



OEFFA Organic System Plan for Livestock & Poultry NEW APPLICANT

Complete this form if you are requesting organic certification of livestock and/or poultry. You must also complete a separate Organic System Plan for Producers. Use additional sheets as necessary. First time applicants must complete all pages. You must sign this form.

Organic Livestock Operation Profile

Operation/Business Name <i>(to appear on your organic certificate)</i>	Owner/Operator
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Operation # <i>(office use only)</i>	Date
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If currently certified by another certifier, please list 2021 gross sales from organic livestock and livestock products:

Type of Livestock Operation *(check all that apply):*

Dairy Beef Layers Broilers Pullets Sheep Goats Swine Other _____

Livestock Products to be Certified *(check all that apply):*

Milk Fiber Eggs Meat Products Other _____ *(include label updates, if used)*

FOR DAIRY ONLY:

- My dairy herd is currently certified organic.
- I began my 12 month conversion on _____
- I will start my 12 month conversion on _____

FOR POULTRY ONLY:

Date(s) birds will be present on your operation:

Breed(s) of livestock/poultry:

Type and # of livestock/poultry requested for organic certification (O), conventional (C), or in conversion (IC- dairy only):

LIVESTOCK TYPE	# OF FEMALES			# OF MALES			# OF CASTRATED MALES			# OF YOUNG STOCK		
	O	C	IC	O	C	IC	O	C	IC	O	C	IC
Dairy												
Beef												
Swine												
Sheep												
Goats												
Other:												
POULTRY TYPE	# OF HENS		# OF ROOSTERS/TOMS									
	O	C	O	C								
Layers												
Broilers												
Pullets												
Turkeys												
Other:												
Other:												

A. FEEDSTUFFS (Projected for the calendar year) – Your inspector will verify all purchases since the last inspection.

FEEDSTUFF		QUANTITY PRODUCED ON-FARM	QUANTITY PURCHASED	SOURCE(S)	ORGANIC CERT. ON FILE?
Hay					
Corn					
Silage					
Small Grain(s)					
Soybeans					
Complete Feed					
Other					

B. FEED SUPPLEMENTS AND ADDITIVES: No supplements used

List all feed supplements and additives, including vitamins, minerals, salt, kelp, silage inoculants, preservatives, etc.:

FEED SUPPLEMENT/ ADDITIVE/PRODUCT NAME	PRODUCT MANUFACTURER AND/OR SUPPLIER	OEFFA PRE- APPROVED?	OMRI LISTED?	REASON FOR USE

Attach product labels for all inputs not previously approved by OEFFA.

Inputs

NOP §205.201(a)(2)

A. BEDDING

None

List all bedding material(s) _____

If roughage (i.e. straw, corn fodder, etc.) is it certified organic? Yes No N/A

Do you have a certificate for producer and/or handler on file? Yes No N/A Produced on-farm

If shavings or sawdust, do you have documentation that it is free of prohibited substances? Yes No N/A

B. HEALTHCARE & DRUG INPUTS used or planned for future use with organic animals.

None

List treatments (including hormones, antibiotics, parasiticides, vaccinations, etc.) and preventive inputs (microbials, etc.)

NAME OF PRODUCT OR TREATMENT	MANUFACTURER AND/OR BRAND NAME	HEALTH PROBLEM OR DISEASE	PREVENTIVE (P) TREATMENT (T) VACCINE (V)	APPROVED (A) RESTRICTED (R) PROHIBITED (P)	ANIMAL ID(S), IF USED

C. DAIRY SANITATION

None

List all cleaning products used in the milkhouse and parlor:

PRODUCT NAME	MANUFACTURER AND/OR BRAND NAME	USE
		PRE-DIP/UDDER WASH
		POST-DIP
		DETERGENT
		ACID CLEANER
		SANITIZER

D. OTHER INPUTS

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.

PRODUCT NAME	MANUFACTURER AND/OR BRAND NAME	USE

Attach product labels for all inputs not previously approved by OEFFA.

DMI Calculations (Required for ruminant livestock only)

NOP §205.237(c)

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. The worksheet is also available in a computer-fillable version from OEFFA. If the grazing season has not yet started, provide projected dates and planned 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 have updated DMI calculations through the grazing season. If you would like assistance completing this section, contact OEFFA for additional resources or to talk through the requirements and your calculations. No Ruminants



OEFFA Dry Matter Intake Calculation Worksheet for Organic Ruminant Livestock

Operation Name: _____ Certification #: _____
 Class of Animal/Stage of Production: _____ Number of Animals in Group: _____
 Dry Matter Demand (DMD) (lbs.): _____ Source of DMD: OEFFA Tables Other: _____

RATION 1

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

Feed Type (do not list pasture)	Amount Fed Per Animal (lbs.)		DM Content		DM Fed (lbs.)
		x		=	
		x		=	
		x		=	
		x		=	

_____ - _____ = _____ ÷ _____ = _____ x 100 = _____
 DMD (lbs.) Total DM Fed (lbs.) DMI from Pasture (lbs.) DMD (lbs.) [a] DMI from Pasture %

of Days in this Ration [A] _____ x DMI from this Ration [a] _____ = Ration Value [1] _____

RATION 2

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

Feed Type (do not list pasture)	Amount Fed Per Animal (lbs.)		DM Content		DM Fed (lbs.)
		x		=	
		x		=	
		x		=	
		x		=	

_____ - _____ = _____ ÷ _____ = _____ x 100 = _____
 DMD (lbs.) Total DM Fed (lbs.) DMI from Pasture (lbs.) DMD (lbs.) [b] DMI from Pasture %

of Days in this Ration [B] _____ x DMI from this Ration [b] _____ = Ration Value [2] _____

RATION 3

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

Feed Type (do not list pasture)	Amount Fed Per Animal (lbs.)		DM Content		DM Fed (lbs.)
		x		=	
		x		=	
		x		=	
		x		=	

_____ - _____ = _____ ÷ _____ = _____ x 100 = _____
 DMD (lbs.) Total DM Fed (lbs.) DMI from Pasture (lbs.) DMD (lbs.) [c] DMI from Pasture %

of Days in this Ration [C] _____ x DMI from this Ration [c] _____ = Ration Value [3] _____

Calculating Average Dry Matter Intake from Pasture Over Entire Grazing Season

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

General Information

Classes of Livestock: (check all that apply)

Dairy Cattle:

- Lactating cows
- Dry Cows
- Bred heifers
- Young heifers
- Calves

Beef:

- Beef cows
- Beef replacement heifers
- Feeder/Stocker calves
- Finishing cattle

Swine:

- Sows
- Feeder pigs
- Growing/Finishing hogs

Alternatively, you may define your own classes here:

Sheep/Goats:

- Ewes/Does
- Feeder lambs/Kids
- Finishing lambs/Wethers
- Lactating ewes/Does

Poultry:

- Layer hens
- Pullets
- Broilers
- Turkeys
- Ducks/Geese

- 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

Is off-site, non-pasture housing used at an uncertified location (i.e. winter housing) Yes No
 If yes, this location will need inspected as part of your annual inspection. Distance from main farm: _____ miles
 Dates animals will be present at off-site location: _____

Manager(s) and address(es) of off-site livestock management/housing:

Who is responsible for management decisions regarding the livestock at this location?:

Do you offer custom boarding as a service to organic producers? Yes No

If yes;

- I board only certified organic livestock I board both conventional and organic livestock
- I board livestock year-round I board livestock during these months: _____

Do you keep records of incoming and outgoing animals? Yes No

Do you keep an organic certificate for incoming livestock and do you provide yours when they are returned? Yes No

Please ensure all management (for both boarded livestock and your own livestock) is reported in all OSP sections

Animal Identification

NOP §205.236(c)

NOP standards require records sufficient to preserve identity of all organically managed animals and animal products. Animals that have been treated with prohibited inputs must be identified and managed separately from organic animals.

Describe your animal identification system:

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):

Feed Handling

Do you process feed (mix, grind, roast, extrude, etc.) on-farm? yes no

If yes, is the equipment also used to process conventional or uncertified products? yes no

If yes, how is equipment cleaned prior to processing organic feed to prevent contamination?:

Describe materials used for binding crops or baling/wrapping hay, silage, haylage, etc.:

Are all products that contact organic feed free of prohibited substances? yes no

Are all baling/wrapping/binding products removed before processing into feed and/or feeding? yes no

What is your plan for emergency feed supplies?:

FEED STORAGE:

Describe your feed storage locations:

STORAGE ID	TYPE OF FEED STORED	TYPE OF STORAGE	CAPACITY	ORGANIC (O), TRANSITIONAL (T), CONVENTIONAL (C), BUFFER (B)

How do you control rodents and other pests in organic feed storage areas? No problems

List all product names and manufacturers for pest control inputs used in storage areas -- attach labels if not pre-approved by OEFFA.

Water

What are your sources of water for livestock use?

on-site well municipal river/creek/pond spring other (specify)

If you have had your water tested for coliform bacteria and/or nitrates, give the date of the last test: _____

Describe any water contamination problems in your operation or region: No contamination problems

If livestock have access to a river, creek, pond, or wetland, how do you prevent bank erosion and protect natural riparian areas and wetlands? No access

control access to sensitive areas fence/designate stream crossings conserve native vegetation

place feed/mineral blocks/water troughs away from sensitive habitats allow natural process of plant regeneration

other (specify)

NOP rules require that the manager of an organic livestock operation must establish and maintain livestock living conditions which accommodate the health and natural behavior of animals.

		<u>Maximum #</u>	<u>Indoor Floor</u>	<u>Outdoor (non-pasture)</u>	<u>Pasture</u>
CATTLE	Adult		<i>total sq. ft.</i>	<i>total sq. ft.</i>	<i>acres</i>
	Young Stock		<i>total sq. ft.</i>	<i>total sq. ft.</i>	<i>acres</i>
	Calves (individually housed)	 	<i>ft. - width each</i>	<i>sq. ft. each</i>	
	Finishing		<i>total sq. ft. of finishing area</i>		
SWINE	Sows in Group Pens		<i>total sq. ft.</i>	<i>total sq. ft.</i>	
	Sows w/Piglets (up to 40 days)		<i>sq. ft. each</i>	<i>sq. ft. each</i>	
	Boars in Individual Pens		<i>total sq. ft.</i>	<i>total sq. ft.</i>	
	Growing Pigs ≤65 lbs.		<i>total sq. ft.</i>	<i>total sq. ft.</i>	<i>acres</i>
	Growing Pigs 65-110 lbs.		<i>total sq. ft.</i>	<i>total sq. ft.</i>	<i>acres</i>
	Growing Pigs 110-185 lbs.		<i>total sq. ft.</i>	<i>total sq. ft.</i>	<i>acres</i>
	Growing Pigs >185 lbs.		<i>total sq. ft.</i>	<i>total sq. ft.</i>	<i>acres</i>
POULTRY	Layers		<i>total sq. ft.</i>	<i>total sq. ft.</i>	<i>acres</i>
	Broilers		<i>sq. ft. per pound</i>	<i>sq. ft. per pound</i>	<i>acres</i>
	Turkeys		<i>sq. ft. per pound</i>	<i>sq. ft. per pound</i>	<i>acres</i>
SHEEP	Adults		<i>total sq. ft. (adults & lambs)</i>	<i>total sq. ft. (adults & lambs)</i>	<i>acres (adults & lambs)</i>
	Lambs				
	Goats (adults & kids)		<i>total sq. ft.</i>	<i>total sq. ft.</i>	<i>acres</i>

What type(s) of housing do you use? _____

How is housing cleaned and how often? _____

What outdoor areas other than pasture do animals use? _____

Do all animals have access to direct sunlight and clean water? Yes No

Are any animals continuously confined indoors? Yes No

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

Describe how temperature, ventilation, and air circulation are managed in shelter areas: _____

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

Are the yards, feeding pads, feedlots, and laneways:

Well-drained, kept in good condition (including frequent removal of wastes), and managed to prevent runoff? Yes No

NOP rules require livestock producers to establish and maintain preventive livestock health care practices. When preventive practices and veterinary biologics are inadequate to prevent illness, a producer may administer synthetic medications if they are allowed under §205.603 and are used in accordance with their restrictions.

A. GENERAL INFORMATION:

Identify the general features of your animal health management program:

- selective breeding raise own replacement stock isolation for purchased/diseased animals culling
- vaccinations good sanitation access to outdoors dry bedding good ventilation in housing
- good quality feed pasture rotation nutritional supplements probiotics body condition scoring
- species/breed selection other (*specify*)

List common health and/or disease problems for your operation:

How often do you monitor for lameness and other health issues monitoring?

- daily weekly monthly annually as needed other (*specify*)

Name and phone number of your veterinarian:

B. FLY CONTROL:

Describe your fly management plan:

How effective is your fly control program: excellent satisfactory needs improvement

C. PARASITE CONTROL:

Describe your internal and external parasite management plan (include pasture management, monitoring, treatments, etc.):

How often do you conduct parasite load monitoring? daily weekly monthly annually as needed

How effective is your parasite management program: excellent satisfactory needs improvement

D. PREDATOR CONTROL:

No problems

Check which predators you have problems with: hawks feral cats raccoons/skunks rodents
 dogs foxes coyotes other (*specify*)

Describe how you prevent, manage, and control predator problems:

E. SURGICAL PRACTICES:

NOP requires any physical alterations needed to promote the animal's welfare must be done in a manner that minimizes pain and stress.

Describe surgical practices you use:

Not used

SURGICAL PRACTICE	AGE OF LIVESTOCK WHEN USED	REASON	METHOD
Castration			
Dehorning			
Tail docking			
Beak Trimming			
Other:			

List all inputs used for fly/parasite/predator control and physical alterations in section D on page 4 (other inputs).

Poultry**NOP §205.236(a)(1); §205.239(a)**Not Applicable (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 Birds

What type(s) of birds do you purchase? (check all that apply) chicks pullets laying hens broilers

How old are birds at the time of purchase? _____

Describe your management plan for raising 1 or 2 day old chicks (heating, space allowed, etc.) Not Applicable

If molting is induced at any time on your operation, describe molting protocols (include feed, lighting, and confinement changes): Not Applicable

B. Housing

Is housing used only for organic birds? Yes No

If no, describe cleaning procedures between flocks (including housing, and feed/water systems):

Is day length regulated using artificial light? Yes No If yes, how many hours of continuous light are provided?: _____

How are the birds' natural behaviors accommodated? (perching, dust bathing, etc):

C. Outdoor Access

How long is the nest training period?: _____ Not applicable

At what age are birds given outdoor access?: _____

Describe outdoor access doors:

Number: _____ Size: _____ Location(s): _____

Describe features of the outdoor access area that encourage birds to go outdoors (including forage, shade, cover, etc.):

What temperature range is used to determine when birds will be let outdoors?: _____

List all other factors used to determine if birds will be let outdoors (weather, pasture conditions, health, stage of life, etc.):

Do you confine birds for pasture re-seeding? Yes No If yes, what is the expected length of confinement? _____

Do you record when birds are outdoors and document reasons for confinement? Yes No

D. Map

Attach a map of your poultry facilities that includes all structures and outdoor access areas, doors, and perch/scratch/dust bathing areas. Attached Included on farm map

E. Feed

How do you ensure that all birds receive no more than the maximum amount of synthetic methionine per ton of feed, averaged over the life of the flock? (*layers = 2 pounds, broilers = 2.5 pounds, turkeys & all others = 3 pounds*):

F. Laying Hens**N/A (no layers requested for certification)**

Type of housing: Slatted/mesh floor Floor litter Mobile Aviary

Other (describe):

For houses with slatted/mesh floors, how much solid floor area is available (in square feet or % of total)? _____

How many inches of perch space are provided per bird (you may include the alighting rail in front of the nest boxes)? _____

Can all birds perch at the same time? Yes No

Egg Handling (*Facilities that handle organic eggs must be certified for eggs to be marketed as organic.*)

Name and contact information of facility where eggs are washed, graded and packed: _____ on-farm

If on farm, describe how eggs are washed (*include cleaners on your input list*):

If off farm, Is the facility certified organic? Yes No If yes, by what certifier?: _____

Do you or the facility have an egg handler's license? Yes No

Who buys/markets your eggs?: _____

Swine**NOP §205.239(a)**

Describe any time(s) when swine are not housed in a group:

Not Applicable (No Swine)

Describe the nature of rooting materials both inside and outside. When and where they are provided?

Ruminant Livestock**NOP §205.240**Not Applicable (No Ruminants)

The producer of an organic livestock operation must, for all ruminant livestock on the operation, demonstrate through auditable records and in the organic system plan, a functioning management plan for pasture. Pasture must provide a sufficient quantity and quality of forage to supply a minimum of 30% of ruminant dry matter intake, on average, through the grazing season.

A. PASTURE MANAGEMENTAre any ruminants continuously confined in yards, feeding pads, and/or feedlots? Yes No

If any animals are continuously confined, provide the reason(s):

Pasture Type: (check all that apply) Perennial Annual Both Inter-seeded Is irrigation available? Yes No

Describe the location and types of permanent fences (you may attach a map showing locations – write “see attached”):

Describe location(s) and type(s) of shade (you may attach a map showing locations – write “see attached”):

Describe the location(s) of clean water (you may attach a map showing locations – write “see attached”):

What general management practices do you use to ensure your pastures provide not less than 30% dry matter intake from pasture to your ruminants during the grazing season?

 re-seed and improvement plant native grasses drag pastures to distribute manure harvest excess forage
 manage invasive species with grazing, mowing, or biocontrol other (describe)

Describe your plan to provide all ruminants with 30% dry matter intake from pasture during difficult grazing season conditions such as drought, etc:

B. FEED AND GRAZING

How did you determine dry matter demand for each class of livestock?

 Tables provided by OEFFA % of Body Weight (source of data: _____)
 Other (describe and provide source of information/data):

How do you measure and document the amount of non-pasture feed? _____

Is the grazing season Continuous or Non-continuous ?

Grazing Season: Beginning date: _____ Ending date: _____ Total number of days: _____

Describe how you determine the length of the grazing season:

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

Do you calculate dry matter intake each time? Yes NoDo all classes of ruminants get at least 30% of their dry matter requirement from pasture? Yes NoAre pastures grazed Continuously or Rotationally ?

If rotational grazing is used, how often are animals moved? _____

Are yards, feeding pads, and feedlots large enough to allow all ruminant livestock occupying the space to feed simultaneously without crowding and without competition for food? Yes No

Dairy

Not Applicable (No Dairy)

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

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

Milking: _____ Feeding: _____ Grazing: _____

Are individual animals confined for more than 7 days at dry off? Yes No

Are individual animals confined for more than 21 days before freshening? Yes No

Are individual animals confined for more than 7 days after calving? Yes No

Are young stock given access to pasture at or before 6 months of age? Yes No

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

Do you operate a seasonal dairy? Yes No

What type of milk handling system do you use:

pipeline automated step saver hand milking parlor tie stalls stanchions other _____

How are you licensed? Grade A Grade B other (*describe*)

Describe cleaning cycle for milking equipment, including pre-milking sanitizing (water temperature, rinses, etc.):

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

Average Somatic Cell Count (SCC): _____

How often do you change inflations?: _____

How many animals do you currently milk?: _____ Average monthly milk production: _____

Who buys/markets your milk?:

Manure Management

NOP §205.239(c)

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

What forms of manure do you use: liquid semi-solid/piled fully composted other (*specify*)

How is manure stored: piled lagoon other (*specify*)

Describe the end use of manure (spread, sold, etc.):

Acres of land available for manure application (if applicable): _____

List ingredients/additives (bedding, barn lime, inoculants, soil amendments, etc.):

During what months do you apply manure/compost? _____

Describe your composting method(s): No composting

How effective is your manure management program: excellent satisfactory needs improvement

Transportation**NOP §205.238; §205.239; §205.272**N/A (I do not transport or arrange for the transportation of livestock or poultry)

Describe the mode of transport and type of containment for animals:

How are animals loaded?:

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

How do you ensure that the mode of transportation protects animals against cold and heat stresses? (check all that apply):

- Proper ventilation Timing of transport
 Climate control Protection from the elements
 Other (describe):

Is bedding provided during holding and transport? Yes No

If yes, describe the bedding materials:

Does time on the transport vehicle ever exceed 12 hours? Yes No

If yes, how are water and organic feed provided?:

Describe your plans to address possible animal welfare problems that might occur during transport:

Handling for Slaughter**Meat processing facilities must be certified for meat to bear an organic label.**

Please check all that apply:

- We do not sell animals for meat (skip this section)
 We market our meat as conventional (skip this section)
 We sell live animals only (complete the "Ruminant Slaughter Stock" portion of this section only)
 Our animals are slaughtered on-farm and we market the meat as organic (complete this entire section & an OSP for Handlers)
 Our animals are slaughtered off-farm and we market the meat as organic (complete this entire section)

Name, address, and phone number of facility where your animals are slaughtered: _____

Contact person _____ Is the facility certified organic? yes no By what agency? _____

Where and for how long are animals kept after delivery to slaughter facility but before slaughter? _____

Are organic animals kept separate from non-organic animals? yes no

Describe the method of slaughter:

Are current label templates attached? yes no**RUMINANT SLAUGHTER STOCK:**Not Applicable (No Ruminants for Slaughter)

What is the expected slaughter age of the animals? _____

What is the expected length of the finishing period? _____ N/AIf finishing occurs during the grazing season, are animals allowed access to pasture each day? Yes No N/A

Marketing**NOP §205.300; §205.303; §205.311**

TYPE OF MARKETING: (check all that apply)

- farmers market
 direct to retail
 CSA/subscription service
 on-farm retail
 wholesale
 wholesale to processor
 contract to buyer
 other (describe)

Do your labels include the phrase, "Certified Organic by OEFFA" or a similar phrase directly below your business contact information?

Yes No N/A (no labels used)

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 OEFFA and/or USDA logo(s) is voluntary and both are available from OEFFA in electronic & print form. The use of either seal must be according to NOP regulations and pre-approved by OEFFA.

International Markets

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.

N/A – No International Marketing

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

Livestock Product	Destination (check all that apply)						Other (list)
	Canada	Switzerland	EU	Taiwan	Japan	Korea	

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

A. 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 (list which animals do not meet the Canadian stocking rates):

B. TAIWAN

Not Applicable

Do you use systemic pain killers or analgesics in the production of organic livestock or any prohibited substances?

- No
 Yes (describe inputs, use, and animals affected):

Do you plan to label livestock products to be exported? Yes No

If YES:

- Do these labels meet the labeling requirements of the destination country? Yes No
 Has OEFFA reviewed these labels and approved them specifically for export? Yes No (attach color labels for review)

Recordkeeping**NOP §205.103**

Documentation should be kept of purchased animals, breeding, feed sources, health problems and treatments, and sales of animals and animal products. Your records must be available for review by the inspector, OEFFA, and the NOP.

Check the types of records you keep:

- | | |
|--|--|
| <input type="checkbox"/> documentation of purchased animals
<input type="checkbox"/> breeding
<input type="checkbox"/> purchased feed/feed supplements
<input type="checkbox"/> health
<input type="checkbox"/> production
<input type="checkbox"/> sales | <input type="checkbox"/> feed storage
<input type="checkbox"/> shipping/transportation
<input type="checkbox"/> slaughter
<input type="checkbox"/> dry matter intake calculations
<input type="checkbox"/> grazing logs
<input type="checkbox"/> feed rations for each type and class of livestock
<input type="checkbox"/> other: _____ |
|--|--|

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

I affirm that all statements made in this application are true and correct to the best of my knowledge. I agree to comply with the Act and applicable organic production and handling regulations of this part (Section 7, Part 205 – National Organic Program). I also agree to abide by OEFFA Certification Policies & Procedures. I will submit my updated Organic System Plan Update annually with applicable fees and supply all additional information requested within the required timeframe. I will notify OEFFA Certification in writing if any of the information pertaining to my organic operation changes. I understand that my operation may be subject to unannounced inspection and/or sampling for residues at any time, as deemed appropriate by OEFFA Certification and as required by the National Organic Program, to determine continued compliance with the Act. I understand that OEFFA Certification may share information concerning the certification of my operation with the USDA National Organic Program and/or other USDA Accredited Certifying Agents, as necessary. I will maintain all records applicable to my organic operation for at least 5 years beyond their creation and allow OEFFA Certification and the USDA National Organic Program access to these records during normal business hours. I have reviewed the information pertaining to Violations of the Act at §205.662(g)(1)-(2). I will defend, indemnify and hold harmless OEFFA Certification, its Trustees, and personnel, from any and all claims, injuries, damages, losses or suits including attorney fees, arising out of or in connection with the performance of certification services, except for injuries and damages caused by the sole negligence of OEFFA Certification. I understand that acceptance of an Organic System Plan in no way implies granting of certification by OEFFA Certification.

Signature of Operator _____

Date _____

Printed Name _____

Mailing Information**I have attached the following additional documents (if applicable):****If sending hard copies of additional documents, please send single sided**

- Input product labels for products that are not pre-approved by OEFFA and/or OMRI-listed
- DMI Calculation Worksheets
- Labels for my organic livestock products
- Other (specify) _____
- Other (specify) _____
- Other (specify) _____

Submit completed forms, fees, and supporting documents to:

**OEFFA Certification
41 Croswell Road
Columbus, OH 43214-3062**

Fax: (614) 421-2011 E-mail: organic@oeffa.orgKeep a copy of everything you send to OEFFA for your records.**Please Note: An incomplete application will delay the certification process and may result in an additional fee. Please double check that you have completed this form.**If you have any questions about how to complete this form, please contact us:Phone: (614) 262-2022 Fax: (614) 421-2011 E-mail: organic@oeffa.org

Or write to the address above.