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: | | |

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