



Livestock & Poultry Organic System Plan

You must fill out this Organic System Plan completely and sign where requested. Use additional sheets as necessary.
All applicants must complete all pages and attach all other supporting documents as needed.
All Applicants **must also** complete a separate OSP for Crops.

WARNING: This form will be returned to you if it is not completed in its entirety. This will significantly delay the certification process. Renewal Deadline: January 1st

LIVESTOCK PROFILE §205.236

Operation/Business Name:	Owner/Operator:	Date:
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CLASSES FOR CERTIFICATION

Classes of Livestock: (check all that apply)

Dairy Cattle:	Beef:	Poultry:
<input type="checkbox"/> Lactating cows <input type="checkbox"/> Dry Cows <input type="checkbox"/> Bred heifers <input type="checkbox"/> Young heifers <input type="checkbox"/> Calves	<input type="checkbox"/> Beef cows <input type="checkbox"/> Beef replacement heifers <input type="checkbox"/> Feeder/Stocker calves <input type="checkbox"/> Finishing cattle	<input type="checkbox"/> Layer hens <input type="checkbox"/> Pullets <input type="checkbox"/> Broilers <input type="checkbox"/> Turkeys <input type="checkbox"/> Ducks/Geese
Sheep/Goats:	Swine:	Other:
<input type="checkbox"/> Ewes/Does <input type="checkbox"/> Feeder lambs/Kids <input type="checkbox"/> Lactating ewes/Does <input type="checkbox"/> Finishing lambs/Wethers	<input type="checkbox"/> Sows <input type="checkbox"/> Feeder pigs <input type="checkbox"/> Growing/Finishing hogs	

FOR DAIRY ONLY:	FOR POULTRY ONLY:
<input type="checkbox"/> My dairy herd is currently certified organic. <input type="checkbox"/> I began my 12-month conversion on _____ <input type="checkbox"/> I will start my 12-month conversion on _____	Date(s) birds will be present on your operation:

Breed(s) of livestock/poultry:

In the table below, list all animals requested for organic certification (O), in transition (T), and conventional (C).

Livestock Type	# of Females			# of Males			# of Castrated males			# of Young Stock		
	O	T	C	O	T	C	O	T	C	O	T	C
Dairy												
Beef												
Swine												
Sheep												
Goats												
Other: _____												
Poultry Type	# of Hens		# of Roosters/Toms									
	O	C	O	C								
Layers												
Broilers												
Turkeys												
Other: _____												



Herd List: Please complete this form and include all animals. Make copies as needed.

Animal ID	Other ID /Name	Date of Birth	Organic Status of Animal: OS: (Organic Slaughter Eligible) T:(Transitioned (Not eligible))	Source of the animal: If born on farm, give DamID If purchased, list source farm name and previous ID	Date removed from the farm and reason for removal



LIVESTOCK PROFILE (CONT.)

1. Are any animals kept at a location not on this OSP? Yes No
 If yes, is that location certified organic? Yes No
 Do you have an organic certificate on file for that location? Yes No
2. Manager(s) and address(es) of off-site livestock management: **No Off-Farm Livestock**
3. Who is responsible for management decisions regarding the livestock at this location?:

SOURCE OF ANIMALS

§205.236

If you have purchased any livestock since your last OSP update, fill out the table below. **No New Livestock Purchased**

Type of Livestock/Poultry Purchased	Identification or Flock #/Name	Date of Purchase	Date of Birth	Purchase Source	Certified By What Agency?

FEED AND FEED SUPPLEMENTS

§205.237

A. Feed Raised On-Farm (Projected for the upcoming year) **No Feed Raised On-Farm**

FEED TYPE:	Hay	Corn	Silage	Small Grain(s)	Soybeans	Other: _____	Other: _____	Other: _____	Other: _____	Other: _____
QUANTITY:										
QUANTITY:										
QUANTITY:										
QUANTITY:										
QUANTITY:										

B. Livestock and Poultry Feed (Projected purchases for the upcoming year) **No Purchased Feed**

TYPE OF FEED	QUANTITY PURCHASED	FREQUENCY OF PURCHASE	PRODUCER OF FEED	CERTIFIER OF FEED

C. Feed Supplements and Additives **No Supplements/Additives Used**

List all Feed Supplements and Additives, including silage inoculants, preservatives, salt, minerals, etc. on the Livestock Input List.



FEED AND FEED SUPPLEMENTS		§205.603(d)1
D. Synthetic Methionine	<input type="checkbox"/> No Methionine Used	
1. Have you (or anyone on your behalf) ever requested that your feed mill add extra methionine to your feed order? Yes No *If yes, please explain the reason why, the date the changed feed order was delivered, and how much DL Methionine was added:		
LIVESTOCK INPUTS		§205.201(a)(2)
A. HEALTHCARE & DRUG INPUTS used or planned for use with organic animals.	<input type="checkbox"/> No Healthcare Inputs	
List all treatments (i.e. parasiticides, vaccinations, antibiotics, etc.) and preventive inputs (i.e. microbials, etc.) on the Master Inputs List.		
B. BEDDING	<input type="checkbox"/> No Bedding	
List all bedding material(s): If roughage (i.e. straw, corn fodder, etc.) is it certified organic? <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a certificate for producer and/or handler on file? <input type="checkbox"/> NA Produced on-farm <input type="checkbox"/> Yes <input type="checkbox"/> No If shavings or sawdust, do you have documentation that it is free of prohibited substances? <input type="checkbox"/> NA <input type="checkbox"/> Yes <input type="checkbox"/> No		
C. DAIRY SANITATION	<input type="checkbox"/> No Dairy	
List all sanitation products on the Master Inputs List		
D. OTHER INPUTS	<input type="checkbox"/> None	
List parasite and fly control products, water treatments, barn cleaning products, manure additives, rodent control inputs, products used for physical alterations, egg washing products, and all other input materials to Master Input List		
Attach product labels for all inputs not previously approved by KDA		



DRY MATTER INTAKE CALCULATIONS (Ruminants Only) §205.237(c) NA No Ruminants

NOP standards require that all ruminant livestock receive at least 30% of their Dry Matter Intake (DMI) from pasture during the grazing season. Each class of ruminant livestock (milking, dry, young stock/heifers, calves, etc.) that receives a different ration should have their own DMI calculation. **You may use the worksheet on the next page or your own format if all the same information is included.** Make copies of the blank form if necessary. If the grazing season has not yet started, provide projected dates and feed rations. Use completed dry matter intake calculations from past years to guide you in completing your own calculations on the following page. Your inspector will verify that you maintain current DMI calculations through the grazing season. If you would like assistance completing this section, contact KDA for additional resources or to talk through the requirements and your calculations. **Please include rations for the entire year of 2023.**

We have provided you with the reference tables for the dry matter content of common feeds, the dry matter demand of lactating cows based on size and milk production, and the dry matter demand for other ruminant groups as percentages of average body weight. Using the information from the reference tables, complete the ration charts to show grazing season rations and the pasture calculations. **You must complete a separate ration chart for each group of ruminants on your farm that is being fed a separate ration, as well as for all rations each class receives if it changes throughout the year.** Please make or request copies of the charts to provide us with additional rations.

Dairy Cows Dry Matter Demand (DMD)		
Average Milk Per Day	Small Breed < 900-1200# DMD	Large Breed 1200-1400# + DMD
10#	21#	27#
15#	23#	28#
20#	24#	30#
25#	26#	31#
30#	28#	33#
35#	30#	34#
40#	31#	36#
45#	33#	37#
50#	35#	39#
55#	36#	40#
60#	38#	42#
65#	40#	43#
70#	42#	45#
75#	43#	46#
80#	45#	48#

Ruminant Classes: Dry Matter Demand as a Percentage of Body Weight	
Dry Dairy Cows	1.8%
Bred Dairy Heifers (14-24 months)	2.5%
Unbred Dairy Heifers (6-14 months)	2.5%
Beef Cattle (> 1 year)	2.25%
Beef Cattle (weaned, < 1 year)	2.75%
Sheep (brood or milking animals)	3.65%
Sheep (weaned/slaughter/replacement)	3.3%
Goats (brood or milking animals)	4%
Goats (weaned/ slaughter/replacement)	2.25%

Percentage Dry Matter (%DM) of Common Feeds	
Grain (dry corn, beans, small grains)	89% DM
Hay (dry, both legume and grass)	85% DM
High Moisture Corn	76% DM
Bailage (any baled and wrapped forage)	60% DM
Corn Silage	40% DM
Haylage (any chopped forage except corn)	35% DM
Green Chop (any green chopped forage)	20% DM

Again, please note that we are requesting DMI information for the 2023 year. Your inspector will verify that accurate DMI sheets and rations are being maintained for the 2024 year when he/she is on-site for your annual inspection. If you have any questions, please contact the KDA office.



Dry Matter Intake Calculation Worksheet for Organic Ruminant Livestock

Dry Matter Demand (DMD) for: Lactating Cows Number of Animals in Group: _____

Average Weight Per Cow	Average Milk Per Day Per Cow (lbs.)	DMD from Chart Above

RATION 1
Dates this Ration is Fed: from _____ to _____ = # of Days [A] _____

Feed Type (do not list pasture)	% DM of Feed		Average Fed Per Animal (lbs.)		DM Fed (lbs)
Ex: Grain, Corn	89% (.89)	x	10 lbs	=	8.9 lbs
		x		=	
		x		=	
		x		=	
Total DM Fed					

_____ - _____ = _____ ÷ _____ = _____ x 100 = _____ %

DMD **Total DM Fed** **DMI from Pasture** **DMD** **[a]** **DMI % from Pasture**

[A] _____ x [a] _____ = **Ration Value [1]** _____

RATION 2
Dates this Ration is Fed: from _____ to _____ = # of Days [B] _____

Feed Type (do not list pasture)	% DM of Feed		Average Fed Per Animal (lbs.)		DM Fed (lbs)
Ex: Grain, Corn	89% (.89)	x	10 lbs	=	8.9 lbs
		x		=	
		x		=	
		x		=	
Total DM Fed					

_____ - _____ = _____ ÷ _____ = _____ x 100 = _____ %

DMD **Total DM Fed** **DMI from Pasture** **DMD** **[b]** **DMI % from Pasture**

[B] _____ x [b] _____ = **Ration Value [2]** _____

RATION 3
Dates this Ration is Fed: from _____ to _____ = # of Days [C] _____

Feed Type (do not list pasture)	% DM of Feed		Average Fed Per Animal (lbs.)		DM Fed (lbs)
Ex: Grain, Corn	89% (.89)	x	10 lbs	=	8.9 lbs
		x		=	
		x		=	
		x		=	
Total DM Fed					

_____ - _____ = _____ ÷ _____ = _____ x 100 = _____ %

DMD **Total DM Fed** **DMI from Pasture** **DMD** **[c]** **DMI % from Pasture**

[C] _____ x [c] _____ = **Ration Value [3]** _____

Total Days in Grazing Season ([A] + [B] + [C]) = _____ [Z] **Total Ration Value ([1] + [2] + [3]) = _____ [Y]**
(Y) ÷ (Z) = _____ Average % DMI from Pasture for the grazing season



Dry Matter Intake Calculation Worksheet for Organic Ruminant Livestock

Dry Matter Demand (DMD) for (Animal Class): _____ **Number of Animals in Group:** _____

Average Weight Per Cow (lbs)	% of Body Weight (see chart above)	DMD	
	x	=	

RATION 1

Dates this Ration is Fed: from _____ to _____ = # of Days [A] _____

Feed Type (do not list pasture)	% DM of Feed		Average Fed Per Animal (lbs.)		DM Fed (lbs)
Ex: Grain, Corn	89% (.89)	x	10 lbs	=	8.9 lbs
		x		=	
		x		=	
		x		=	
		x		=	

Total DM Fed _____

_____ - _____ = _____ ÷ _____ = _____ x 100 = _____ %

DMD **Total DM Fed** **DMI from Pasture** **DMD** **[a]** **DMI % from Pasture**

[A] _____ x [a] _____ = **Ration Value [1]** _____

RATION 2

Dates this Ration is Fed: from _____ to _____ = # of Days [B] _____

Feed Type (do not list pasture)	% DM of Feed		Average Fed Per Animal (lbs.)		DM Fed (lbs)
Ex: Grain, Corn	89% (.89)	x	10 lbs	=	8.9 lbs
		x		=	
		x		=	
		x		=	
		x		=	

Total DM Fed _____

_____ - _____ = _____ ÷ _____ = _____ x 100 = _____ %

DMD **Total DM Fed** **DMI from Pasture** **DMD** **[b]** **DMI % from Pasture**

[B] _____ x [b] _____ = **Ration Value [2]** _____

RATION 3

Dates this Ration is Fed: from _____ to _____ = # of Days [C] _____

Feed Type (do not list pasture)	% DM of Feed		Average Fed Per Animal (lbs.)		DM Fed (lbs)
Ex: Grain, Corn	89% (.89)	x	10 lbs	=	8.9 lbs
		x		=	
		x		=	
		x		=	
		x		=	

Total DM Fed _____

_____ - _____ = _____ ÷ _____ = _____ x 100 = _____ %

DMD **Total DM Fed** **DMI from Pasture** **DMD** **[c]** **DMI % from Pasture**

[C] _____ x [c] _____ = **Ration Value [3]** _____

Total Days in Grazing Season ([A] + [B] + [C]) = _____ [Z] **Total Ration Value ([1] + [2] + [3]) = _____ [Y]**

(Y) ÷ (Z) = _____ **Average % DMI from Pasture for the grazing season**



Name/Farm Name:

Year:

Animal type/ Class

Pasture Log

Please submit your pasture logs for the 2023 calendar year with this renewal packet.

Use this form to mark the days each month that your livestock were grazing on pasture. Please note this must be completed for **EACH animal class**. If, for example, dry cows are in a different pasture than cows in milk, they will need an additional log. Per 205.237(c) ruminant livestock should receive an average of no less than 30% of their dry matter demand from pasture during a minimum 120 day grazing season. **Have this, or similar tracking records (i.e. calendar diary, etc.) available for your inspector.**

Your records must indicate which days animals were grazing, which days they were not grazing, and the reason animals were not grazing on a given day. It must also track the location where grazing took place on a given day. You can use a combination of markings and/or colors to record this information.

Month	Key of Symbols/Colors:																														
January	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
February	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29		
March	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
April	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
May	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
June	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
July	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
August	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
September	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
October	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
November	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
December	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Operation/ Business Name:

Date:



Pasture Log

Use this form to mark the days each month that your livestock were grazing on pasture. Please note this must be completed for EACH animal class. If, for example, dry cows are in a different pasture than cows in milk, they will need an additional log. Per 205.237(c) ruminant livestock should receive an average of no less than 30% of their dry matter demand from pasture during a minimum 120 day grazing season. **Have this, or similar tracking records (i.e. calendar diary, etc.) available for your inspector.**

Name/Farm Name: _____ **Year:** _____ **Animal type/ Class:** _____

Your records must indicate which days animals were grazing, which days they were not grazing, and the reason animals were not grazing on a given day. It must also track the location where grazing took place on a given day. You can use a combination of markings and/or colors to record this information.

Month	<u>Key of Symbols/Colors:</u>																														
January	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
February	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29		
March	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
April	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
May	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
June	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
July	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
August	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
September	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
October	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
November	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
December	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Operation/ Business Name:

Date:



AFFIRMATION

§205.400; §205.403(a)(1-2); §205.662(g)(1-2)

I affirm that all statements made in this application and attached OSP(s) are true and correct. No prohibited products have been applied to any of my organically managed fields during the three-year period prior to projected harvest. I understand that the operation may be subject to unannounced inspection and/or sampling for residues at any time as deemed appropriate to ensure compliance with the NOP Rule. I understand that acceptance of this questionnaire in no way implies granting of certification by the certifying agent. I agree to follow the organic standards as required in 7 CFR 205 and 302 KAR 40:010.

I understand that I may withdraw this application in writing at any time. I understand that I may be held liable for the costs of any services provided by the certifying agent up to the time of withdrawal. I understand that my application fee is nonrefundable. I understand that voluntary withdrawal prior to the issuance of a notice of noncompliance or certification denial that I will not be issued a notice of noncompliance or certification denial.

NOTICE OF CONFIDENTIALITY: This information, including any attachments, is intended only for the use of the Kentucky Organic Certification Program, certifying agents, the Kentucky Organic Advisory Board, and required reporting information as required for the Agricultural Marketing Service (AMS) Administrator, National Organic Program. This application may contain information, individual or entity that is of a confidential nature, which is legally privileged and exempt from disclosure under applicable law. Certain information, which is considered public information, may be printed or transferred for marketing and promotional use unless otherwise specified by the signatory.

The Kentucky Department of Agriculture does not discriminate based on race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, or marital or family status in employment of the provisions of services. Reasonable accommodations are provided upon request.

This OSP is accurate and complete as of this date, and updated will be submitted to the KDA at least annually. Refer to the application for the full affirmation and signature page.

Producer Signature: _____ **Date:** _____

Printed Name: _____

OSP Prepared By (*if other than producer*): _____ Date: _____
(Print or Type Name)

Deadline:

Renewal Applicants – January 1st

New Applicants – Must submit application and OSP(s) at least 4 months prior to the intended harvest date.

Mail Application, this OSP and other required documents to:

Kentucky Department of Agriculture
Organic Certification Program
111 Corporate Dr.
Frankfort, KY 40601



FEED HANDLING & STORAGE

§205.272

1. Do you raise all the feed on your farm to meet the needs of your organic livestock? Yes No

2. Do you process feed (mix, grind, roast, extrude, etc.) on-farm? Yes No
 If yes, is the equipment also used to process conventional products? Yes No
 If yes, describe how equipment is cleaned prior to processing organic feed to prevent contamination.

3. How do you measure the amount of feed provided to livestock and poultry?

4. Describe any materials used for binding/baling/wrapping organic crops: _____
 Are these baling/wrapping/binding products free of prohibited substances? Yes No
 Are these baling/wrapping/binding products removed before processing/chopping? Yes No

Describe your feed storage locations.

Storage ID	Type of Feed Stored	Type of Storage	Capacity	Organic (O), Transitional (T), Conventional (C), Buffer (B)

5. Describe how you control rodents in organic feed storage areas. **No Rodent Problems**

6. Are organic and non-organic feed storage labeled with their status? Yes No

WATER

§205.201; §205.239

1. Indicate your sources of water for livestock use.
 On-Site Well River/Creek Spring Municipal Pond/Lake Other (specify): _____

2. Date of most recent test for coliform bacteria and/or nitrates: _____ **No Testing**

3. Describe any water contaminations problems in your region. **No Contamination**

4. Describe any water treatment or filtration systems used:

5. If livestock have access to a river, creek, or pond, describe how you prevent bank erosion? **No Access**



HEALTH MANAGEMENT

§205.238

The NOP Rule requires livestock producers to establish and maintain preventive livestock health care practices. When preventive practices and veterinary biologics are inadequate to prevent sickness, a producer may administer synthetic medications. Provided, such medications are allowed under 205.603.

A. General Information

1. List all health inputs on the Livestock Input List. **No Inputs Used**

2. Identify the general components of your animal health management program.

- | | | |
|--|--|---|
| <input type="checkbox"/> Good Quality Feed | <input type="checkbox"/> Good Sanitation | <input type="checkbox"/> Dry Bedding |
| <input type="checkbox"/> Access to Outdoors | <input type="checkbox"/> Pasture Rotation | <input type="checkbox"/> Good Ventilation in Housing |
| <input type="checkbox"/> Selective Breeding | <input type="checkbox"/> Raise Own Replacement Stock | <input type="checkbox"/> Culling |
| <input type="checkbox"/> Vaccinations | <input type="checkbox"/> Nutritional Supplements | <input type="checkbox"/> Isolation for Purchased/Diseased Animals |
| <input type="checkbox"/> Other (<i>specify</i>): _____ | <input type="checkbox"/> Probiotics | |

3. List common health problems for your operation:

Health Problem/Disease	Management Practices	Animal Identification

4. Indicate if any of the following are used in your operation (*check all that apply*):

- Hormones Antibiotics Dust Bath Parasiticides Vaccinations None of these

5. Please list the name and phone number of your veterinarian.

6. How often does your vet visit your operation? _____

ANIMAL IDENTIFICATION

§205.236(c)

The NOP Rule requires that records be sufficient to preserve the identity of all organically managed animals and animal products. Animals that have been treated with prohibited products must be identified and separated from organic animals.

1. Completely describe your animal identification system. (Examples: Visual, Leg Bands, Ear Tags, Flock Number, Etc.)

2. Please indicate how animals are identified (as an individual and/or group), or would be identified, if treated with prohibited substances (even if you have not done so before).



HEALTH MANAGEMENT (continued)

§205.238

B. Pest Management – Flies, Parasites & Predators

1. Indicate all livestock pest problems. **No Pest Problems**
 Flies Internal Parasites External Parasites Predators Other (*specify*): _____
2. Describe your **FLY** management:
3. Describe your **PARASITE** management (include pasture management, monitoring, treatments, etc.):
4. How do you monitor livestock for internal or external parasites?
 Visual/Body Condition Fecal Analysis Anemia Evaluation
 Other (*specify*): _____
5. How frequently is monitoring done? Daily Weekly As-Needed
 Other (*specify*): _____
6. Indicate which predators you have problems with. **No Predator Problems**
 Hawks Feral Cats Raccoons Skunks Dogs Foxes Coyotes
 Other (*specify*): _____
7. Describe your **PREDATOR** management:

C. Physical Alterations

Not Applicable

The NOP Rule requires any physical alterations needed to promote the animal’s welfare, be done in a manner that minimizes pain and stress.

Surgical Practice	Age of Livestock When Altered	Method and Reason for Alteration
Castration		
Dehorning		
Tail Docking		
Beak Trimming		
Needle Teeth Removal		
Ear Notching		
Other: _____		

*****LIST ALL INPUTS USED FOR FLY/PARASITE/PREDATOR CONTROL AND PHYSICAL ALTERATION ON YOUR MASTER INPUTS LIST*****



LIVING CONDITIONS

§205.239

The NOP Rule requires that the producer of an organic livestock operation must establish and maintain livestock living conditions which accommodate the health and natural behaviors of animals.

A. Animal Housing

1. Describe the type(s) of housing you use:

2. Describe how is housing cleaned (*include any cleaning inputs on page 10, Part D "Other Inputs"*):

3. Describe how often housing is cleaned:

4. What outdoor areas other than pasture do animals use?

5. Do all animals have access to direct sunlight and clean water? Yes No
6. Are any animals continuously confined indoors? Yes No
7. In shelter areas, do all animals have sufficient space and freedom to lie down, turn around, stand up, fully stretch their limbs, and express normal patterns of behavior? Yes No
8. Describe how temperature, ventilation, and air circulation are managed in shelter areas:

9. Are animals provided temporary shelter, as needed, for the following reasons:
 - Inclement Weather Yes No
 - Health, Safety, or Well Being Yes No
 - Stage of Life (*i.e. feathering, calving, farrowing; not stage of production*) Yes No
 - Risk to Soil or Water Quality Yes No
10. Are the yards, feeding pads, feedlots, and laneways:
 - Well-drained (including frequent waste removal) Yes No
 - Managed to prevent runoff Yes No
11. What reasons are animals temporarily confined or sheltered? Check all that apply.
 Protection, of health, safety, or well-being Stage of Life Sorting Inclement Weather Preventative Care
 Risk to Soil or Water Quality Shipping Breeding 4H or other youth projects Treatment of Illness/Injury
 Other (*specify*): _____
12. Indicate reasons animals may be temporarily denied pasture or outdoor access (*check all that apply*):
 One week at the end of lactation Up to one week after parturition Three weeks prior to parturition Milking
 Newborn Cattle up to the age of 6 months Poultry Training
 Other (*specify*): _____
13. Describe locations of any treated lumber that may be exposed to livestock.



PASTURE MANAGEMENT

§205.240

A. Grazing System

1. Describe your pasture type:

2. What management system do you use for your grazing operation?
 Rotational Continuous Grazing Intensive
 Other (*specify*): _____

3. Describe what general management practices you use to protect your pasture during the grazing season:

4. When does your grazing season begin and end: Start Date: _____ End Date: _____ Total days grazing: _____

5. What techniques do you use to prevent waste runoff?
 Limit Herd Size Rotate Pastures Buffer Zones Spread Manure Evenly
 Other (*specify*): _____

6. Indicate all natural areas that are designed or selected to provide shade and physical protection.
 Woods Tree lines Hedge Rows Land Features
 Other (*specify*): _____

B. Pasture Use **You MUST have a pasture log ready for your inspector.**

The NOP Rule 205.239(a)(1) and (2) requires that animals have access to the outdoors, shade, shelter, exercise areas, fresh air, and direct sunlight year round. Suitable to the species, its stage of production, the climate, and the environment. It also requires that animals have access to pasture.

List each pasture field and the type **and** number of animals that typically occupy that field at one time for each class of animals.

Pasture Field #/Name	# of Acres	Type and Number of Animals

1. Do you manage your pasture like a crop? Yes No
 * If yes, please describe your pasture management:

* If no, please indicate your current management tools:



POULTRY & EGG HANDLING §205.236(a)(1); §205.239(a) **NO POULTRY**

NOP rules require poultry or edible poultry products to be from birds that have been under continuous organic management beginning no later than the second day of life. Poultry producers must provide living conditions that accommodate the health and natural behavior of animals including year-round access to the outdoors, shade, shelter, exercise areas, fresh air, clean water for drinking, direct sunlight, perches, and the opportunity to dust bathe

A. Source of Poultry

(If you purchase birds, and have received a new flock since your last OSP update, fill out Source of Animals on Page 3)

1. If you raise your own chicks/replacement egg layers on-farm, describe your management plan for raising chicks (i.e. heating, bedding, space allowed, etc.): **Not Applicable**

B. Housing

1. What source(s) of light are used in animal housing? _____
2. Is day length regulated using artificial light? Yes No
3. How are the birds' natural behaviors accommodated? (i.e. perching, dust bathing, etc.):

C. Outdoor Access: Chicken Houses

1. How long is the nest training period? _____ **Not Applicable**
2. At what age are birds given outdoor access? _____
3. What temperature range is used to determine when birds will be let outdoors? _____
4. List all other factors used to determine if birds will be let outdoors (weather, pasture conditions, health, stage of life, etc.):
5. Do you confine birds for pasture re-seeding? Yes No
If yes, what is the expected length of confinement? _____
6. Do you record when birds are outdoors and document reasons for confinement? Yes No

D. Egg Handling

*****Facilities that handle organic eggs must be certified organic for eggs to be marketed as organic*****

1. If eggs are packed at an off-farm facility, list the name and contact information for the facility. **Eggs Handled On-Farm**
2. If eggs are handled on farm, describe on farm egg handling procedure. Include any inputs used in Master Inputs list **NA**
3. If using off-farm egg handling facility, is the facility certified organic? **NA** Yes No
If yes, by what agency? _____
4. Do you or the above facility have an egg handler's license? **NA** Yes No
5. Who buys/markets your eggs? _____

E. Biosecurity Monitoring **Not Applicable**

1. Do you practice any biosecurity measures or have a written biosecurity plan for your operation? Yes No
2. Do you require visitors to wear protective coverings during your inspection? Yes No
3. Do you provide protective covers (boot covers, overalls) to visitors of your operation? Yes No
4. Do you use any inputs for biosecurity? (i.e. powdered bleach) Yes No
- If yes, please list the inputs on "Other Inputs" on page 5 section D*



SWINE **§205.239(a)** No Swine

1. Describe the nature of rooting materials both inside and outside and when and where they are provided.

RUMINANTS **§205.240** No Ruminants

1. Describe the location and types of permanent fences (*if fully identified on Farm Map, you may write "see attached"*):

2. Describe location(s) and type(s) of shade (if identified on you farm map, you may write "see attached"):

3. Describe the location(s) of clean water (if identified on you farm map, you may write "see attached"):

4. Describe what management practices are used to ensure that enough pasture of sufficient quality is available to provide no less than 30% DMI from pasture to ruminants during the grazing season:

5. How many times do you change your ration during the grazing season?: _____

6. Do you calculate dry matter intake each time?

Yes No

7. Do all classes of ruminants get at least 30% of their dry matter requirement from pasture?

Yes No

DAIRY & MILK HANDLING **§205.272** No Dairy

1. What type of milk handling system do you use? Pipeline Automated Hand Milking Parlor Tie Stalls
 Other (*specify*): _____

2. Completely describe your cleaning cycle for milk equipment (*water temperature, number of rinses, etc.*).

3. What is the last substance/solution to contact equipment before organic milk contact? _____

4. Average Somatic Cell Count (SCC): _____

5. How many animals are you currently milking? _____ What is your current herd average of milk production? _____

6. Since your last inspection have you had any instances where you weren't able to ship milk? Yes No

If yes, please explain.

8. Describe the daily milking, feeding, and grazing schedule for dairy animals:

9. Provide the number of hours per day animals spend doing each of the following during the grazing season:

Milking: _____ Feeding: _____ Grazing: _____

10. Are individual animals confined for more than 7 days at dry off?

Yes No

11. Are individual animals confined for more than 21 days before freshening?

Yes No

12. Are individual animals confined for more than 7 days after calving?

Yes No

13. Are young stock given access to pasture at or before 6 months of age?

Yes No

14. Are young stock confined/tethered such that they cannot lie down, fully extend their limbs, or move about freely? Yes No



MANURE MANAGEMENT

§205.239(c)

The NOP requires that manure must be managed so that it does not contribute to contamination of crops, soil, or water.

1. What forms of manure do you use?
 Liquid Stock Piled Indoors Stock Piled Outdoors Fully Composted Deposited During Grazing
 Other (*specify*): _____
2. How is manure stored: Piled Lagoon Other (*specify*): _____
3. Describe the end use of your livestock manure (*i.e. spread on field, sold, etc.*): _____
4. How many acres of land available for manure application? _____
5. List manure additives (*i.e. bedding, barn lime, inoculants, soil amendments, etc.*): _____
6. During what months do you apply manure/compost? _____
7. If you make compost, describe your composting method: _____

TRANSPORTATION

§205.238; §205.239; §205.272 **No Livestock Transportation**

1. Who is responsible for livestock transport? (*check all that apply*):
 Operator (Self) Employee(s) Contract Transporter Buyer Other (*specify*): _____
2. Describe the mode of transport and type of containment for animals:

3. How are animals loaded?:

4. How are livestock identified as organic for the duration of transport?:

5. How do you ensure that the mode of transportation protects animals against cold and heat stresses? (*check all that apply*):
 Proper ventilation Climate control Timing of transport Protection from the elements
 Other (*specify*): _____
6. If bedding is provided during holding and transport, describe the bedding materials: **No Bedding during Transport**

7. Does time on the transport vehicle ever exceed 12 hours? Yes No
If yes, how are water and organic feed provided? _____
8. Describe your plans to address possible animal welfare problems that might occur during transport: _____

HANDLING FOR SLAUGHTER

§205.272 **No Organic Slaughter**

In order for meat to bear an organic label, the slaughter facility MUST be certified organic.

All resale meat products MUST be USDA inspected.

1. Please list, the name, address, and phone number of the facility where your animals are slaughtered.
Name of Facility: _____ Contact Person: _____
Address: _____ Phone Number: _____
2. Is the facility certified organic? Yes No If Yes, list certification agency: _____
3. Where are animals kept upon delivery to the facility, but prior to slaughter? _____
4. How many hours from loading until the time of slaughter? _____
5. Are organic animals kept separate from non-organic animals? Yes No



MARKETING

§205.311

A. DOMESTIC MARKETING

1. What types of marketing are used for your operation?
 Farmers Market On-Farm Retail Wholesale to Processor CSA/Subscription Service Direct to Retail
 Wholesale Contract to Buyer Other (*specify*): _____
2. Do you use any retail product labels? Yes No
3. Do you use any non-retail labels (*i.e. shipping, storage labels, pallet tags, etc.*)? Yes No
4. Do your labels include the phrase, "Certified Organic by KDA" or a similar phrase directly below your business contact information? NA (no labels) Yes No
5. List all other marketing materials and methods used (*i.e. websites, brochures, signs, market displays*):

Attach full color copies of all organic product labels and marketing materials. The use of the USDA logo(s) is voluntary, but use of the seal MUST be according to NOP regulations and pre-approved by KDA.

B. INTERNATIONAL MARKETING N/A – No International Marketing

Complete this section if you plan to export organic products to other countries and/or if you would like international equivalencies listed on your organic certificate. You may attach additional sheets if necessary.

Please list all organic livestock products you wish to export in the table below:

Livestock Product	Destination (check all that apply)				
	Canada	EU	Taiwan	Japan	Other (<i>specify</i>)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Critical Variances – complete sections for the destinations you checked in the table above

CANADA Not Applicable

Were all non-ruminant organic livestock (poultry, hogs, rabbits, etc.) raised according to the livestock stocking rates in the Canadian Standard (CAN/CGSB 32.310-2006)? Yes No

If No, List which animals do not meet the Canadian stocking rates:

TAIWAN Not Applicable

Do you use systemic pain killers or analgesics in the production of organic livestock or any prohibited substances? Yes No

If Yes, Describe inputs, use, and animals affected:

1. Do you plan to label livestock products to be exported? Yes No
2. If Yes, do these labels meet the labeling requirements of the destination country? Yes No
3. Has KDA reviewed these labels and approved them specifically for export? Yes No (*attach color labels for review*)



RECORD KEEPING

§205.103

The NOP Rule requires that records disclose all activities and transactions of the operation, be maintained for 5 years, and demonstrate compliance with the NOP Rule. All records must be accessible to the inspector.

Please have these records pertaining to organic and parallel production available for the inspector. Identify the records you keep:

<input type="checkbox"/> Documentation of Purchased Animals	<input type="checkbox"/> Milk Production
<input type="checkbox"/> Breeding	<input type="checkbox"/> Slaughter
<input type="checkbox"/> Purchased Feed/Feed Supplements <i>(i.e. labels, organic certificates, etc.)</i>	<input type="checkbox"/> Sales
<input type="checkbox"/> Feed Storage	<input type="checkbox"/> Shipping/Transportation
<input type="checkbox"/> Dry Matter Intake Calculations	<input type="checkbox"/> Confinement
<input type="checkbox"/> Herd List (including sold/died)	<input type="checkbox"/> Organic Certificates or Purity Statements for Bedding
<input type="checkbox"/> Pasture Log	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Health/Vaccination Records	_____
