OFF-FARM MANURE/BEDDING VERIFICATION

**Form Name:** OFMBV

**Update:** All suppliers must have verification on file.

**Instructions:** *Use this form to provide information about off-farm manure and/or wood-based bedding materials. Please have the supplier of the manure and/or wood-based bedding complete this form.* ***Obtain a new form from each manure and/or wood-based bedding source or if manure and/or wood-based bedding has changed from the original source.***

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|  **Producer Name:**       |

#  [ ]  OFF-FARM MANURE

Please answer the following questions regarding manure.

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| **Type of animal:** | **[ ]** Cattle **[ ]** Poultry **[ ]** Swine **[ ]** Horse **[ ]** Sheep **[ ]** Goat**[ ]** Other *(specify):*       |
| **Form of manure:***(Check all that apply)* | **[ ]** Liquid **[ ]** Solid **[ ]** Dehydrated **[ ]** Pelleted**[ ]** Other *(specify):*       |
| **Does the off-farm manure provided contain ingredients added to the manure pit/pile after the manure is removed from the animal area?** *Additives may include, but are not limited to: pit additives, fly sprays, and/or odor control inputs.***[ ]  Yes [ ]  No**  |
| If yes, please list additives:       |

# [ ]  WOOD-BASED BEDDING

Please answer the following questions regarding wood-based bedding. Note: If agricultural based bedding (e.g. straw, hay, corn cobs) is used, please be sure to have a purchase receipt and organic certificate.

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| **Type of bedding**: | **[ ]** Sawdust **[ ]** Wood Shavings **[ ]** Wood Chips **[ ]** Other (specify): |
| **Source of bedding:**  |
| **Does wood-based bedding provided come from treated sources?** *Treatments may include, but are not limited to: preservatives, fungicides, glues, and/or finish.*  | **[ ]  Yes [ ]  No** |
| If yes, please list treatments:       |

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| Signature of Supplier:  | Date:       |
| Name (print):       | Phone:       |
| Address:       | City, State:       | Zip:       |