION OFFICER AFFIRMATION:

All information on this and the accompanying report is accurate, to the best of my knowledge, and is based on my observations, review of documents and operator interview. All compliance assessments are made in reference to the Canadian **Organic Production Systems General Principles and Management Standards** and **Permitted Substances Lists**, the **Safe Food for Canadians Regulations** and the standards and policies of PACS, all as revised from time to time.

Information contained in this report is confidential between the Verification Officer, the inspected party, and the PACS. This report does not constitute certification or consultation, nor shall it be used for promotional purposes.

Signed: _____ Print Name: _____ Date: _____