



OEFFA Organic System Plan for Livestock & Poultry RENEWAL APPLICANT

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

Organic Livestock Operation Profile

Operation/Business Name <i>(to appear on your organic certificate)</i>	Owner/Operator
Operation #	Date
Type of Livestock Operation <i>(check all that apply):</i> Dairy <input type="checkbox"/> Beef <input type="checkbox"/> Layers <input type="checkbox"/> Broilers <input type="checkbox"/> Pullets <input type="checkbox"/> Sheep <input type="checkbox"/> Goats <input type="checkbox"/> Swine <input type="checkbox"/> Other <input type="checkbox"/> _____	
Livestock Products to be Certified <i>(check all that apply):</i> Milk <input type="checkbox"/> Fiber <input type="checkbox"/> Eggs <input type="checkbox"/> Meat Products <input type="checkbox"/> Other <input type="checkbox"/> _____ <i>(include label updates, if used)</i>	
2021 gross sales from organic livestock and livestock products:	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:												

Source of Animals NOP §205.236

Have you purchased any animals since your last OSP update? yes no

If yes, complete the following table and have receipts and organic certificates available for your inspector:

TYPE OF LIVESTOCK/POULTRY PURCHASED	IDENTIFICATION OR FLOCK #/ NAME	DATE OF PURCHASE	DATE OF BIRTH	PURCHASE SOURCE	CERTIFIED BY WHAT AGENCY?

Please provide a list of all animals requested for certification. Poultry may be identified by flock. You may update a list submitted previously or provide a new list, but please ensure livestock are positively identified and traceable from year to year. The following information may be provided in another format if it contains equivalent information. Use additional pages as needed.

TYPE OF LIVESTOCK	IDENTIFICATION #/ NAME	DATE OF BIRTH	ORGANIC SLAUGHTER ELIGIBLE? <i>~Managed organically from the last third of gestation</i> <i>~No restricted substances that exclude organic slaughter (includes parasiticides)</i>	NOTES <i>Include any information pertaining to slaughter eligibility, use of prohibited substances, date of purchase & seller, sold, died, etc.</i>
			<input type="checkbox"/> yes <input type="checkbox"/> no	
			<input type="checkbox"/> yes <input type="checkbox"/> no	
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			<input type="checkbox"/> yes <input type="checkbox"/> no	
			<input type="checkbox"/> yes <input type="checkbox"/> no	

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 ***NEW*** supplements used or planned for use
 List any ***NEW*** feed supplements and additives, including vitamins, minerals, salt, kelp, silage inoculants, preservatives, etc.
Feed supplements and additives already listed on your Renewal Report do not need to be listed here.

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.

List ***NEW*** treatments (including hormones, antibiotics, parasiticides, vaccinations, etc.) and preventive inputs (microbials, etc.). Healthcare and drug inputs already listed on your Renewal Report do not need to be listed here.

No *NEW* healthcare or drug inputs used or planned for use

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

No *NEW* cleaning inputs used or planned for use

List all ***NEW*** cleaning products used in the milkhouse and parlor. Cleaning inputs already listed on your Renewal Report do not need to be listed here.

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

D. OTHER NEW INPUTS

No other *NEW* inputs used or planned for use

List ***NEW*** parasite or fly control products, water treatments, barn cleaning products, manure additives, rodent control inputs, products used for physical alterations, egg washing products, and any other new input materials.

Inputs already listed on your Renewal Report do not need to be listed here.

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

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)

Organic Plan Update

NOP §205.406(a)(1)

Certified (renewing) Producers:

Refer to the *Organic Certification Application Instructions for OEFFA-Certified Operations* form for complete instructions.

- Review and complete the Renewal Report, which is included with this packet.
- Review your current OSP.
- Indicate areas where management practices have changed by checking the boxes below and briefly explain the change.
- Sign the Affirmation and follow the mailing instructions.

List the date you reviewed your OSP here: _____ NO CHANGES

<input type="checkbox"/> General information: _____	<input type="checkbox"/> Ruminant Livestock: _____
<input type="checkbox"/> Animal Identification: _____	<input type="checkbox"/> Dairy: _____
<input type="checkbox"/> Feed Handling: _____	<input type="checkbox"/> Manure Management: _____
<input type="checkbox"/> Water: _____	<input type="checkbox"/> Transportation: _____
<input type="checkbox"/> Living Conditions: _____	<input type="checkbox"/> Handling for Slaughter: _____
<input type="checkbox"/> Health Management: _____	<input type="checkbox"/> Marketing: _____
<input type="checkbox"/> Poultry: _____	<input type="checkbox"/> Recordkeeping: _____
<input type="checkbox"/> Swine: _____	

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 Crosswell Road****Columbus, OH 43214-3062****Fax: (614) 421-2011 E-mail: organic@oeffa.org**Keep 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 and the Renewal Report.**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.