



# Pacific Agricultural Certification Society

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## Organic Plan: Swine

This form is to be used for initial applications for certification of organic pigs and boars. This plan must be accompanied by an **Organic Plan – FARM**. Refer to the Swine Application 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: Title: Phone #: Fax #: Email address:		<b>For Office Use Only:</b> Reviewed by: Date:

A. GENERAL SWINE MANAGEMENT INFORMATION	
1.	<b>FARM/RANCH DESIGN</b> Place a check in each of the boxes below to indicate that the attachments or details are included with this application: <b>(these are mandatory)</b> <input type="checkbox"/> A diagram of your animal production units (see guide for details & example) showing the placement of all barns, rotational pastures, handling areas, shelters, exercise areas, etc. <input type="checkbox"/> The exterior or fenced dimensions of all barns, paddocks and pasture or run areas on the property. <input type="checkbox"/> Interior layouts with dimensions of each barn or livestock building.
2.	Provide the name and phone number of your veterinarian:
3.	How many years have you raised swine? How many years have you raised them under <b>organic</b> management?
4.	Are you knowledgeable about and do you confer with the <b>Code of Practice for the Care and Handling of Pigs</b> ? <input type="checkbox"/> yes <input type="checkbox"/> no <b>NOTE:</b> This is a mandatory requirement of the 2015 revisions to the Canadian Organic Standards.
5.	List all the swine and pork products that you wish to have certified: Do you plan to sell live organic pigs or piglets? <input type="checkbox"/> no <input type="checkbox"/> yes, <b>give details:</b>
6.	Are there or will there be non-organic animals concurrently present <u>within the same production unit(s)</u> ? <input type="checkbox"/> yes <input type="checkbox"/> no Are <b>all</b> the livestock managed organically? <input type="checkbox"/> yes <input type="checkbox"/> no – <b>explain:</b> Explain how you are able to clearly identify the non-organic livestock. Are the non-organic livestock yours? <input type="checkbox"/> yes <input type="checkbox"/> no – <b>who do they belong to:</b> <b>If yes</b> , are the non-organic livestock for your own consumption? <input type="checkbox"/> yes <input type="checkbox"/> no <b>If yes</b> , specify type and quantity of livestock: <b>If no</b> , are the non-organic livestock for sale? <input type="checkbox"/> no <input type="checkbox"/> yes <b>If yes</b> , do you segregate the two income streams? <input type="checkbox"/> yes <input type="checkbox"/> no – <b>explain:</b> Are there or will there be non-organic animals present <u>within the operation but within a different production unit</u> ? <input type="checkbox"/> yes <input type="checkbox"/> no, <b>proceed to the next question</b> <b>If yes</b> , complete and submit a PACS Split Operation Form <b>and</b> answer the questions below: Explain how you are able to clearly identify the non-organic livestock. Are the non-organic livestock always kept separate from the organic production units? <input type="checkbox"/> yes <input type="checkbox"/> no – <b>explain:</b>
7.	If any of the products to be certified are <b>not</b> produced by your enterprise provide the following information: <input type="checkbox"/> <b>not applicable</b> Name of enterprise producing the product: Phone #: Contact Name at that enterprise: Product(s) involved:

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8.	Briefly describe your swine management system through one full production cycle (breeding to birth to slaughter or sale).
9.	Explain how you manage breeding to protect and maintain genetic diversity within your swine and the progeny.
10.	How do you identify your animals? <input type="checkbox"/> They are not marked <input type="checkbox"/> Ear tag <input type="checkbox"/> Ear notching <input type="checkbox"/> Freeze branding <input type="checkbox"/> Hot branding <input type="checkbox"/> Tattoo <input type="checkbox"/> Other ( <i>specify</i> ):
11.	If you identify an animal which must be culled (for excessive medical treatments or any other reason), how soon after making the decision will the animal be culled? How do you permanently identify such non-organic animals?
12.	If you removed an animal (animals) or edible livestock products from the organic program, did you subsequently market them clearly as conventional (non-organic)? <input type="checkbox"/> yes <input type="checkbox"/> no – <i>explain</i> :

## B. LIVESTOCK ORIGIN – CAN/CGSB-32.310 clause 6.2

13.	Are you transitioning a conventional herd of breeding swine for <b>meat production</b> ? <input type="checkbox"/> no – <i>skip to next question</i> <input type="checkbox"/> yes – Is your <u>land</u> in transition? <input type="checkbox"/> no – <i>skip to next question</i> <input type="checkbox"/> yes – Continue this question In the last year of land transition, feed grown organically <u>on the farm</u> may be fed to the animals on the farm, but may <b>not</b> be sold as organic feed outside the unit. Dams must be under organic management from the last third of gestation, unless they are from a non-organic source, in which case, they must have been under organic management before beginning gestation. Answer the following question pertaining to animals (herds) <b>already on the farm prior to the land's last 12 months of transition</b> <input type="checkbox"/> <i>not applicable – skip to next question</i> . During the last three months of gestation, have the sows been fed only organic feed (either grown on the farm as described above or certified organic)? <input type="checkbox"/> yes <input type="checkbox"/> no – <i>explain</i> :												
14.	Did you purchase pigs in the last 12 months? <input type="checkbox"/> yes <input type="checkbox"/> no <i>If yes</i> , from what source? Is the source certified organic? <input type="checkbox"/> yes <input type="checkbox"/> no <i>If no</i> , complete the table below with details of your search for organic animals prior to purchasing the non-organic animals. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 25%;">Date of contact</th> <th>Name of certified organic enterprise contacted</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> Attach an extra sheet if more space is required. <input type="checkbox"/> <i>An extra sheet is attached</i> .	Date of contact	Name of certified organic enterprise contacted										
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15.	<b>CAN/CGSB-32.310 clause 6.2.4</b> stipulates that if suitable organic breeding stock is not commercially available, <b>non-gestating</b> non-organic breeder animals may be integrated into an organic system, but that the meat from such animals shall be non-organic. If non-organic <b>breeding</b> sows were purchased in the last 12 months, were any already gestating when purchased? <input type="checkbox"/> no <input type="checkbox"/> yes – <i>provide details</i> :												
16.	Do you plan to purchase stock in the next 12 months? <input type="checkbox"/> yes <input type="checkbox"/> no <i>If yes</i> , from where? Is the source certified organic? <input type="checkbox"/> yes <input type="checkbox"/> no – <i>explain</i> :												
17.	Did you (do you) check that embryo transfer, cloning and genetic engineering techniques are <b>not</b> used to produce stock that you brought (are bringing) into organic production? <input type="checkbox"/> yes <input type="checkbox"/> no – <i>explain</i> :												

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18.	<p>Indicate if you have purchased or will purchase animals for the purpose of introducing the following characteristics? (Check all that apply) <span style="float: right;"><input type="checkbox"/> <b>no – proceed to next question</b></span></p> <p><input type="checkbox"/> Animals suited for or adaptable to site specific conditions or the type of production system.</p> <p><input type="checkbox"/> Specific breeds or strains known for their absence of disease and health problems.</p> <p><input type="checkbox"/> Breeds recognized for their vitality and resistance to diseases or parasites.</p> <p><b>Explain:</b></p>																									
19.	<p>Are your pigs bred naturally (with or without artificial insemination)? <input type="checkbox"/> yes <input type="checkbox"/> no – <b>explain:</b>  <b>If yes</b>, do you use artificial insemination? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Are your pigs bred <b>without</b> the use of hormones to trigger and synchronize estrus? <input type="checkbox"/> yes <input type="checkbox"/> no – <b>explain:</b></p>																									
20.	<p>Complete the following table regarding the pigs currently under your management:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 5px 0;"> <thead> <tr> <th style="width: 25%;">Breed</th> <th style="width: 15%;"># of animals</th> <th style="width: 15%;">Age</th> <th style="width: 15%;">Date brought under organic management</th> <th style="width: 30%;">Source of stock</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>Attach an extra sheet if more space is required. <input type="checkbox"/> <b>An extra sheet is attached.</b></p>	Breed	# of animals	Age	Date brought under organic management	Source of stock																				
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21.	<p>Do your <b>meat</b> animals meet this requirement? They have been under continuous organic management <u>from the beginning of the last trimester of the gestation period of the dam.</u> <input type="checkbox"/> yes <input type="checkbox"/> no – <b>explain:</b></p>																									

<b>C. FEED – CAN/CGSB-32.310 clause 6.4</b>																							
22.	<p>Are you able to provide a balanced feed ration for your stock entirely from crops produced on your farm or is there some type of feed that you <b>always</b> purchase? <input type="checkbox"/> all supplied from on-farm <input type="checkbox"/> must always purchase this:</p>																						
23.	<p>Do newborn piglets receive natural milk (including colostrum) within their first day of life? <input type="checkbox"/> yes <input type="checkbox"/> no – <b>explain:</b></p>																						
24.	<p>In the past 12 months, have you experienced any occasions when piglets were unable to nurse from their dams?  <input type="checkbox"/> no <input type="checkbox"/> yes – <b>explain:</b>  <b>If yes</b>, were the piglets fed to meet their nutritional requirements and to achieve optimal growth and health using artificial teats to satisfy their motivation to suck? <input type="checkbox"/> yes <input type="checkbox"/> no – <b>explain:</b></p>																						
25.	<p>What vegetable matter (other than grain) do you provide to your pigs? (Make sure to specifically mention provisions during winter months.)</p>																						
26.	<p><b>CAN/CGSB-32.310 clause 6.4.4</b> prohibits specific feed, additives and supplements. Complete the following chart regarding the presence or absence of each of the following from your livestock feed:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Prohibition</th> <th style="width: 15%;">Response</th> <th style="width: 35%;">Explanation if the substances are <u>present</u></th> </tr> </thead> <tbody> <tr> <td>Feed and feed additives, including amino acids and feed supplements, that contain substances <b>not</b> listed in <b>Table 5.2 of CAN/CGSB-32.311</b></td> <td><input type="checkbox"/> absent <input type="checkbox"/> present</td> <td> </td> </tr> <tr> <td>Feed medications or veterinary drugs, including hormones and prophylactic antibiotics, <u>to promote growth</u></td> <td><input type="checkbox"/> absent <input type="checkbox"/> present</td> <td> </td> </tr> <tr> <td>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</td> <td><input type="checkbox"/> absent <input type="checkbox"/> present</td> <td> </td> </tr> <tr> <td>Feeds that are chemically extracted or defatted with prohibited substances</td> <td><input type="checkbox"/> absent <input type="checkbox"/> present</td> <td> </td> </tr> <tr> <td>Feed that contains mammalian or avian slaughter by-products</td> <td><input type="checkbox"/> absent <input type="checkbox"/> present</td> <td> </td> </tr> <tr> <td>Feed that contains synthetic preservatives</td> <td><input type="checkbox"/> absent <input type="checkbox"/> present</td> <td> </td> </tr> </tbody> </table>		Prohibition	Response	Explanation if the substances are <u>present</u>	Feed and feed additives, including amino acids and feed supplements, that contain substances <b>not</b> listed in <b>Table 5.2 of CAN/CGSB-32.311</b>	<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	
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	Silage preservation products, unless they are listed in <b>Table 5.2 of CAN/CGSB-32.311</b>	<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	
27.	Do all animals have access to fresh, clean water whenever they want it? <input type="checkbox"/> yes <input type="checkbox"/> no – <b>explain:</b>		
28.	Indicate all your sources of livestock drinking water: <input type="checkbox"/> Drilled well <input type="checkbox"/> Shallow well <input type="checkbox"/> Pond/lake <input type="checkbox"/> River/creek/spring <input type="checkbox"/> Ditch <input type="checkbox"/> Municipal <input type="checkbox"/> Other ( <b>specify</b> ):		
29.	Describe any water contamination problems in your area: <input type="checkbox"/> no problems		
30.	<b>CAN/CGSB-32.310 clause 6.4.5</b> requires annual testing for livestock water (if it is <b>not</b> provided through a municipal water distribution system). The <b>main</b> water source must be tested <b>initially</b> 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. Have you conducted the required INITIAL water test? <input type="checkbox"/> not applicable – water provided through a municipal water distribution system <input type="checkbox"/> no <input type="checkbox"/> yes – <b>date of test:</b> <b>Results attached to this application?</b> <input type="checkbox"/> yes <input type="checkbox"/> no Have you conducted subsequent annual water tests? <input type="checkbox"/> no <input type="checkbox"/> yes – <b>date of test:</b> <b>Results attached to this application?</b> <input type="checkbox"/> yes <input type="checkbox"/> no		
31.	Do you add anything to livestock drinking water? <input type="checkbox"/> yes <input type="checkbox"/> no <b>If yes, specify:</b> Do you have documentation confirming that this substance meets the pertinent requirements of the standard? <input type="checkbox"/> yes <input type="checkbox"/> no		
32.	If pigs have access to a river, creek or pond, how do you prevent bank erosion? <input type="checkbox"/> Only specific access points provided <input type="checkbox"/> Fenced access points <input type="checkbox"/> Gravelled stream crossing <input type="checkbox"/> Other ( <b>specify</b> ):		
33.	What is your <b>plan</b> to deal with emergency shortages of feed ( <b>CAN/CGSB-32.310 clause 6.4.7</b> )? <b>NOTE:</b> 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 <b>immediately</b> if such a situation should ever affect your farm.		
34.	Are there regional factors that currently affect the availability of organic feed in your area? <input type="checkbox"/> no <input type="checkbox"/> yes – <b>provide details:</b> How long has this situation impacted your region? What strategies have you employed to manage the problem so far? What alternative strategies are you thinking of trying in the future?		
35.	Where are the pigs fed?		
36.	What type of feeding system do you use? (check all that apply) <input type="checkbox"/> Troughs <input type="checkbox"/> On the ground <input type="checkbox"/> On the snow <input type="checkbox"/> Other ( <b>specify</b> ):		
37.	Do you process feed (grind, mix) on farm? <input type="checkbox"/> yes <input type="checkbox"/> no <b>If yes, is the equipment also used to process non-organic feed?</b> <input type="checkbox"/> yes <input type="checkbox"/> no <b>If yes, how do you ensure that there is no contamination of organic feed from the non-organic feed?</b>		
38.	How do you control rodents in your feed storage areas? <input type="checkbox"/> Cats <input type="checkbox"/> Dogs <input type="checkbox"/> Good sanitation <input type="checkbox"/> Metal storage containers <input type="checkbox"/> Rat-proofing buildings <input type="checkbox"/> Traps <input type="checkbox"/> Vitamin D3 <input type="checkbox"/> Haven't had a problem <input type="checkbox"/> Other ( <b>specify</b> ):		

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39.	Describe your feed storage locations:				
	<b>Storage ID</b>	<b>Feed</b>	<b>Type of Storage</b>	<b>Capacity</b>	<b>Status of Feed</b>
					<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.
Attach an extra sheet if more space is required. <input type="checkbox"/> <b>An extra sheet is attached.</b>					
40.	Complete the following table regarding feed rations:				
	<b>Feed (hay, vegetables, grain, etc.)</b>	<b>Average amount per species/year</b>	<b>Source</b>	<b>Certifier</b>	<b>Certificate attached?</b>
					<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
Attach an extra sheet if more space is required. <input type="checkbox"/> <b>An extra sheet is attached.</b>					
41.	<b>Feed Supplements, Vitamins and Minerals</b>			<input type="checkbox"/> <b>Do not use supplements.</b>	
	List each separate source:				
	<b>Source/supplier</b>	<b>Name of supplement or additive</b>	<b>Label and Ingredient list in records?</b>	<b>Reason for Use</b>	
			<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		
Attach an extra sheet if more space is required. <input type="checkbox"/> <b>An extra sheet is attached.</b>					

<b>D. LIVESTOCK HANDLING and TRANSPORTATION (CAN/CGSB-32.310 clause 6.5)</b>	
42.	Do you transport your pigs amongst your own production units? <input type="checkbox"/> no <input type="checkbox"/> yes – <b>duration of the trip</b> (loading to unloading): <b>If yes</b> , are the animals assessed for fitness prior to loading? <input type="checkbox"/> no <input type="checkbox"/> yes – <b>by whom?</b>
43.	Do you plan to slaughter on-farm? <input type="checkbox"/> yes <input type="checkbox"/> no <b>If yes</b> , do you plan to sell certified organic carcasses (unprocessed meat)? <input type="checkbox"/> yes <input type="checkbox"/> no
44.	Do you plan to process (cut, prepare and wrap) and sell your own certified organic pork on-farm? <input type="checkbox"/> yes <input type="checkbox"/> no <b>If yes</b> , complete and submit an <b>Organic Plan –Preparation</b> .
45.	Will you be storing organic pork products? <input type="checkbox"/> yes <input type="checkbox"/> no <b>If yes</b> , where? <input type="checkbox"/> On-farm <input type="checkbox"/> Off-farm – <b>specify location</b> : <b>If the off-farm location belongs to a third party</b> , complete and submit an <b>Independent Storage Statement</b> .
46.	How and where will you sell your pigs or pork 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"/> Dairy Processor <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
47.	Do you plan to transport pigs to a slaughter facility? <input type="checkbox"/> yes <input type="checkbox"/> no <b>If yes</b> , what facility? <b>Duration of the trip</b> (loading to unloading): 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 ( <b>specify</b> )

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48.	Do you plan to have meat processed by an independent facility? <input type="checkbox"/> yes <input type="checkbox"/> no <b>If yes</b> , will you retain ownership of the processed meat? <input type="checkbox"/> yes <input type="checkbox"/> no Will the facility be producing organic value added products (sausages, bacon, ham etc.)? <input type="checkbox"/> no <input type="checkbox"/> yes– <b>list the products:</b> <b>NOTE: A Preparation Plan must be submitted.</b> Is the facility certified organic? <input type="checkbox"/> yes <input type="checkbox"/> no
<b>TRANSPORTATION of slaughter animals</b>	
49.	Are animals transported directly from their production unit to their <b>final</b> destination? <input type="checkbox"/> yes <input type="checkbox"/> no – <b>explain:</b>
50.	Do you retain ownership of your animals during transport? <input type="checkbox"/> yes <input type="checkbox"/> no How do you ensure your animals 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 ( <b>specify</b> ): Describe the loading practices:
51.	Who is responsible for assessing the fitness of the pigs prior to loading (name & position)? Under what conditions or according to what criteria would an animal <b>not</b> be loaded? Explain the outcome(s) for the affected animals: If euthanasia is determined to be necessary, who performs this? Describe the competency of this person: What method of euthanasia is employed (what equipment is used)? How quickly would this happen subsequent to detection of the problem?
52.	When the duration of a trip exceeds 5 hours, the recommendations provided in the <b>Code of Practice for the Care and Handling of Farm Animals – Transportation</b> regarding maximum transit times and minimum feed and water requirements and rest times shall apply. If these recommendations are not followed, justification shall be provided. <input type="checkbox"/> <b>not applicable – duration of trips does not exceed 5 hours</b> 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. Do any of your practices <b>not</b> meet the requirements in the Code of Practice? <input type="checkbox"/> no <input type="checkbox"/> yes – <b>explain and justify.</b>
53.	Does the stocking density of the transport vehicles comply with the recommendations in the <b>Code of Practice for the Care and Handling of Farm Animals – Transportation</b> ? <input type="checkbox"/> yes <input type="checkbox"/> no – <b>explain:</b> Are animals fed during transport? <input type="checkbox"/> yes <input type="checkbox"/> no – <b>explain:</b> <input type="checkbox"/> unknown – <b>explain:</b> Are animals watered during transport? <input type="checkbox"/> yes <input type="checkbox"/> no – <b>explain:</b> <input type="checkbox"/> unknown – <b>explain:</b> Are animals tranquilized during transport? <input type="checkbox"/> no <input type="checkbox"/> yes – <b>explain:</b> <input type="checkbox"/> unknown – <b>explain:</b> Is electrical stimulation utilized at any time? <input type="checkbox"/> no <input type="checkbox"/> yes – <b>explain:</b> <input type="checkbox"/> unknown – <b>explain:</b>
54.	During transit and before slaughter, describe the measures in place to provide shelter for the pigs against inclement weather, or excessive heat or cold.
55.	Where are pigs kept while waiting at the slaughter facility or auction mart? For how many hours?
56.	Have you arranged for organic feed in case organic pigs have to be kept more than 24 hours before slaughter? <input type="checkbox"/> yes <input type="checkbox"/> no – <b>explain:</b>

<b>E. HEALTH CARE – CAN/CGSB-32.310 clause 6.6</b>	
57.	Identify the major components of your <b>preventative</b> livestock health care practices: (Check all that apply) <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

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58.	List vaccinations given or planned: 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 – <b>explain:</b>																												
59.	Identify the major components of your ongoing livestock health management plan: (Check all that apply) <input type="checkbox"/> Selective breeding <input type="checkbox"/> Raise own replacement stock <input type="checkbox"/> Access to outdoors <input type="checkbox"/> Culling <input type="checkbox"/> Dry bedding <input type="checkbox"/> Good sanitation <input type="checkbox"/> Probiotics <input type="checkbox"/> Good ventilation in housing <input type="checkbox"/> Pasture rotation <input type="checkbox"/> Parasiticides <input type="checkbox"/> Quarantine of newly purchased or diseased animals <input type="checkbox"/> Other ( <i>specify</i> )																												
60.	Identify any circumstances under which you would administer the following drugs: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="padding: 2px;">Veterinary drugs (other than vaccines) in the <b>absence</b> of illness</td> <td style="padding: 2px;"><input type="checkbox"/>never <input type="checkbox"/>only if (<i>specify</i>)</td> </tr> <tr> <td style="padding: 2px;">Synthetic substances (including hormones) to <b>stimulate or retard</b> growth or production</td> <td style="padding: 2px;"><input type="checkbox"/>never <input type="checkbox"/>only if (<i>specify</i>)</td> </tr> <tr> <td style="padding: 2px;">Synthetic parasiticides, except through derogations available under 6.6.11</td> <td style="padding: 2px;"><input type="checkbox"/>never <input type="checkbox"/>only if (<i>specify</i>)</td> </tr> <tr> <td style="padding: 2px;">Antibiotics to meat animals</td> <td style="padding: 2px;"><input type="checkbox"/>never <input type="checkbox"/>only if (<i>specify</i>)</td> </tr> <tr> <td style="padding: 2px;">Chemical allopathic veterinary drugs for <b>preventative</b> treatments</td> <td style="padding: 2px;"><input type="checkbox"/>never <input type="checkbox"/>only if (<i>specify</i>)</td> </tr> </table>	Veterinary drugs (other than vaccines) in the <b>absence</b> of illness	<input type="checkbox"/> never <input type="checkbox"/> only if ( <i>specify</i> )	Synthetic substances (including hormones) to <b>stimulate or retard</b> growth or production	<input type="checkbox"/> never <input type="checkbox"/> only if ( <i>specify</i> )	Synthetic parasiticides, except through derogations available under 6.6.11	<input type="checkbox"/> never <input type="checkbox"/> only if ( <i>specify</i> )	Antibiotics to meat animals	<input type="checkbox"/> never <input type="checkbox"/> only if ( <i>specify</i> )	Chemical allopathic veterinary drugs for <b>preventative</b> treatments	<input type="checkbox"/> never <input type="checkbox"/> only if ( <i>specify</i> )																		
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61.	Identify physical alterations to your pigs: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 30%;">Procedure</th> <th style="width: 20%;">Species</th> <th style="width: 20%;">Age of Animal</th> <th style="width: 30%;">Method</th> </tr> </thead> <tbody> <tr><td>Castration</td><td></td><td></td><td></td></tr> <tr><td>Trimming needle teeth</td><td></td><td></td><td></td></tr> <tr><td>Tail docking</td><td></td><td></td><td></td></tr> <tr><td>Ear tagging</td><td></td><td></td><td></td></tr> <tr><td>Branding</td><td></td><td></td><td></td></tr> <tr><td>Other (<i>specify</i>):</td><td></td><td></td><td></td></tr> </tbody> </table> <p style="margin-top: 5px;">Who performs the procedures?                      If other than a veterinarian, what credentials/qualifications/experience does this person have?</p> <p>How are pain, stress and suffering minimized during physical alterations?</p> <p>Are anaesthetics, sedatives and/or analgesics administered to the affected animals? <input type="checkbox"/>yes <input type="checkbox"/>no – <b>explain:</b>  <i>If yes</i>, identify the anaesthetic, sedative or analgesic used:</p> <p>Do you consult the <b>Code of Practice</b> and follow the requirements for age restrictions, methods and use of pain control mediations? <input type="checkbox"/>yes <input type="checkbox"/>no – <b>explain:</b></p> <p>If tails had to be docked or needle teeth had to be trimmed, what behavioural problems made the operation(s) necessary?</p> <p style="margin-top: 10px;">Did you document other measures taken to control or eliminate the problem behaviour? <input type="checkbox"/>yes <input type="checkbox"/>no – <b>explain:</b></p>	Procedure	Species	Age of Animal	Method	Castration				Trimming needle teeth				Tail docking				Ear tagging				Branding				Other ( <i>specify</i> ):			
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62.	What <b>hormonal treatments</b> have you employed in the last year? Were the treatments for therapeutic reasons and under veterinary supervision? <input type="checkbox"/> yes <input type="checkbox"/> no – <b>explain:</b> It this treatment listed in Table 5.3 of CAN/CGSB-32.311? <input type="checkbox"/> yes <input type="checkbox"/> no – <b>explain:</b>																												
63.	Identify any <b>phytotherapeutic medicines</b> (botanical compounds such as atropine or others from herbaceous plants) or <b>homeopathic products</b> that were administered to your livestock in the past year: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 35%;">Medication administered</th> <th style="width: 30%;">Animal(s) treated</th> <th style="width: 35%;">Condition being treated</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Medication administered	Animal(s) treated	Condition being treated																									
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	Attach an extra sheet if more space is required. <input type="checkbox"/> <b>An extra sheet is attached.</b>		
64.	Identify any <b>veterinary biologics</b> (parasiticides or synthetic medications, given for therapeutic treatments, aside from vaccines) that were administered to your livestock in the past year:		
	<b>Veterinary drug administered</b>	<b>Animal(s) treated</b>	<b>Condition being treated</b>
	Attach an extra sheet if more space is required. <input type="checkbox"/> <b>An extra sheet is attached.</b>		
	Do you have <u>written authorization</u> from your veterinarian for the treatments listed above? <input type="checkbox"/> yes <input type="checkbox"/> no – <b>explain:</b>		
65.	When veterinary drugs are administered, a withholding period of <b>twice the label requirement OR 14 days, whichever is longer</b> must be observed before livestock products from treated animals may be considered organic. Do your herd health records track the date of administration of a veterinary drug and the date of completion of the mandatory withholding period? <input type="checkbox"/> yes <input type="checkbox"/> no – <b>explain:</b>		
66.	Are sick or injured animals promptly treated, including minimizing their pain? <input type="checkbox"/> yes <input type="checkbox"/> no – <b>explain:</b> Do you have a quarantine area where sick and medicated animals can be isolated from healthy livestock? <input type="checkbox"/> yes <input type="checkbox"/> no – <b>explain:</b>		
67.	Did you experience any occasions where you had to quarantine or euthanize a diseased or injured animal to prevent health or safety risks to healthy individuals? <input type="checkbox"/> no <input type="checkbox"/> yes – <b>explain:</b>		
68.	Treatment with antibiotics and with veterinary drugs <b>not</b> listed in <b>Table 5.3</b> of <b>CAN/CGSB-32.311</b> eliminates organic status for slaughter animals in Canada. Do you have a system in place to permanently identify and track treated meat animals and to ensure they are sold as conventional? <input type="checkbox"/> no <input type="checkbox"/> yes – <b>explain your system in detail:</b>		
69.	Rather than withholding treatment to preserve organic status, did you experience any circumstances where you were required to administer prohibited medications in order to restore an animal (group of animals) to health? <input type="checkbox"/> no <input type="checkbox"/> yes – <b>explain:</b> What did you subsequently do with the treated animal(s)?		
70.	If your herd or individual animals suffer from any chronic health problem(s), what changes have you or will you implement to your livestock management plan or breeding plan to mitigate or eliminate the problem? <span style="float: right;"><input type="checkbox"/> <b>not applicable</b></span>		
71.	Products (including milk) from sick animals or from animals undergoing treatment with restricted substances may <b>not</b> be fed to organic livestock (including progeny). Explain exactly how you comply with this requirement.		



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72.	What is your parasite prevention and management plan? (Check all that apply) <ul style="list-style-type: none"> <li><input type="checkbox"/> Quarantine and faecal exams for all incoming stock</li> <li><input type="checkbox"/> Adequate pasture rotation and good pasture management</li> <li><input type="checkbox"/> Optimum stocking rates assessed to ensure maximal effect</li> <li><input type="checkbox"/> Periodic faecal exams and culling seriously infected individual animals</li> <li><input type="checkbox"/> Breeding for resistance</li> <li><input type="checkbox"/> Biological control (if available) at susceptible stages of the lifecycle</li> <li><input type="checkbox"/> Strategic use of parasiticides on breeding stock</li> <li><input type="checkbox"/> Other (<i>specify</i>)</li> </ul>
73.	Describe your emergency plan (including its timeline) to deal with a parasite outbreak:
74.	What parasiticide do you use? <span style="float: right;"><input type="checkbox"/> <b>not applicable – haven't used any</b></span> Is this parasiticide listed in the Permitted Substance List ( <b>CAN/CGSB-32.311</b> )? <input type="checkbox"/> yes <input type="checkbox"/> no – <b>explain:</b> <b>If no</b> , did you have written permission from PACS <b>prior</b> to administering the drug? <input type="checkbox"/> yes <input type="checkbox"/> no – <b>explain:</b> Did you document the details of use and track and record the withdrawal times? <input type="checkbox"/> yes <input type="checkbox"/> no – <b>explain:</b> <b>For slaughter animals</b> , have you used parasiticides as follows: ( <input type="checkbox"/> <b>not applicable</b> ) More than once on any animal under one year old? <input type="checkbox"/> no <input type="checkbox"/> yes – <b>explain:</b> More than twice on any animal over two years old? <input type="checkbox"/> no <input type="checkbox"/> yes – <b>explain:</b> A parasiticide which is <u>not</u> listed in <b>Table 5.3</b> of <b>CAN/CGSB-32.311</b> . <input type="checkbox"/> no <input type="checkbox"/> yes – <b>explain:</b>

<b>F. LIVING CONDITIONS – CAN/CGSB-32.310 clauses 6.7 &amp; 6.15</b>	
75.	When considering the total available land base (including owned and leased land, land available for manure management, for animal units and for feed production), farrow to finish operators shall not have more than 2.5 sows/ha (1 sow/acre). How many sows do you have? What is the size of your total land base, as outlined above? <span style="float: right;"><input type="checkbox"/> ha <input type="checkbox"/> ac</span>
76.	Explain how you adjust your stocking density to reflect local conditions, feed production capacity of your operation, livestock health, nutrient balance of livestock and soils and environmental impact.
77.	Do you have any animals which have nose rings? <input type="checkbox"/> no <input type="checkbox"/> yes – <b>why?</b> When will the nose ring be removed in order to comply with the standard?
78.	Do all animals at all stages of life, have living conditions which allow them enough space to stand fully, stretch their limbs, turn freely, lie fully recumbent and have freedom to express normal behaviour patterns? <input type="checkbox"/> yes <input type="checkbox"/> no – <b>explain:</b>
79.	Do you have animals which are kept outdoors year round? <input type="checkbox"/> yes <input type="checkbox"/> no – <b>proceed to next question.</b> Do the outdoor animals have access to shade and/or shelter during inclement weather? <input type="checkbox"/> yes <input type="checkbox"/> no – <b>explain:</b>
80.	Pigs must have access to the outdoors (which may include woodlands or other natural environments), rotational pasture, exercise areas etc. whenever weather conditions permit. Describe outdoor access areas available to your animals. Explain what access is provided to these areas (when, what duration, how frequently, etc.) for each grouping of pigs in your care:
81.	Have you experienced any of the following conditions which caused you to restrict your animals from outdoor access or freedom of movement in the past 12 months? Inclement weather <span style="float: right;"><input type="checkbox"/> no <input type="checkbox"/> yes – <b>give details:</b></span> Conditions which jeopardize the health or safety of the livestock <span style="float: right;"><input type="checkbox"/> no <input type="checkbox"/> yes – <b>give details:</b></span> Soil, water or plant quality would be comprised if livestock were outdoors <span style="float: right;"><input type="checkbox"/> no <input type="checkbox"/> yes – <b>give details:</b></span> Do you keep detailed records for the reason and duration of each confinement? <input type="checkbox"/> yes <input type="checkbox"/> no – <b>why?</b>
82.	If your pigs have access to pasture, do pastures and runs have shade and shelter available? <input type="checkbox"/> pigs do not have access to pasture – <b>proceed to next question</b> <input type="checkbox"/> yes <input type="checkbox"/> no – <b>explain:</b> Do you have a pasture and/or run rotation plan? <input type="checkbox"/> yes <input type="checkbox"/> no – <b>explain:</b> <b>If yes</b> , provide details: Is your rotation plan successful in avoiding pasture degradation and parasite build ups? <input type="checkbox"/> yes <input type="checkbox"/> no <b>If no</b> , what plans do you have to improve the situation and what timeline is involved?

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83.	Do both indoor and outdoor exercise areas permit rooting? <input type="checkbox"/> yes <input type="checkbox"/> no – <b>explain:</b>												
84.	<p>Is deep bedding available within indoor housing areas?  <input type="checkbox"/>yes <input type="checkbox"/>no – <b>explain:</b></p> <p>What type of bedding do you use (plan to use)?  <input type="checkbox"/>Straw      <input type="checkbox"/>Shavings      <input type="checkbox"/>Sawdust      <input type="checkbox"/>Hog fuel      <input type="checkbox"/>Sand      <input type="checkbox"/>Rubber mats  <input type="checkbox"/>Newspaper      <input type="checkbox"/>Other (<b>specify</b>):</p> <p>How do you ensure bedding is not contaminated with prohibited substances?          If you are not using <u>organic</u> bedding, do you have written confirmation from the supplier that the bedding does not contain genetically engineered material and has not had a prohibited substance applied to it for at least 60 days prior to harvest?  <input type="checkbox"/>yes <input type="checkbox"/>no – <b>explain:</b></p>												
85.	<p>Does housing have non-slip floors? <input type="checkbox"/>yes <input type="checkbox"/>no – <b>explain:</b>  <b>If yes</b>, is the flooring all slatted or grids, or is there a portion of solid flooring?</p>												
86.	Explain how you ensure that humidity, dust and ammonia levels do not impair the well-being of your livestock:												
87.	<p>What type of lighting is provided in the animal housing? <input type="checkbox"/>Natural light    <input type="checkbox"/>Electric lighting          Is the length of the day regulated using artificial lighting? <input type="checkbox"/>no <input type="checkbox"/>yes – <b>to what maximum duration?</b></p>												
88.	<p>Confirm each of the following conditions are met within birthing areas:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%; text-align: center;">Condition</th> <th style="width: 30%; text-align: center;">Compliance of the area</th> </tr> </thead> <tbody> <tr> <td>Farrowing crates are not used.</td> <td><input type="checkbox"/>compliant <input type="checkbox"/>not compliant yet</td> </tr> <tr> <td>The birthing area provides sufficient space and is clean, dry and well-bedded with stable footing.</td> <td><input type="checkbox"/>compliant <input type="checkbox"/>not compliant yet</td> </tr> <tr> <td>The area allows for separation from other animals.</td> <td><input type="checkbox"/>compliant <input type="checkbox"/>not compliant yet</td> </tr> <tr> <td>The area accommodates all the mother's needs including milking and nursing, until the mother is recovered from the birthing process.</td> <td><input type="checkbox"/>compliant <input type="checkbox"/>not compliant yet</td> </tr> <tr> <td>The animal is not tied or tethered while giving birth.</td> <td><input type="checkbox"/>compliant <input type="checkbox"/>not compliant yet</td> </tr> </tbody> </table>	Condition	Compliance of the area	Farrowing crates are not used.	<input type="checkbox"/> compliant <input type="checkbox"/> not compliant yet	The birthing area provides sufficient space and is clean, dry and well-bedded with stable footing.	<input type="checkbox"/> compliant <input type="checkbox"/> not compliant yet	The area allows for separation from other animals.	<input type="checkbox"/> compliant <input type="checkbox"/> not compliant yet	The area accommodates all the mother's needs including milking and nursing, until the mother is recovered from the birthing process.	<input type="checkbox"/> compliant <input type="checkbox"/> not compliant yet	The animal is not tied or tethered while giving birth.	<input type="checkbox"/> compliant <input type="checkbox"/> not compliant yet
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89.	Do you routinely keep sows and gilts in groups? <input type="checkbox"/> yes <input type="checkbox"/> no – <b>explain:</b>												
90.	<p>The following limitations apply to housing sows individually. Please confirm compliance with each:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 75%; text-align: center;">Condition</th> <th style="width: 25%; text-align: center;">Compliance</th> </tr> </thead> <tbody> <tr> <td>Housing a sow in an individual pen <b>for up to 5 days</b> for protection during estrus or for other health reasons.</td> <td><input type="checkbox"/>compliant <input type="checkbox"/>not compliant yet</td> </tr> <tr> <td>Housing a sow in an individual pen <b>for up to 5 days prior to farrowing and during the suckling period.</b></td> <td><input type="checkbox"/>compliant <input type="checkbox"/>not compliant yet</td> </tr> <tr> <td>Sow restraint for a <b>maximum of three days</b> if needed for piglet protection during the suckling period.</td> <td><input type="checkbox"/>compliant <input type="checkbox"/>not compliant yet</td> </tr> <tr> <td>Short periods of sow restraint for piglet processing or pen cleaning.</td> <td><input type="checkbox"/>compliant <input type="checkbox"/>not compliant yet</td> </tr> </tbody> </table> <p><b>Do you recorded</b> these occurrences within your animal registry? <input type="checkbox"/>yes <input type="checkbox"/>no</p>	Condition	Compliance	Housing a sow in an individual pen <b>for up to 5 days</b> for protection during estrus or for other health reasons.	<input type="checkbox"/> compliant <input type="checkbox"/> not compliant yet	Housing a sow in an individual pen <b>for up to 5 days prior to farrowing and during the suckling period.</b>	<input type="checkbox"/> compliant <input type="checkbox"/> not compliant yet	Sow restraint for a <b>maximum of three days</b> if needed for piglet protection during the suckling period.	<input type="checkbox"/> compliant <input type="checkbox"/> not compliant yet	Short periods of sow restraint for piglet processing or pen cleaning.	<input type="checkbox"/> compliant <input type="checkbox"/> not compliant yet		
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91.	<p>How often are housing units, pens and runs cleaned and disinfected?  <input type="checkbox"/>Daily      <input type="checkbox"/>Weekly      <input type="checkbox"/>Monthly      <input type="checkbox"/>In the spring      <input type="checkbox"/>every 12 months      <input type="checkbox"/>When needed  <input type="checkbox"/>Other (<b>specify</b>):</p> <p>List all cleaning / disinfecting substances used:          Has your production unit experienced any reportable diseases in the past 12 months? <input type="checkbox"/>no <input type="checkbox"/>yes  <b>If yes</b>, did you record the episode in your organic records? <input type="checkbox"/>yes <input type="checkbox"/>no – <b>why?</b>          To deal with this situation, were you required to use different cleaning / disinfecting substances?  <input type="checkbox"/>no <input type="checkbox"/>yes – <b>what were they?</b></p>												
92.	At what age do you wean piglets?												

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	In the past 12 months, did you encounter any situation where the welfare of sows and piglets was compromised, requiring earlier weaning? <input type="checkbox"/> no <input type="checkbox"/> yes – <b>explain:</b>																																				
93.	Do you keep piglets on flat decks or in cages? <input type="checkbox"/> no <input type="checkbox"/> yes <b>If yes</b> , explain when you will come into compliance with the standard:																																				
94.	Do you house boars in individual enclosures? <input type="checkbox"/> no <input type="checkbox"/> yes <b>If yes</b> , do they have visual and tactile contact with other pigs? <input type="checkbox"/> yes <input type="checkbox"/> no <b>If no</b> , explain when you will come into compliance with the standard:																																				
95.	Complete the following chart:																																				
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<b>G. MANURE AND PEST MANAGEMENT</b>	
96.	How do you manage pens and runs so that parasites do not build up? What mechanical, physical and/or biological control methods do you employ? Have you used a pesticide in the last 12 months? <input type="checkbox"/> no <input type="checkbox"/> yes – <b>specify:</b>
97.	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"/> Feed to dogs <input type="checkbox"/> Other (specify):
98.	In the past 12 months, have you experienced a rat problem? <input type="checkbox"/> no <input type="checkbox"/> yes <b>If yes</b> , how have you dealt with it?
99.	Describe how you ensure that soil and water degradation is minimized through your manure management practices within: Housing: Pens: Pastures:
100.	Manure system(s) currently 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 ( <b>specify</b> ):

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101.	Identify manure storage facilities on site (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 ( <i>specify</i> ):
102.	Describe how your manure storage and handling facilities (including composting facilities) are designed, constructed and operated to prevent contamination of ground and surface water.
103.	How many months of manure storage capacity do you have?
104.	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 ( <i>specify</i> ):
105.	If you compost manure, list any additional ingredients (check all that apply): <span style="float: right;"><input type="checkbox"/> <b>not applicable</b></span> <input type="checkbox"/> Straw <input type="checkbox"/> Shavings <input type="checkbox"/> Sawdust <input type="checkbox"/> Hay <input type="checkbox"/> Hog fuel <input type="checkbox"/> Other ( <i>specify</i> ):
106.	Do you apply compost or manure? <input type="checkbox"/> compost <input type="checkbox"/> manure <input type="checkbox"/> don't apply either – <b>proceed to next question.</b> During which months do you apply it? On what cropland? (i.e. hay field, grass, silage, corn): What application rate do you use?
107.	If you sell (or give away) compost or manure, what proportion of the yearly volume of manure leaves your farm?

H. RECORDKEEPING																									
108.	Do you retain purchase receipts for all stock? <input type="checkbox"/> yes <input type="checkbox"/> no – <b>explain:</b>																								
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110.	Do you retain sales records for all products sold? <input type="checkbox"/> yes <input type="checkbox"/> no – <b>explain:</b>																								
111.	Do you retain <b>all</b> records (inputs, production, preparation, sales and handling) for the minimum 5 years required under CAN/CGSB-32-310 par. 4.4.2? <input type="checkbox"/> yes <input type="checkbox"/> no – <b>explain:</b>																								
112.	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?																								
113.	Place a check next to each of the following types of records that you currently maintain. <table style="width: 100%; border: none;"> <tr> <td style="padding: 2px;"><input type="checkbox"/> Animal register</td> <td></td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Animal dispersal sheet</td> <td></td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Pen sizes and stocking densities</td> <td></td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Medications administered (date, dosage, source and tag#)</td> <td></td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Feed products purchased and fed (date, quantity, source)</td> <td></td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Vitamin, mineral and other supplements (date, quantity, source)</td> <td></td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Labels from all off-farm feed and feed supplements used</td> <td></td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Year end inventories of animals and supplies</td> <td></td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Weight records of slaughter animals at slaughter</td> <td style="text-align: right; vertical-align: bottom;"><input type="checkbox"/> <b>not applicable</b></td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> For dairy, length of time milk is withdrawn after medication is given</td> <td style="text-align: right; vertical-align: bottom;"><input type="checkbox"/> <b>not applicable</b></td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> End use of milk that is withdrawn from the organic stream</td> <td style="text-align: right; vertical-align: bottom;"><input type="checkbox"/> <b>not applicable</b></td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Complaint form</td> <td></td> </tr> </table>	<input type="checkbox"/> Animal register		<input type="checkbox"/> Animal dispersal sheet		<input type="checkbox"/> Pen sizes and stocking densities		<input type="checkbox"/> Medications administered (date, dosage, source and tag#)		<input type="checkbox"/> Feed products purchased and fed (date, quantity, source)		<input type="checkbox"/> Vitamin, mineral and other supplements (date, quantity, source)		<input type="checkbox"/> Labels from all off-farm feed and feed supplements used		<input type="checkbox"/> Year end inventories of animals and supplies		<input type="checkbox"/> Weight records of slaughter animals at slaughter	<input type="checkbox"/> <b>not applicable</b>	<input type="checkbox"/> For dairy, length of time milk is withdrawn after medication is given	<input type="checkbox"/> <b>not applicable</b>	<input type="checkbox"/> End use of milk that is withdrawn from the organic stream	<input type="checkbox"/> <b>not applicable</b>	<input type="checkbox"/> Complaint form	
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I. ATTACHMENTS
Attachments I am including with this document: <input type="checkbox"/> Split operation form <input type="checkbox"/> Animal Handling Facility Map(s) – <b>how many?</b> <input type="checkbox"/> Diagrams of interior layout of housing including dimensions – <b>how many?</b> <input type="checkbox"/> MSDS and/or Product Spec Sheets or Ingredients lists for cleaning & sanitizing products <input type="checkbox"/> Labels

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- Independent Storage form
- Other management plans i.e. Farm, Processing, Poultry
- Other (*specify*):

**You will be required to update this plan each year. Keep a copy of this 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.**

## J. 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: \_\_\_\_\_