



Pacific Agricultural Certification Society

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

Organic Plan: Poultry

This form is to be used for initial applications for certification of organic poultry. All poultry applications must be accompanied by an **Organic Plan – FARM**. Refer to the Poultry Plan Guide for instruction.

Form instructions: This form can be completed on a computer, (save the form onto your hard drive before filling it in. To fill it in, place the cursor in the grey boxes) **or print it and fill it in with a black ink pen**. Do *not* use pencil. **If you run out of room, attach another page or sheet of paper**. Keep a copy of this form for your records. Sections marked "VO" are for the verification officer only.

Name:	Farm Name:	Date (dd/mm/yyyy)
Contact Person (manager) information: Name: Phone #:		For Office Use Only: Reviewed by: Date:
Fax #:	Title: Email address:	

A. GENERAL POULTRY MANAGEMENT INFORMATION	
1.	FARM/RANCH DESIGN Place a check in each of the boxes below to indicate that the attachments or details are included with this application: (these are mandatory) <input type="checkbox"/> A diagram of your poultry production units (see guide for details & example) showing the placement of all buildings, rotational pastures, handling areas, shelters, exercise areas, etc. <input type="checkbox"/> The exterior or fenced dimensions of all coops, runs, mobile pens and pasture areas on the property. <input type="checkbox"/> Interior layouts with dimensions of each poultry building.
2.	Do you have land in transition to organic? <input type="checkbox"/> no – skip to next question <input type="checkbox"/> yes If your land is in its last year of transition, will the pasture, open air runs and exercise areas which are intended for poultry access achieve organic status prior to the date that the birds are ready to go out to pasture? <input type="checkbox"/> yes <input type="checkbox"/> no – If no – you must delay delivery of chicks or pullets until <u>organic</u> land will be available to the birds on the date that they reach the appropriate age.
3.	How many years have you raised poultry? How many years have you raised poultry under organic management?
4.	List the poultry and poultry products you wish to have certified: Do you plan to sell live organic birds? <input type="checkbox"/> no <input type="checkbox"/> yes, give details:
5.	Are there or will there be non-organic flocks concurrently present <u>within the same production unit(s)</u> ? <input type="checkbox"/> yes <input type="checkbox"/> no Are all the flocks managed organically? <input type="checkbox"/> yes <input type="checkbox"/> no – explain: Explain how you are able to clearly identify the non-organic flocks. Are the non-organic birds for your own consumption? <input type="checkbox"/> yes <input type="checkbox"/> no If yes , specify type and quantity of birds: If no , are the non-organic birds for sale? <input type="checkbox"/> no <input type="checkbox"/> yes If yes , do you segregate the two income streams? <input type="checkbox"/> yes <input type="checkbox"/> no – explain: Are there or will there be non-organic flocks present <u>within the operation but within a different production unit</u> ? <input type="checkbox"/> yes <input type="checkbox"/> no, proceed to the next question If yes , complete and submit a PACS Split Operation Form and answer the questions below: Explain how you are able to clearly identify the non-organic flocks. Are the non-organic flocks always kept separate from the organic production units? <input type="checkbox"/> yes <input type="checkbox"/> no – explain:
6.	If any of the products to be certified are not produced by your enterprise provide the following information: <input type="checkbox"/> not applicable Name of enterprise producing the product: _____ Phone #: _____ Contact Name at that enterprise: _____ Product(s) involved: _____

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7.	Briefly describe your poultry management system through one full production cycle (hatch to slaughter or sale) for every species of bird or poultry products you plan to have listed on your organic certificate.
8.	If an organic bird (or group of birds) loses organic status because of medical treatment or any other reason, how do you permanently identify the non-organic bird from organic birds? How would you segregate the non-organic birds from the organic birds?
9.	How do you deal with a bird which has lost its identification band?
10.	Do you or do you plan to raise any flocks whose entire lifespan will endure only through winter months? <input type="checkbox"/> yes <input type="checkbox"/> no If yes , do the weather conditions within your geographical area enable you to comply with the land-related requirements of the standards? (In other words, does your area have winter weather conditions which are mild enough to enable access to the outdoors without endangering the health and well-being of the birds?) <input type="checkbox"/> yes <input type="checkbox"/> no
11.	If you removed poultry (a bird or a group of birds) or edible poultry products from the organic program, did you subsequently market them clearly as conventional (non-organic)? <input type="checkbox"/> yes <input type="checkbox"/> no – explain :

B. POULTRY ORIGIN – CAN/CGSB-32.310 clause 6.2													
12.	Did you purchase poultry in the last 12 months? <input type="checkbox"/> yes <input type="checkbox"/> no If yes , from what source? Is the source certified organic? <input type="checkbox"/> yes <input type="checkbox"/> no If no , complete the table below with details of your search for organic sources prior to purchasing the non-organic birds. (NOTE: This is an annual requirement as new sources may become available.)												
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e0e0e0;"> <th style="width: 25%; text-align: left; padding: 2px;">Date of contact</th> <th style="text-align: left; padding: 2px;">Name of certified organic enterprise contacted</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </tbody> </table>	Date of contact	Name of certified organic enterprise contacted										
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	Attach an extra sheet if more space is required. <input type="checkbox"/> An extra sheet is attached.												
13.	Where do you normally plan to get your birds? <input type="checkbox"/> hatch on farm <input type="checkbox"/> Hatchery (specify): <input type="checkbox"/> Pullet farm (specify): For purchased birds , what is the age of purchased chicks? Do you have written confirmation from the hatchery or pullet farm that neither day-old chicks <u>nor the fertilized eggs they hatched from</u> were given medications other than vaccines ? <input type="checkbox"/> yes <input type="checkbox"/> no – explain :												
14.	Did/do you check that embryo transfer, cloning and genetic engineering techniques are not used to produce birds that you brought (are bringing) into organic production? <input type="checkbox"/> yes <input type="checkbox"/> no – explain :												
15.	What breed(s)/varieties of birds do you currently raise? Have you encountered any challenges with this/these breed(s) that have you considering a change to breeds better suited to organic management or more vital and resistant to diseases, parasites and health problems prevalent in the breed(s) you are currently raising? <input type="checkbox"/> no <input type="checkbox"/> yes If yes , have you planned any future changes which may help you to manage or avoid these issues? <input type="checkbox"/> no <input type="checkbox"/> yes – explain :												

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16. Complete the following table giving details of the poultry currently under your management:

Species	Breed	Number of Birds	Layers (L) or Meat (M)	Date Acquired	Source CO? (Y or N)	Age when Brought Under Organic Management
			<input type="checkbox"/> L <input type="checkbox"/> M		<input type="checkbox"/> Y <input type="checkbox"/> N	
			<input type="checkbox"/> L <input type="checkbox"/> M		<input type="checkbox"/> Y <input type="checkbox"/> N	
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			<input type="checkbox"/> L <input type="checkbox"/> M		<input type="checkbox"/> Y <input type="checkbox"/> N	
			<input type="checkbox"/> L <input type="checkbox"/> M		<input type="checkbox"/> Y <input type="checkbox"/> N	

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

C. FEED – CAN/CGSB-32.310 clause 6.4

17. Do you regularly provide vegetable matter *other than grain* to your birds?
yes no – **explain when you will come into conformity with the standard:**

18. If you raise meat birds, do you provide grain to the birds in their finishing phase? **not applicable – only have layers**
yes no – **explain when you will come into conformity with the standard:**

19. If you raise layers, do you feed the birds **every day**? **not applicable – only have broilers**
yes no – **explain when you will come into conformity with the standard:**

20. **CAN/CGSB-32.310 clause 6.4.4** prohibits specific feed, additives and supplements. Complete the following chart regarding the presence or absence of each of the following from your livestock feed:

Prohibition	Response	Explanation if the substances are present
Feed and feed additives, including amino acids and feed supplements, that contain substances not listed in Table 5.2 of CAN/CGSB-32.311	<input type="checkbox"/> absent <input type="checkbox"/> present	
Feed medications or veterinary drugs, including hormones and prophylactic antibiotics, <u>to promote growth</u>	<input type="checkbox"/> absent <input type="checkbox"/> present	
Approved feed supplements or additives, used in amounts <u>above those required for adequate nutrition and health maintenance</u> for the species at its specific stage of life	<input type="checkbox"/> absent <input type="checkbox"/> present	
Feeds that are chemically extracted or defatted with prohibited substances	<input type="checkbox"/> absent <input type="checkbox"/> present	
Feed that contains mammalian or avian slaughter by-products	<input type="checkbox"/> absent <input type="checkbox"/> present	
Feed that contains synthetic preservatives	<input type="checkbox"/> absent <input type="checkbox"/> present	
Silage preservation products, unless they are listed in Table 5.2 of CAN/CGSB-32.311	<input type="checkbox"/> absent <input type="checkbox"/> present	
Synthetic appetite or flavour-enhancers	<input type="checkbox"/> absent <input type="checkbox"/> present	
Feed formulas that contain manure or other animal waste	<input type="checkbox"/> absent <input type="checkbox"/> present	
Feed that contains synthetic colouring-agents	<input type="checkbox"/> absent <input type="checkbox"/> present	

21. Do all birds have access to fresh, clean water whenever they want it? yes no – **explain:**

22. Indicate all your sources of poultry drinking water:
Drilled well Shallow well Pond/lake River/creek/spring Dugout
Municipal Other (**specify**):

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23.	Describe any water contamination problems in your area: <input type="checkbox"/> <i>no problems</i>																																																
24.	<p>CAN/CGSB-32.310 clause 6.4.5 requires annual testing for livestock water (if it is not provided through a municipal water distribution system). The main water source must be tested <u>initially</u> for potential livestock toxins (e.g. heavy metals, ions and bacteria according to provincial (territorial) livestock drinking water quality guidelines). Thereafter, each annual test shall be conducted for bacterial contamination.</p> <p>Have you conducted the required INITIAL water test?</p> <p><input type="checkbox"/> not applicable – water provided through a municipal water distribution system</p> <p><input type="checkbox"/>no <input type="checkbox"/>yes – date of test: Results attached to this application? <input type="checkbox"/>yes <input type="checkbox"/>no</p> <p>Have you conducted subsequent annual water tests?</p> <p><input type="checkbox"/>no <input type="checkbox"/>yes – date of test: Results attached to this application? <input type="checkbox"/>yes <input type="checkbox"/>no</p>																																																
25.	<p>Do you add anything to poultry drinking water? <input type="checkbox"/>yes <input type="checkbox"/>no</p> <p>If yes, specify:</p> <p>Do you have documentation confirming that this substance meets the pertinent requirements of the standard?</p> <p><input type="checkbox"/>yes <input type="checkbox"/>no</p>																																																
26.	<p>Do you have ducks or geese? <input type="checkbox"/>yes <input type="checkbox"/>no – skip to next question</p> <p>If yes, are they force-fed? <input type="checkbox"/>no <input type="checkbox"/>yes – explain when you will come into conformity with the standard:</p>																																																
27.	<p>What is your plan to deal with emergency shortages of feed (CAN/CGSB par. 6.4.7)?</p> <p>NOTE: Catastrophic events causing direct impact on your production unit may allow the Certification Committee to grant a maximum 10-day derogation to the organic feed requirement. Contact the PACS office immediately if such a situation should ever affect your farm.</p>																																																
28.	<p>Do you process feed (grind, mix) on farm? <input type="checkbox"/>yes <input type="checkbox"/>no</p> <p>If yes, is the equipment also used to process non-organic feed? <input type="checkbox"/>yes <input type="checkbox"/>no</p> <p>If yes, how do you ensure that there is no contamination of organic feed from the non-organic feed?</p>																																																
29.	<p>Describe your feed storage locations:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Storage ID</th> <th style="width: 20%;">Feed</th> <th style="width: 25%;">Type of Storage</th> <th style="width: 15%;">Capacity</th> <th style="width: 25%;">Status of Feed</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td><input type="checkbox"/>organic <input type="checkbox"/>non-org.</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td><input type="checkbox"/>organic <input type="checkbox"/>non-org.</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td><input type="checkbox"/>organic <input type="checkbox"/>non-org.</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td><input type="checkbox"/>organic <input type="checkbox"/>non-org.</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td><input type="checkbox"/>organic <input type="checkbox"/>non-org.</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td><input type="checkbox"/>organic <input type="checkbox"/>non-org.</td> </tr> </tbody> </table> <p>Attach an extra sheet if more space is required. <input type="checkbox"/> An extra sheet is attached.</p>				Storage ID	Feed	Type of Storage	Capacity	Status of Feed					<input type="checkbox"/> organic <input type="checkbox"/> non-org.					<input type="checkbox"/> organic <input type="checkbox"/> non-org.					<input type="checkbox"/> organic <input type="checkbox"/> non-org.					<input type="checkbox"/> organic <input type="checkbox"/> non-org.					<input type="checkbox"/> organic <input type="checkbox"/> non-org.					<input type="checkbox"/> organic <input type="checkbox"/> non-org.										
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30.	<p>How do you control rodents in your feed storage areas? <input type="checkbox"/>Cats <input type="checkbox"/>Dogs <input type="checkbox"/>Good sanitation</p> <p><input type="checkbox"/>Metal storage containers <input type="checkbox"/>Rat-proofing buildings <input type="checkbox"/>Traps <input type="checkbox"/>Vitamin D3</p> <p><input type="checkbox"/>Haven't had a problem <input type="checkbox"/>Other (specify):</p>																																																
31.	<p>Complete the following table regarding feed rations:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Type of Feed</th> <th style="width: 20%;">Average amount per bird/year</th> <th style="width: 20%;">Source</th> <th style="width: 20%;">Certifier</th> <th style="width: 15%;">Certificate attached?</th> </tr> </thead> <tbody> <tr> <td> </td> <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> </td> <td><input type="checkbox"/>yes <input type="checkbox"/>no</td> </tr> <tr> <td> </td> <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> </td> <td><input type="checkbox"/>yes <input type="checkbox"/>no</td> </tr> <tr> <td> </td> <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> </td> <td><input type="checkbox"/>yes <input type="checkbox"/>no</td> </tr> <tr> <td> </td> <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> </td> <td><input type="checkbox"/>yes <input type="checkbox"/>no</td> </tr> </tbody> </table> <p>Attach an extra sheet if more space is required. <input type="checkbox"/> An extra sheet is attached.</p>				Type of Feed	Average amount per bird/year	Source	Certifier	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
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32.	Feed Supplements (Vitamins, Minerals and Amino Acids)	<input type="checkbox"/> <i>do not use supplements</i>																								
List all separate sources:																										
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33.	Are any of the ingredients in any supplement derived from corn, cotton, canola, soybean products or does the supplement contain amino acids? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unsure If yes or unsure , does the label (or documentation from the manufacturer) clearly state that the product is free from GMO's, or that it is certified organic? <input type="checkbox"/> yes <input type="checkbox"/> no – explain :																									

D. TRANSPORTATION AND HANDLING – CAN/CGSB-32.310 clause 6.5	
34.	How and where will you sell your poultry or poultry products? (Check all that apply.) <input type="checkbox"/> Meat distributor <input type="checkbox"/> Animal auction <input type="checkbox"/> Slaughterhouse/distributor <input type="checkbox"/> Farmers' Market <input type="checkbox"/> Direct sale of butchered animals <input type="checkbox"/> Direct sale of live animals <input type="checkbox"/> Direct sale of eggs <input type="checkbox"/> Box scheme/CSA <input type="checkbox"/> Other (specify): <input type="checkbox"/> In BC <input type="checkbox"/> In Canada <input type="checkbox"/> in Quebec <input type="checkbox"/> In the USA <input type="checkbox"/> Internationally
35.	Do you plan to slaughter on-farm? <input type="checkbox"/> no <input type="checkbox"/> yes – normal age at slaughter? If yes , do you plan to sell certified organic carcasses (unprocessed meat)? <input type="checkbox"/> yes <input type="checkbox"/> no Do you plan to process (cut, prepare and wrap) and sell your own certified organic meat on-farm? <input type="checkbox"/> yes <input type="checkbox"/> no
36.	Do you plan to ship birds to a slaughter facility? <input type="checkbox"/> no <input type="checkbox"/> yes – normal age at slaughter. If yes , what facility? This facility is: (check all that apply) <input type="checkbox"/> Certified organic <input type="checkbox"/> Federally inspected <input type="checkbox"/> Provincially inspected <input type="checkbox"/> Municipally inspected <input type="checkbox"/> Other (specify)
37.	Do you plan to have poultry products processed at an independent facility? <input type="checkbox"/> yes <input type="checkbox"/> no If yes , will you retain ownership of the processed meat? <input type="checkbox"/> yes <input type="checkbox"/> no Is the facility certified organic? <input type="checkbox"/> yes <input type="checkbox"/> no – explain :
38.	Will you be storing organic poultry products? <input type="checkbox"/> yes <input type="checkbox"/> no If yes , where? <input type="checkbox"/> On-farm <input type="checkbox"/> Off-farm If off-farm , request and complete an Independent Storage Facility Form from the PACS office.

TRANSPORTATION <input type="checkbox"/> I am an egg producer only – skip to question #45	
39.	Are birds transported directly from their production unit to their final destination? <input type="checkbox"/> yes <input type="checkbox"/> no – explain :
40.	Do you retain ownership of your birds during transport? <input type="checkbox"/> yes <input type="checkbox"/> no How do you ensure your birds are transported in a humane and organically secure manner (minimizing stress, injury and suffering)? <input type="checkbox"/> I transport them myself <input type="checkbox"/> Transport agreement with carrier <input type="checkbox"/> Other (specify):
41.	Describe how the birds are gathered and moved into the crates: Describe the transportation crates: Describe how crate construction prevents protrusion of heads, wings and legs. How many birds are loaded into each crate? Who is responsible for assessing fitness for transport before loading? Explain the outcome(s) for any bird which is found unfit to load.

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	<p>If euthanasia is determined to be necessary, who performs this? Describe the competency of this person: What method of euthanasia is employed? How quickly would this happen subsequent to detecting the problem? Describe the loading practices:</p>								
42.	<p>Duration of the trip (loading to unloading): If the duration of any trip exceeds 5 hours, describe the provisions made for feeding, watering and rest breaks and the duration of rest breaks. Describe the provisions you arrange or provide which:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Eliminate any chance for the crates to be tipped during loading and unloading, causing birds to pile up.</td> <td style="width: 50%;"></td> </tr> <tr> <td>Provide protection to crated birds against wind, rain and other adverse weather conditions.</td> <td></td> </tr> <tr> <td>Protect birds from getting wet during loading & transport.</td> <td></td> </tr> <tr> <td>Avoid injury to birds during crating, loading and unloading.</td> <td></td> </tr> </table> <p>Do any of your current practices not meet the requirements in the Code of Practice for the Care and Handling of Farm Animals - Transportation? <input type="checkbox"/>no <input type="checkbox"/>yes – explain and justify.</p>	Eliminate any chance for the crates to be tipped during loading and unloading, causing birds to pile up.		Provide protection to crated birds against wind, rain and other adverse weather conditions.		Protect birds from getting wet during loading & transport.		Avoid injury to birds during crating, loading and unloading.	
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43.	<p>Where are birds kept while at the slaughter facility or auction mart? For how many hours?</p>								
44.	<p>Have you arranged for organic feed in case organic birds have to be kept more than 24 hours before slaughter? <input type="checkbox"/>yes <input type="checkbox"/>no – explain:</p>								
45.	<p>How will you transport organic eggs? <input type="checkbox"/> not applicable <input type="checkbox"/>My own vehicle <input type="checkbox"/>Co-operative marketing/trucking <input type="checkbox"/>Common carrier <input type="checkbox"/>Other (specify): Will you retain ownership of organic eggs during shipping? <input type="checkbox"/>yes <input type="checkbox"/>no If yes, how will you ensure that your eggs are transported in an organically secure manner? <input type="checkbox"/>By transporting them myself <input type="checkbox"/>Transport agreement with carrier <input type="checkbox"/>Carrier is certified organic <input type="checkbox"/>Other (specify):</p>								

E. HEALTH CARE – CAN/CGSB-32.310 clause 6.6	
46.	<p>Identify the major components of your preventative livestock health care practices: (Check all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Choosing appropriate breeds or strains of livestock <input type="checkbox"/> Quality and sufficiency of feed rations, supplements and additives <input type="checkbox"/> Housing, pasture conditions, space allotments and sanitation practices that minimize crowding and the potential for occurrence and spread of disease and parasites <input type="checkbox"/> Conditions appropriate to the species, allowing for exercise, freedom of movement and minimal stress <input type="checkbox"/> Prompt treatments for diseases, lesions, lameness, injury and other physical ailments <input type="checkbox"/> Vaccinations in accordance with the standard when the targeted diseases are communicable to livestock on the production unit and cannot be combated by other means
47.	<p>List vaccinations given to the chicks and those you gave or plan to give: Are vaccines only used when no alternative preventative practices or treatment options are available to address communicable diseases? <input type="checkbox"/>yes <input type="checkbox"/>no – explain:</p>
48.	<p>Do you use hormone supplements? <input type="checkbox"/>yes <input type="checkbox"/>no If yes, list them and state the reason for use:</p>
49.	<p>Are sick or injured birds promptly treated? <input type="checkbox"/>yes <input type="checkbox"/>no – explain: If yes, are sick and medicated birds quarantined from healthy flocks? <input type="checkbox"/>yes <input type="checkbox"/>no – explain:</p>

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50.	Identify the major components of your ongoing flock health management plan: (check all that apply) <input type="checkbox"/> Raise own replacement stock <input type="checkbox"/> Isolation of purchased/diseased birds <input type="checkbox"/> Access to outdoors <input type="checkbox"/> Pasture rotation <input type="checkbox"/> Good ventilation in housing <input type="checkbox"/> Culling <input type="checkbox"/> Dry bedding <input type="checkbox"/> Probiotics <input type="checkbox"/> Good water quality <input type="checkbox"/> Parasite prevention plan <input type="checkbox"/> Other (specify)																																							
51.	Minimal beak trimming or treatment to remove the sharp hook is the only physical alteration permitted for poultry, and only when all other options have failed. In the past 12 months, have you experienced any situation where this was the only remaining option? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, Did you document the problem behaviour and the impact on the welfare of the other livestock? <input type="checkbox"/> yes <input type="checkbox"/> no – explain when you will come into conformity with the standard: What other control strategies did you try? Who performed the procedure? If other than a veterinarian, what credentials/qualifications/experience does this person have?																																							
52.	Do you use herbal, botanical and/or homeopathic treatments before resorting to chemical veterinary drugs or antibiotics? <input type="checkbox"/> yes <input type="checkbox"/> no – explain:																																							
53.	In the past 12 months, have you had to treat your poultry with a parasiticide? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, identify the product used: Is the product listed in Table 5.3 of CAN/CGSB-32.311 ? <input type="checkbox"/> yes <input type="checkbox"/> no Did you have written instructions from your veterinarian prescribing the product and the method to be used? <input type="checkbox"/> yes <input type="checkbox"/> no Did you treat individual birds or the whole flock? Did any laying hen(s) receive more than one treatment in a 12-month period? <input type="checkbox"/> n/a <input type="checkbox"/> yes <input type="checkbox"/> no If yes, birds so treated lose organic status. Describe the outcome to the affected birds:																																							
54.	Describe the procedures you follow when a bird or the flock has to be treated. <input type="checkbox"/> has never happened																																							
55.	List specific ailments and your planned treatment strategy. Use the second column to indicate if the disease/pest is a current affliction of your flocks (C), a past affliction (P) or if the strategy is a plan for future problems not present at this time (F).																																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">Disease or Pest</th> <th style="width: 20%;">Current, Past or Future</th> <th style="width: 45%;">Treatment Strategy for Organic Production</th> </tr> </thead> <tbody> <tr> <td>Diarrhoea (coccidiosis, Salmonellosis)</td> <td style="text-align: center;"><input type="checkbox"/>C <input type="checkbox"/>P <input type="checkbox"/>F</td> <td></td> </tr> <tr> <td>External parasites (Northern Fowl Mite, Darklin Beetle)</td> <td style="text-align: center;"><input type="checkbox"/>C <input type="checkbox"/>P <input type="checkbox"/>F</td> <td></td> </tr> <tr> <td>Internal parasites (round worms, etc.)</td> <td style="text-align: center;"><input type="checkbox"/>C <input type="checkbox"/>P <input type="checkbox"/>F</td> <td></td> </tr> <tr> <td>Foot problems (Marek)</td> <td style="text-align: center;"><input type="checkbox"/>C <input type="checkbox"/>P <input type="checkbox"/>F</td> <td></td> </tr> <tr> <td>Poisoning or toxins (Noxious weeds, mouldy feed)</td> <td style="text-align: center;"><input type="checkbox"/>C <input type="checkbox"/>P <input type="checkbox"/>F</td> <td></td> </tr> <tr> <td>Reproductive disorders (infertility)</td> <td style="text-align: center;"><input type="checkbox"/>C <input type="checkbox"/>P <input type="checkbox"/>F</td> <td></td> </tr> <tr> <td>Respiratory diseases (Pneumonia)</td> <td style="text-align: center;"><input type="checkbox"/>C <input type="checkbox"/>P <input type="checkbox"/>F</td> <td></td> </tr> <tr> <td>Skin or feather problems (Parasites)</td> <td style="text-align: center;"><input type="checkbox"/>C <input type="checkbox"/>P <input type="checkbox"/>F</td> <td></td> </tr> <tr> <td>Trauma (cuts, puncture wounds)</td> <td style="text-align: center;"><input type="checkbox"/>C <input type="checkbox"/>P <input type="checkbox"/>F</td> <td></td> </tr> <tr> <td>Nutritional problems</td> <td style="text-align: center;"><input type="checkbox"/>C <input type="checkbox"/>P <input type="checkbox"/>F</td> <td></td> </tr> <tr> <td>Flies</td> <td style="text-align: center;"><input type="checkbox"/>C <input type="checkbox"/>P <input type="checkbox"/>F</td> <td></td> </tr> <tr> <td>Predator problems</td> <td style="text-align: center;"><input type="checkbox"/>C <input type="checkbox"/>P <input type="checkbox"/>F</td> <td></td> </tr> </tbody> </table>		Disease or Pest	Current, Past or Future	Treatment Strategy for Organic Production	Diarrhoea (coccidiosis, Salmonellosis)	<input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> F		External parasites (Northern Fowl Mite, Darklin Beetle)	<input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> F		Internal parasites (round worms, etc.)	<input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> F		Foot problems (Marek)	<input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> F		Poisoning or toxins (Noxious weeds, mouldy feed)	<input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> F		Reproductive disorders (infertility)	<input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> F		Respiratory diseases (Pneumonia)	<input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> F		Skin or feather problems (Parasites)	<input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> F		Trauma (cuts, puncture wounds)	<input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> F		Nutritional problems	<input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> F		Flies	<input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> F		Predator problems	<input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> F	
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	(hawks, dogs, foxes, coyotes, raccoons, skunks, other)		
	Other (specify):	<input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> F	
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	Other (specify):	<input type="checkbox"/> C <input type="checkbox"/> P <input type="checkbox"/> F	
Attach an extra sheet if more space is required. <input type="checkbox"/> An extra sheet is attached.			
56.	Do you ever put your birds/flocks through a forced moult? <input type="checkbox"/> no <input type="checkbox"/> yes – explain:		

F. LIVING CONDITIONS – CAN/CGSB-32.310 clause 6.7	
57.	Do all birds at all stages of life, have living conditions which allow them enough space to stand fully, stretch their wings, turn freely, lie down and have freedom to express normal behaviour patterns? <input type="checkbox"/> yes <input type="checkbox"/> no – explain:
58.	Explain how you adjust your stocking density (space allowances) to reflect local conditions, feed production capacity of your operation, livestock health, nutrient balance of livestock and soils and environmental impact.
59.	<p>Planned number of <u>flocks</u> to be housed at one time: _____ Number of <u>birds</u> per flock: _____</p> <p>Number of flock placements per year: _____ Total birds per year: _____</p> <p>Will you have more than one flock <u>per building</u> at any time? <input type="checkbox"/>no <input type="checkbox"/>yes</p> <p>If yes:</p> <p>Is the building divided so that each flock has its own separate area? <input type="checkbox"/>yes <input type="checkbox"/>no – explain when you will come into conformity with the standard:</p> <p>Has a separate run been provided for each of the flocks? <input type="checkbox"/>yes <input type="checkbox"/>no – explain when you will come into conformity with the standard:</p>
60.	Do you keep birds in row, battery, enriched or colony cages? <input type="checkbox"/> no <input type="checkbox"/> yes – explain when you will come into conformity with the standard:
61.	<p>Poultry must be reared in open-range conditions and have free access to pasture, open-air runs and other exercise areas, subject to weather and ground conditions.</p> <p>Does each flock have free access to an outdoor run at appropriate ages and weather conditions? <input type="checkbox"/>yes <input type="checkbox"/>no – explain:</p> <p>Do pastures and runs have overhead cover (trees, shrubs) and shade available? <input type="checkbox"/>yes <input type="checkbox"/>no – explain:</p> <p>At what age are birds allowed access to the outdoors? Layers: _____ Broilers: _____ Turkeys: _____</p>
62.	Do you have documentation confirming that the land available to the flocks has been free of prohibited substances for 36 months prior to its use by the birds? <input type="checkbox"/> yes <input type="checkbox"/> no – explain:
63.	<p>Do you have a pasture and/or run rotation plan? <input type="checkbox"/>no <input type="checkbox"/>yes – give details:</p> <p>If yes, is your rotation plan successful in avoiding pasture degradation and parasite build ups? <input type="checkbox"/>yes <input type="checkbox"/>no – explain how and when you plan to modify the rotation plan to fix this:</p> <p>Describe the vegetative cover of the pastures and runs: How frequently and for what duration do you leave the pasture areas and runs empty to allow vegetation to regrow and to prevent disease build-up? How frequently do you re-seed the outdoor areas? Describe the protection that is available to the birds while they are in these outdoor areas:</p>
64.	<p>In the past 12 months, did you experience any emergency situations when outdoor access would have resulted in an imminent threat to the health and welfare of the birds, causing you to deny them access to the outdoors? <input type="checkbox"/>no <input type="checkbox"/>yes – explain the nature of the threat:</p> <p>CAN/CGSB-32.310 clause 6.13.1(d) requires operators to document any such periods of confinement and to resume outdoor access for the birds immediately once the <u>imminent</u> threat ceases. Have you recorded all dates and durations of these confinements? <input type="checkbox"/>yes <input type="checkbox"/>no – explain when you will come into conformity with the standard:</p>
65.	Do you have health practices that require you to confine pullets indoors until they are fully immunized? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, what is the age of the birds when the immunization program is completed?

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66. If you raise layers, they may be confined during onset of lay until peak production is reached, but must have outdoor access for a minimum **one-third of their laying life**. n/a – do not raise layers
 Do you keep a log of the periods of confinement for your layers? yes no – **explain when you will come into conformity with the standard**

67. If you have **barn-raised meat chickens**, they must have outdoor access on a daily basis by 25 days of age. Do you keep a record showing the age of the birds at the time they are allowed outdoor access? not applicable
 yes no – **explain when you will come into conformity with the standard:**

68. If you have **pasture-raised meat chickens** (raised outdoors in shelters without indoor access), they must have outdoor access on a daily basis by 4 weeks of age. Do you keep a record showing the age of the birds at the time they are allowed outdoor access? not applicable
 yes no – **explain when you will come into conformity with the standard:**

69. If you have **turkeys** they must have outdoor access on a daily basis by 8 weeks of age. Do you keep a record showing the age of the birds at the time they are allowed outdoor access? not applicable
 yes no – **explain when you will come into conformity with the standard:**

70. If you have **ducks and/or geese** they must have access to a water area created for their use, whenever weather conditions permit. Can you demonstrate that your facility design prevents commingling of wild waterfowl with your domestic poultry?
 not applicable
 yes no – **explain when you will come into conformity with the standard:**

71. **Complete the following table describing housing provisions: NOTE: Enter average weight of bird at time of use for brooder calculations.**

Housing Unit name / ID#	Type of Bird	④ Average Weight of Bird	① # of Birds	② Indoor space	# Birds per area	③ Outdoor Runs	# Birds per area
	Pullets 0 – 8 weeks				(①÷②)		(①÷③)
	Pullets 9 – 12 weeks				(①÷②)		(①÷③)
	Layers	n/a			(①÷②)		(①÷③)
	Broilers				(④x①÷②)		(①÷③)
	Turkeys				(④x①÷②)		(④x①÷③)
	Ducks				(①÷②)		(①÷③)
	Geese				(④x①÷②)		(④x①÷③)
	Specify				(④x①÷②)		(④x①÷③)

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

72. Answer the following questions pertaining to layers: n/a – do not have layers
 Is your building a multi-level aviary system? no yes
If yes, how many tiers are above ground level?
 What is the total floor space of all usable floor levels? m² ft²
 How many nests are available?
 Give the total length of perch available (including raised perches, nest rails and raised floors): cm inches

73. What amount (percentage) of solid flooring is present in the barn?

74. What type of litter do you provide (plan to provide)?
 Explain how you ensure that it is dry, and sufficient for dust bathing, scratching and foraging:

75. How many waterers are present?
 How many feeders are present?
 Does this meet the requirements of the relevant **Code of Practice**? yes no – **explain when you will come into conformity with the standard:**

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76. Answer the following questions regarding exits:
 Do the exits allow passage for more than one bird at a time? yes no
 Are the exits evenly distributed along the line of access to the outdoor range? yes no
 Complete the following chart:

	Combined width of popholes	Minimum width of each pophole	Minimum height of each pophole	Total number of popholes
Layers				
Broilers				
Turkeys				

What is the maximum distance from anywhere in the poultry barn to the closest pophole?
Be aware – the VO will seek evidence that 25 – 50% of birds are on range when there are no age or weather constraints.

77. What type of lighting is provided in the poultry barn? Natural light Electric lighting
 Indicate how natural light enters the barn: windows light-permeable fabric other (*specify*)
 Specify the total window area as a percentage of the total ground-floor area:
 Is it possible to read a newspaper anywhere in the barn under natural light conditions? yes no
 Is the length of the day regulated using artificial lighting? yes no
If yes, what is the maximum lighting period you will use?
 Is artificial light reduced gradually prior to being extinguished? yes no
 How many continual hours of darkness is provided?
NOTE: Extended periods of artificial lighting are permitted for chicks or turkey poults, and reduced periods of lighting are permitted to combat outbreaks of cannibalism. **Documentation** of these situations is required (cause and duration).

78. Do you test air quality, including ammonia levels, in your poultry housing? yes no
If yes, have you experienced any occasions in the past 12 months, when the ammonia levels exceeded 25 ppm?
no yes – **explain what you did to remedy the situation (including timelines)**
If you do not test ammonia levels, explain how you would know if the ammonia levels exceeded 25 ppm and what you would do about it.

79. How often are housing units cleaned and/or scraped?
Daily Weekly Monthly In the spring every 12 months When needed
Other (*specify*):

80. Answer this question if you have a mobile and/or pasture-based poultry operation: not applicable

Type of Bird	① # of Birds	② Total Land Base available for rotation	# Birds per area (①÷②)
Layers		<input type="checkbox"/> acres <input type="checkbox"/> ha	
Broilers		<input type="checkbox"/> acres <input type="checkbox"/> ha	
Turkeys/geese		<input type="checkbox"/> acres <input type="checkbox"/> ha	
Other (<i>specify</i>):		<input type="checkbox"/> acres <input type="checkbox"/> ha	

How frequently are mobile shelters moved?
 Give the dimensions of each shelter: m² ft²
 How many birds are enclosed in each shelter? What is their average weight?

81. Do you use a cleaner/sanitizer? yes no
If yes, what type: (check all that apply):

<input type="checkbox"/> Water, power washer	<input type="checkbox"/> Chlorine Bleach	<input type="checkbox"/> Hydrated Lime
<input type="checkbox"/> Agricultural lime	<input type="checkbox"/> Hydrogen peroxide	<input type="checkbox"/> Soap
<input type="checkbox"/> Iodine	<input type="checkbox"/> Copper sulphate	<input type="checkbox"/> Lye
<input type="checkbox"/> Other (<i>specify</i>):		

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G. MANURE & PEST MANAGEMENT CGSB-32.310 clauses 6.9 and 6.10	
82.	Describe how you ensure that soil and water degradation is minimized through your manure management practices within: Housing: Pens: Pastures:
83.	How do you manage pens and runs so that parasites do not build up? What mechanical, physical and biological control methods do you employ? Have you used a pesticide in the last 12 months? <input type="checkbox"/> no <input type="checkbox"/> yes – specify :
84.	Manure system(s) currently being used (check all that apply): <input type="checkbox"/> Solid <input type="checkbox"/> Semi-solid <input type="checkbox"/> Liquid <input type="checkbox"/> Fully composted <input type="checkbox"/> Other (specify):
85.	Describe manure storage system(s) (check all that apply): <input type="checkbox"/> Pile covered? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Lagoon covered? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Pit covered? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Other (specify):
86.	How many months of manure storage capacity do you have?
87.	Are your manure storage facilities designed so that soil and ground water are not contaminated? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> not a problem in my climate If no , explain your plan to remedy the situation with a timeline:
88.	What do you do with the manure when you empty the storage facilities? <input type="checkbox"/> Compost all of the manure <input type="checkbox"/> Compost part of the manure <input type="checkbox"/> Spread on my own land <input type="checkbox"/> Spread on other people's land <input type="checkbox"/> Sell composted manure <input type="checkbox"/> sell manure <input type="checkbox"/> Other (specify):
89.	If you compost manure, list any added ingredients (check all that apply): <input type="checkbox"/> Straw <input type="checkbox"/> Shavings <input type="checkbox"/> Sawdust <input type="checkbox"/> Hay <input type="checkbox"/> not applicable <input type="checkbox"/> Other (specify): <input type="checkbox"/> Hog fuel
90.	Do you apply compost or manure? <input type="checkbox"/> compost <input type="checkbox"/> manure <input type="checkbox"/> don't apply either – skip to next question . During which months do you apply it? On what cropland? (i.e. hay field, grass silage, corn):
91.	If you sell (or give away) compost or manure, what proportion of your yearly volume of manure leaves your farm?
92.	How do you dispose of mortalities? (check all that apply) <input type="checkbox"/> Municipal dump <input type="checkbox"/> Bury on property <input type="checkbox"/> Compost <input type="checkbox"/> Other (specify):

H. EGG HANDLING <input type="checkbox"/>do not produce eggs – skip to next section	
93.	Are eggs sold only at the farm gate? <input type="checkbox"/> yes <input type="checkbox"/> no Normal age at laying for laying flocks: How long are laying flocks normally kept after laying starts?
94.	Where are your eggs washed? <input type="checkbox"/> on-farm <input type="checkbox"/> off-farm <input type="checkbox"/> eggs are sold unwashed If on-farm , are you licensed for this? <input type="checkbox"/> yes <input type="checkbox"/> no If no , describe your procedure including: How and how often equipment is cleaned: Temperature of egg wash water (if water is used): Defoaming agents used (if any): Cleaners/sanitizers used on equipment: If off-farm , provide name and address of facility: Is this operation certified organic? <input type="checkbox"/> yes <input type="checkbox"/> no – explain :

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95.	<p>Where are your eggs graded? <input type="checkbox"/> on-farm <input type="checkbox"/> off-farm <input type="checkbox"/> eggs are sold ungraded</p> <p>If on-farm, are you licensed for this? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>If no, describe your procedure including:</p> <p style="padding-left: 20px;">How and how often do you candle your eggs?</p> <p style="padding-left: 20px;">How do you segregate the graded eggs from the ungraded eggs?</p> <p style="padding-left: 20px;">What do you do with the culls?</p> <p style="padding-left: 20px;">Cleaners/sanitizers used on equipment:</p> <p>If off-farm, provide name and address of facility:</p> <p style="padding-left: 20px;">Is this operation certified organic? <input type="checkbox"/> yes <input type="checkbox"/> no – explain:</p> <p>Does the facility have an egg grading license? <input type="checkbox"/> yes <input type="checkbox"/> no – explain:</p>
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I. RECORDKEEPING - CAN/CGSB-32.310 clause 4.4	
96.	Do you retain purchase receipts for all birds? <input type="checkbox"/> yes <input type="checkbox"/> no – explain :
97.	Do you retain purchase receipts for all materials used for seeding of runs and pastures? <input type="checkbox"/> yes <input type="checkbox"/> no – explain :
98.	Do you retain sales records for all products sold? <input type="checkbox"/> yes <input type="checkbox"/> no – explain :
99.	Do you retain all records (inputs, production, preparation, sales and handling) for the minimum 5 years required under CAN/CGSB-32-310 clause 4.4.2 ? <input type="checkbox"/> yes <input type="checkbox"/> no – explain :
100.	If you also raise stock which are non-organic and which are sold in a conventional market, how do you separate the non-organic production records from the organic production records?
101.	<p>Place a check next to each of the following types of records that you currently maintain.</p> <p><input type="checkbox"/> Medications administered (date, dosage, source and tag#)</p> <p><input type="checkbox"/> Feed products purchased and fed (date, quantity, source)</p> <p><input type="checkbox"/> Vitamin, mineral and other supplements (date, quantity, source)</p> <p><input type="checkbox"/> Labels from all off-farm feed and feed supplements used</p> <p><input type="checkbox"/> Inventories of all birds</p> <p><input type="checkbox"/> Sales records</p> <p><input type="checkbox"/> Disposition of birds treated with prohibited materials</p> <p><input type="checkbox"/> Dates of outdoor access for each flock</p> <p><input type="checkbox"/> Run rotation records</p> <p><input type="checkbox"/> Egg production records</p> <p><input type="checkbox"/> Egg handling reports</p> <p><input type="checkbox"/> Bird identifications or lot numbers</p> <p><input type="checkbox"/> Weight records of birds at slaughter</p> <p><input type="checkbox"/> Manure/compost logs and application dates</p> <p><input type="checkbox"/> Dead bird count</p> <p><input type="checkbox"/> Sanitation records</p> <p><input type="checkbox"/> Complaint form</p> <p><input type="checkbox"/> Other (specify):</p>

J. NOTES
<p>Use this area to add any information that may provide assistance to the Certification Committee Member who will review your application:</p>

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Attachments I am including with this document:

- Split operation form
- Animal Handling Facility Map(s) – how many?
- Diagrams of interior layout of barns including dimensions – how many?
- Farm map
- Crown Land History Form
- Labels
- Independent Storage form
- Other management plans i.e. Farm, Processing, Livestock
- Other (*specify*):

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

K. 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 wilful 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 BC
 - b) Enterprise must not practice parallel production
 - c) Enterprise must not have outstanding conditions
 - 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: _____