You will need to fill this Plan out if you run a certified organic livestock enterprise. You will also need to use this plan if you intend to apply for USDA NOP certification for a livestock operation.

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| **SECTION ONE: Operation Information** | | | | | | | | | | | |
| 1. **General Information** | | | | | | | | | | | |
| First Name: | |  | | Surname: | | | | | |  | |
| Trading Name: | |  | | Type of Business: | | | | | |  | |
| Certification Number: | | | | | |  | |
| Year first certified: | |  | | | | | | | | | |
| List previous organic certification by other bodies: | | | |  | | | | | | | |
| List current certification by other organic agencies: | | | |  | | | | | | | |
| Year when complete organic farm plan/Organic Management Plan questionnaire was last submitted: | | | |  | | | | | | | |
| List all livestock types requested for certification: | | | |  | | | | | | | |
| Have you ever been denied/suspended certification? **If YES, describe the circumstances:** | | | | YES  NO | | | | | | | |
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| Have you read and understood the current:   * Australian Certified Organic Standard (ACOS) * USDA NOP Standard CFR 7 Part 205 * National Standard for Organic and Biodynamic Produce | | | | | | | | | YES  NO  YES  NO  YES  NO | | |
| Do you have access to the current organic standards? | | | | | | | | | YES  NO | | |
| Do you have any other QA program certification? If Yes, please specify: (i.e. Flockcare, Cattlecare) | | | | | YES  NO | | | | | | |
| 1. **On and Off-farm Handling/Processing** | | | | | | | | | | | |
| Do you have any off-farm or on-farm processing done? (i.e., slaughter etc.) | | | | | | | | | YES  NO | | |
| If yes, have you filled out an Organic Handling Plan Or equivalent plan?  *(Please note that you must have an Organic Handling Plan on file to certify the processing/handling portion of your operation.)* | | | | | | | | | YES  NO | | |
| Is the off-farm or on-farm processing facility certified by ACO? | | | | | | | | | YES  NO | | |
| **SECTION TWO: Origin of Livestock** | | | | | | | | | | | |
| 1. Outline here the certification status of all stock currently on your farm. Include organic and non-certified stock. Detail how these are identified. Also note here what certification such stock has (name of certifier, level and program certified by.) | | | | | | | | | | | |
| **Livestock**  **Breed & Class/type** | **Name of Supplier**  **(Cert # or property name from own property)** | | **Organic or conventional?** | | | **Certifier** | **NOP** | **ID Method** | | | **Is there a NVD or equivalent transaction record?** |
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| 1. Please attach a current ACO Annual Livestock Inventory (this must include all livestock whether certified or not) | | | | | | | Attached?  YES  NO | | | | |
| 1. Describe your plan for organic livestock replacement or conversion plan, as applicable to breeder, slaughter, poultry, and products (milk/fibre etc.).   Breed/raise own stock with continuous organic management.  Organic management during last third of gestation.  Purchase poultry by 2nd day of life.  Purchase certified organic animals (you must maintain a copy of the certificate on file for each purchase).  Other – Describe: | | | | | | | | | | | |
| 1. Provide a description of changes in animal numbers anticipated for the next year (address likelihood of culling, mortality, slaughter, sales, and maturation into other classes). | | | | | | | | | | | |

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| **SECTION THREE: System of Identification & Separation of All Stock** | |
| *All stock must be identifiable by tags or similar means, particularly any non-certified livestock must be identifiable and traceable separately from organic stock. In addition to this, some stock may be compliant to certain markets (e.g. USDA NOP). Separate identification of USDA NOP stock is required at all times.* | |
| 1. How do you identify stock? | Ear tag  NLIS device (specify):  Ear marking  Branding  Flock purchase date  Other method (specify): |
| 1. If you have NOP livestock, how do you differentiate NOP livestock from other organic or non-organic livestock? | Individual tag number per animal  Tag colour or number per mob/flock  Individual brand per mob/flock  Additional unique tag applied if animal loses NOP status.  Other (specify):  Describe in detail: |
| 1. Describe your system of recording livestock ID data and tracing movements of stock from source through disposal/death. |  |
| 1. Describe how non-organic stock are managed separately from organic livestock (include reference to any non-organic feed regimes) |  |

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| **SECTION FOUR: Livestock Feed**  ***Note: Amounts fed must be documented*** | | | | | | |
| 1. **List ALL livestock feed sources (in use or planned).** Include feed produced on-farm or purchased. Note that feed produced on-farm is also covered in the Organic Farm Plan as a crop. Show supplements and additives in table b). ***Pasture must be identified as a feed if applicable.*** | | | | | | |
| **Livestock Feed Type** (excluding additives and supplements) | **Livestock animal type and class** | | **Percentage of feed type in the ration** | **Source** (include producer/ supplier name) | | **Certification status** (Organic/ in conversion / conventional – verifiable by records) |
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| 1. List all feed supplements and additives | | | | | | |
| **Brand Name and formulation** (you may attach SDS) | **Manufacturer** | | **Type of material and reason for use** | **The substance is certified or on the NOP National List** | | **Do you have written certifier approval for use?** If no, submit documentation for review with this form |
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| 1. **Feed Rations for Class of Livestock**   *Please provide a general description of feed rations provided to each type and class of livestock (poultry – meat, egg layers, piglets, breeding sows, pigs slaughter stock, finishing stock etc).* | | | | | | |
| **Class of Livestock** | | **Daily rations per animal – give appropriate measurement** | | | **Season/time of year** | |
| *e.g., chicks* | | *Chick mash 8 kg per day per flock increasing gradually during 5 weeks growing out.* | | |  | |
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| 1. **NOP 205.237 Livestock Pasture Rule – Ruminants only** | | | | | | |
| NOP certified operators and applicants must calculate Dry Matter Intake (DMI) from Grazing for all ruminant types throughout the grazing season. DMI from grazing must be on average not less than 30% of total dry matter intake from all sources. The grazing season shall not be less than 120 days per calendar year.  *For NOP certified ruminant production, completion of the NOP Pasture Rule Supplement is required.*  NOP Pasture Rule Supplement form completed (Appendix 1)?  YES  NO | | | | | | |

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| **SECTION FIVE: Animal Welfare and Living Conditions** |
| 1. Do livestock have daily access to outdoor areas?  YES  NO 2. Do animals have daily access to shade and water?  YES  NO   *Note, shade areas and watering points are to be detailed on the farm map.*   1. If animals are housed or confined, describe the housing regime for all types and classes of livestock, including the length of time and reasons for any confinement:  NA 2. Are animals subject to surgical procedures?  YES  NO   If yes, how is pain managed? *Please list any anaesthetics or analgesics administered.*   1. Do animals have access to bedding materials (hay, straw, etc.)?  YES  NO   If so, what materials are used, and what status (organic, conventional, etc.)? |
| 1. **Please outline measures taken to ensure welfare of livestock**: (*e.g.,* *preventive livestock health care practices, shelter, nutritional requirements, sanitation practices, housing conditions, etc.).* |

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| **SECTION SIX: Transportation** | |
| *Outline here all means of transport both on and off farm, transport operator/s, time of travel to abattoirs or other end destinations, and how all aspects pertaining to welfare during transport, including feed and water made available conform with the Organic Standard.* | |
| Who is responsible for arranging transportation of organic products?  Self  Buyer  Contract transporter | |
| Describe how organic livestock are transported. | |
| Is transport used for both Organic and Conventional livestock? If yes, please describe how you clean down to avoid cross contamination. | YES  NO |
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| Is transport time less than 8 hours?  YES  NO | |
| If No, please answer the following questions: | |
| 1. Distance of transport km From to | |
| 1. Are livestock spelled enroute?  YES  NO    * If yes, where is the spelling area?    * Has the spelling area been on-site audited or certified by ACO?  YES  NO | |
| 1. Are the livestock fed during transport times?  YES  NO   If yes, is feed included in Question 3 above?  YES  NO | |
| 1. Are all other animal welfare requirements met (government regulations)?  YES  NO   If Yes, please specify: | |

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| **SECTION SEVEN: Livestock Pest and Disease Management** | | | | |
| *Note what pests and diseases are present for your operation as well as what practices are put in place to manage these pests and diseases. Also include here any vaccines required to be used for your area or farming system and what diseases or ailments these assist in preventing.* | | | | |
| What are your problem pests?   1. **Internal**  None  Worms  Nematodes  Other: 2. **External**  None  Ticks  Lice  Flies  Other: 3. **Pest animals**  None  Birds  Foxes  Dogs  Other: | | | | |
| What strategies do you use to control pests?  Use of approved products (drenches, repellents etc). please specify:  Good nutrition  Rotational grazing  Breed selection  Culling  Minerals / supplements  Other (please specify): | | | | |
| What are your problem diseases? Please specify:  Are surgical interventions or modifications routinely carried out?  YES  NO  *Please specify*: | | | | |
| What strategies do you use to control these diseases?  Breeding  Nutrition  Vaccination (please specify):  Other treatments, veterinary medicines, health inputs, parasiticides, anaesthetics, and analgesics (please specify): | | | | |
| Do you keep a record of how often you utilize these pest and diseases control methods, i.e., dates when you drench etc.? | | | | YES  NO |
| **PEST OR DISEASE PROBLEM**  **i.e., reason for input use or purpose of input** | **CONTROL PRODUCT**  **i.e., Brand Name/Source** | **STATUS: APPROVED (A), RESTRICTED (R), PROHIBITED (P)**  **OR MATERIAL COMPOSITION** | **IF RESTRICTED, DESCRIBE COMPLIANCE WITH ACO / NOP RULE SPECIFICATION** | **LOCATION OF USE** |
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| **SECTION EIGHT: Quarantine Procedures** | |
| *Please outline here how you quarantine incoming livestock as well as any livestock required to be treated with prohibited inputs which removes them from the certification program. Also name the paddock/s which are dedicated to quarantine practices.* | |
| 1. Do you have a Quarantine Paddock? | YES  NO |
| 1. Is the Quarantine Paddock shown on your map? | YES  NO |
| 1. Quarantine Paddock Name or number: | |
| 1. Please describe below how long you quarantine livestock for? | |

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| **SECTION NINE: Soil Fertility and Management** | | | | | | |
| **Soil Management** | | | | | | |
| What are your general soil types? | | |  | | | |
| What are your soil/nutrient deficiencies? | | |  | | | |
| How do you monitor your soil health/fertility? Attach copies of available test results, if applicable.  Microbiological testing  Observation of pasture health  Soil testing  Pasture quality testing  Tissue testing  Field observation of soil  Other (specify): | | | | | | |
| How often do you conduct fertility monitoring?  Monthly  Annually As needed  Other (specify): | | | | | | |
| What changes/improvements do you anticipate making over the coming year? | | | |  | | |
| List all fertility inputs used or intended for use in the current year on the property. | | | | None used | | |
| **TYPE OF PRODUCT**  **e.g., micronutrient, macronutrient** | **BRAND NAME OR SOURCE** | **STATUS: APPROVED (A), RESTRICTED (R), PROHIBITED (P)**  **OR MATERIAL COMPOSITION** | | **NUMBER OF and LOCATION OF APPLICATIONS PER YEAR** | | **REASONS FOR USE OR PURPOSE** |
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| If you use or plan to use restricted (R) fertility inputs, how do you comply with the "annotation"? Please explain. | | | | | N/A | |
| Do you apply sewage sludge/biosolids to paddocks? If yes, list paddocks where applied. (Note: USDA restrictions- non feed use and cannot be used to dispose crop residues) | | | | | YES  NO | |
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| **SECTION TEN: Pasture Management** | |
| 1. How are your pastures managed?   Improved pasture / sown pastures  Grazing management Fertilizers  Other (please specify): | |
| 1. Describe pasture types (plant species/mizes; perennial/annual; rangeland etc.) |  |
| 1. If you improve/sow pasture:   Is any seed used Organic?  If no, did you obtain approval letter for non-organic seed use from ACO? | YES  NO  YES  NO |
| 1. Describe pasture irrigation system and regime (if not applicable write N/A): | |

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| **SECTION ELEVEN: Grazing Management and Stocking Rates** | |
| 1. System type:   Rotational Grazing  Set stocking  Rangeland  Other (please specify): | |
| 1. Please briefly describe your management regime including pasture monitoring practices |  |
| 1. Describe the grazing season in general terms:    * Approximate/average start and end dates:    * rainfall patterns and climatic conditions that define the grazing season: | |
| 1. What is the average grazing season length? (Days per year): | |
| 1. Stocking rate per ha/per year by class: 2. During yarding, feeding and finishing, are yards and feeding areas large enough for livestock to move and feed simultaneously without crowding or competing for food?  YES  NO  NA 3. Stocking rate per hectare during finishing period: animals/ha  NA 4. Length of finishing period in days: days  NA | |
| 1. Describe fence types: | |
| 1. How do you manage pastures to ensure sufficient quality and quantity of forage throughout the grazing season? | |
| 1. How is ground cover monitored and documented to ensure greater than 70% groundcover is maintained? | |

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| **SECTION TWELVE: Organic Risk Management** | | |
| **Adjoining Land Use:**  What is your neighbouring land used for (e.g., Intensive horticulture, grazing, bushland): | | |
| North |  | |
| South |  | |
| East |  | |
| West |  | |
| List specific buffer areas you maintain. (Show all adjoining land uses on your farm maps.) | | |
| **Risk Management:** | | |
| Do any paddocks or portions of paddocks flood frequently? (More than once every ten years). If yes, list paddock numbers. | | NO  YES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| List other potential contamination or commingling risks to your products / property? Describe. | | |
| How do you manage each of these risks? | | |

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| **SECTION THIRTEEN: Natural Resources** | |
| What soil conservation practices are used?  Tree lines  Riparian (Creek / riverbank)  Windbreaks  Maintain pasture ground cover  Other (Specify): | |
| What soil erosion problems do you experience (why and on which paddocks)? |  |
| Describe your efforts to minimize soil erosion problems listed above. |  |
| Describe how you monitor the effectiveness of your soil conservation program. |  |
| How often do you conduct conservation monitoring?  Monthly  Annually  As needed.  Other (specify): | |

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| **SECTION FOURTEEN: Water Use** |
| Irrigate pastures  Livestock.  Foliar/BD sprays  Dairy shed  Other (Specify): |
| Source of water:  Onsite bore(s)  Municipal/county  River/creek/dam  Spring  Irrigation scheme  Other (specify): |

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| **SECTION FIFTEEN: Biodiversity** |
| What Biodiversity measures do you have in place?  Protect remnant native vegetation  Manage native pasture/grassland  Native shelter belt/wildlife corridors  Wetland/riparian (creek bank) areas  Other (Specify): |
| What is the estimated percentage of your farm managed for Biodiversity? % |
| Please outline how you intend to maintain/enhance Biodiversity in the future?  Protecting native vegetation  Protecting creeks/wetland  Using native pastures  Environmental rangeland management  Biodiversity/wildlife corridor plantings  Other (specify):  *(Please note where less than 5% of your own farm is set aside as a non-intensive production area (i.e. Biodiversity areas), you will need written permission from the ACO office)* |

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| **AFFIRMATION** | | | |
| I affirm that all statements made in this application are true and correct. No prohibited products have been applied to any of my organically managed paddocks during the three-year period prior to projected harvest for certified organic status. I understand that the operation may be subject to unannounced audit and/or sampling for residues at any time as deemed appropriate to ensure compliance with the ACO Standard and National Organic Program Rules and Regulations of USDA, if relevant. I understand that acceptance of this questionnaire in no way implies granting of certification by the ACO. I agree to provide further information as required by the ACO. | | | |
| **Name of Operator** |  | **Title/Role** |  |
| **Signature of Operator** |  | **Date** |  |
| ***The following documents must be submitted to ACO with this Organic Livestock Plan (unless ‘if applicable’)***  I have attached the following documents:  A Farm Map including all paddocks (showing adjoining land uses, paddock identification and fences, yards, shelter belts, shade areas, water points, quarantine, and buffer zones.)  Tissue test results, if applicable  ***For USDA NOP certification please also include***  Livestock inventory (APPENDIX 2)  Livestock feed records  ***I have made copies of this plan and other supporting documents for my own records.*** | | | |
| Please submit completed form, fees, and supporting documents to:  [**info@aco.net.au**](mailto:info@aco.net.au)  **ACO Certification Ltd.**  **GPO 731 Brisbane Q 4001**  **Level 21, 12 Creek Street Brisbane Q 4000**  **AUSTRALIA** | | | |