Except where instructed otherwise, please complete all questions within this document. If a question is not applicable to your operation, please mark it as ‘N/A’ or similar and provide the reason. If you refer to a separate document or procedure in your response to a question, please submit that document or procedure alongside this plan.

**Section A: General Information**

|  |  |
| --- | --- |
| **Business Name:** |  |
| **Trading As:** |  |
| **Physical Address(es):** |  |

|  |
| --- |
| **A.1 Please provide a brief, general description of your organic livestock operation.** |
|  |

|  |
| --- |
| **A.2 List all livestock and livestock products that you are seeking organic certification for in the table below. Include slaughter and non-slaughter stock, meat, eggs, milk, wool / fibre, etc.** |
| **Livestock / Livestock Product** | **Estimated Annual Production** |
|  |  |
|  |  |
|  |  |
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|  |  |

Add lines if necessary.

|  |
| --- |
| **A.3 Are you seeking NOP certification for ruminant livestock?** |
| [ ]  Yes. Please complete the OIP Annex – NOP Pasture Plan.[ ]  No. |

|  |
| --- |
| **A.4 Do you perform simple on-farm handling of livestock products (e.g., cool and store milk, wash and pack eggs, etc.) or prepare feed for your own livestock on-farm (e.g., silage production, grinding / mixing, etc.)?** |
| [ ]  Yes. Please complete the OIP Annex – On-Farm Handling.[ ]  No. |

|  |
| --- |
| **A.5 Do you perform complex processing of livestock products (e.g., slaughter, cut and wrap, cook or smoke meat, cheesemaking, etc.)?** |
| [ ]  Yes. Please complete an Organic Integrity Plan – Processing & Handling to include this activity in your certification.[ ]  No. |

|  |
| --- |
| **A.6 Do you use any contract processors or handlers (including external storage facilities) for your organic livestock products?** |
| [ ]  Yes.[ ]  No. |

|  |
| --- |
| **A.7 If yes, please list all contract processors or handlers (including external storage facilities) used by your operation in the table below.** |
| **Business Name & Address** | **Services Provided** | **Certified Organic? If yes, please provide name of certifier and certification number / ID** |
|  |  |  |
|  |  |  |
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Add lines if necessary.

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| --- |
| **A.8 Do you hold organic certification with any certifying bodies other than ACO?** |
| [ ]  Yes. Name of certifier and certification number / ID: [ ]  No. |

**Section B: Parallel / Split Production**

|  |
| --- |
| **B.1 Select the option that best describes your operation.** |
| [ ]  All organic production.[ ]  Split production – organic and non-organic production of different livestock species.[ ]  Parallel production – organic and non-organic production of the same livestock species. |

**If you have parallel production, please complete questions B.2 to B.4, otherwise go to next section.**

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| --- |
| **B.2 Which livestock species are managed in parallel?** |
|  |

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| --- |
| **B.3 Do you have a plan to convert your whole farming operation to organic production or otherwise eliminate parallel production?** |
| [ ]  Yes.[ ]  No. |

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| --- |
| **B.4 If yes, please describe your conversion plan below (include specific objectives, timelines, etc.).** |
|  |

**Section C: Origin of Livestock**

|  |
| --- |
| **C.1 List each class of livestock that you manage – whether organic, in-conversion, or non-organic – in the table below.** |
| **Class of Livestock** | **Organic Status (Organic, In-Conversion or Non-Organic)** | **Method of identification (e.g., ear tags, notching, branding, tattoos, leg bands, flock purchase date). Indicate how your identification system distinguishes between organic and non-organic livestock, as well as livestock certified to different organic standards (if applicable).** |
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Add lines if necessary.

**Note:** Class of livestock means a group of livestock that shares a similar stage of life or production. The classes of livestock are those that are commonly listed on feed labels.

|  |
| --- |
| **C.2 Describe your plan for organic livestock replacement / sourcing or conversion.** |
| [ ]  Breed / raise own stock under continuous organic management.[ ]  Breed / raise own stock under organic management from the last third of gestation.[ ]  Purchase poultry by the second day of life.[ ]  Purchase certified organic animals.[ ]  Other. Please describe:  |

|  |
| --- |
| **C.3 If you purchase livestock, please list your suppliers in the table below.** |
| **Supplier Name** | **Certified Organic? If yes, please provide name of certifier and certification number / ID** | **Type of livestock purchased from this supplier** |
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Add lines if necessary

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| **C.4 Describe your quarantine procedure for incoming non-organic livestock (quarantine paddock location and number / ID, duration of quarantine period, etc.).** |
|  |

|  |
| --- |
| **C.5 Are non-organic livestock managed in the same way as organic livestock (i.e., non-organic livestock receive the same feed, medical treatments, etc.)?** |
| [ ]  Yes.[ ]  No.[ ]  Not applicable – no non-organic livestock. |

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| --- |
| **C.6 If no, how does the management of non-organic livestock differ from that of organic livestock? How are non-organic livestock kept separate from organic livestock (separate housing, outdoor access areas, etc.)?** |
|  |

**Section D: Livestock Breeds and Breeding**

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| --- |
| **D.1 Describe how livestock breeds have been selected to take into account their adaptation to local conditions and/or resistance to prevalent health or disease problems.** |
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| --- |
| **D.2 Describe the livestock breeding techniques that you employ (natural breeding, artificial insemination, etc.).** |
|  |

**Section E: Livestock Living Conditions and Housing**

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| --- |
| **E.1 Do you provide housing for organic livestock?** |
| [ ]  Yes.[ ]  No. **Go to E.7.** |

|  |
| --- |
| **E.2. Describe the housing that you provide for each class of organic livestock in the table below.** |
| **Class of Livestock** | **Housing Type** | **When Used / Stage of Life** | **No. of animals per unit** | **Interior stocking density** |
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Add lines if necessary.

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| **E.3 Describe how livestock housing is designed and managed to satisfy each of the following requirements.** |
| **Freedom of movement and comfort behaviours***Dust baths for poultry, etc.* |  |
| **Reduction of potential for injury** |  |
| **Protection from climatic extremes and predators** |  |
| **Access to sufficient feed and clean water** |  |
| **Ventilation and natural light***If artificial lighting is used to supplement natural light, please indicate the total amount of continuous light supplied each day.* |  |
| **Poultry: Unrestricted access to outdoor areas***Indicate the amount of linear exit area per 360 birds (or total linear exit area for flocks with fewer than 360 birds).* |  |
| **Poultry (NOP Only): Sufficient perch space***Indicate the amount of perch space per bird.* |  |
| **Poultry (NOP Only): Monitoring of ammonia levels***How and when do you monitor ammonia levels? What monitoring records do you keep?* |  |

|  |
| --- |
| **E.4 How do you clean and sanitise livestock housing, pens, equipment and utensils to prevent cross-infection and build up of disease carrying organisms? List all cleaners and sanitisers used or planned for use in your Input Register.** |
|  |

|  |
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| **E.5 How do you prevent or control pests inside livestock housing areas? List all pest control chemicals used or planned for use in your Input Register.** |
|  |

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| --- |
| **E.6 What types of bedding or floor litter do you provide to organic livestock? List all bedding and litter materials used or planned for use in your Input Register.** |
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| --- |
| **E.7 Do livestock have year-round access to outdoor areas (excluding cases of temporary confinement referred to in question E.8 below)?** |
| [ ]  Yes.[ ]  No. |

|  |
| --- |
| **E.8 Describe the circumstances under which livestock would be temporarily denied access to outdoor areas (e.g., inclement weather, stage of life, treatment of illness or injury, breeding, sorting, shipping, sales, etc.). Indicate which animals are confined, and the place and duration of confinement.** |
|  |

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| --- |
| **E.9 What records do you keep to track temporary confinement of animals?** |
|  |

|  |
| --- |
| **E.10 Describe access to outdoor areas for each class of organic livestock in the table below.** |
| **Class of Livestock** | **Average number of hours per day that animals are outdoors** | **Outdoor stocking density** |
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Add lines if necessary.

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| **E.11 Describe the locations and sources of shade within outdoor areas.** |
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| --- |
| **E.12 Describe the locations and sources of clean drinking water within outdoor areas.** |
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| --- |
| **E.13 Describe the measures taken to prevent issues of overgrazing, soil erosion, and manure buildup in outdoor areas, especially around water sources.** |
|  |

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| **E.14 Do you use yards, feeding pads, or feedlots?** |
| [ ]  Yes.[ ]  No. |

|  |
| --- |
| **E.15 If yes, describe how yards, feeding areas and lanes are managed to ensure that they are kept well-drained and clean, and to prevent runoff of wastes and contaminated waters to adjoining or nearby surface water and across property boundaries.** |
|  |

**Section F: Livestock Nutrition**

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| --- |
| **F.1 Describe the feed rations provided to each class of livestock that you manage. Include pasture / grazed forage, purchased feed, and feed produced on farm. List amounts as fed using units appropriate to each animal group, or identify as free choice (e.g., salt). If you provide different feed rations at different stages, please use a separate line for each feed ration period. List all livestock feed materials, additives, and supplements used or planned for use in your Input Register.** |
| **Class of Livestock** | **Daily Rations per Animal** |
|  |  |
|  |  |
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Add lines if necessary.

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| **F.2 Do you add any additive materials to livestock drinking water?** |
| [ ]  Yes. List all additives used or planned for use in your Input Register.[ ]  No. |

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| --- |
| **F.3 Do you finish organic slaughter stock?** |
| [ ]  Yes. Describe finishing rations at question F.1.[ ]  No. |

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| --- |
| **F.4 If yes, indicate the length of the finishing period and the age of animals at slaughter.** |
|  |

**Section G: Livestock Healthcare**

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| **G.1 What are your significant livestock pest and disease problems (internal or external parasites, etc.)?** |
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| --- |
| **G.2 What practices do you employ to prevent or control livestock pests and diseases?** |
|  |

|  |
| --- |
| **G.3 Do you use any input materials to control livestock pests and diseases?** |
| [ ]  Yes. List all input materials used or planned for use in your Input Register.[ ]  No. |

|  |
| --- |
| **G.4 How and when (e.g., daily, weekly) do you monitor livestock health? What monitoring records do you keep?** |
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| --- |
| **G.5 Describe any physical alterations or other routine surgical treatments that you perform on organic animals (castration, tail docking, de-horning, ear tagging, etc.).** |
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| **G.6 How do you ensure that pain is minimised during surgical treatments (routine or otherwise)?** |
|  |

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| --- |
| **G.7 Where livestock require treatment with a prohibited substance, describe your procedure for quarantining treated livestock and downgrading their organic status (quarantine paddock location and number / ID, duration of quarantine period, method of identification for treated livestock, etc.).** |
|  |

|  |
| --- |
| **G.8 Describe your procedure for euthanising sick or injured animals when required.** |
|  |

**Section H: Livestock Transportation**

[ ]  Not applicable – No incoming or outgoing livestock. **Go to next section.**

|  |
| --- |
| **H.1 Do you organise transportation of organic livestock (incoming or outgoing)?** |
| [ ]  Yes.[ ]  No. Transportation is organised by:  |

**If you organise transportation, please complete questions H.2 to H.10, otherwise go to next section.**

|  |
| --- |
| **H.2 Describe how organic livestock are transported.** |
|  |

|  |
| --- |
| **H.3 Are organic livestock transported in the same vehicles / transport units as non-organic livestock?** |
| [ ]  Yes.[ ]  No. |

|  |
| --- |
| **H.4 Describe the measures taken to ensure that vehicles / transport units are cleaned prior to loading, and that organic livestock are segregated from non-organic livestock during transport.** |
|  |

|  |
| --- |
| **H.5 Describe the measures taken to ensure that animal welfare is maintained during transport.** |
|  |

|  |
| --- |
| **H.6 Do transport times exceed 8 hours?** |
| [ ]  Yes.[ ]  No. |

|  |
| --- |
| **H.7 Are livestock spelled during transport?** |
| [ ]  Yes. List all spelling yards used by your operation at question A.7.[ ]  No. |

|  |
| --- |
| **H.8 Are livestock fed during transport?** |
| [ ]  Yes. Describe feed provided during transport at question F.1.[ ]  No. |

|  |
| --- |
| **H.9 Do you provide bedding to livestock during transport?** |
| [ ]  Yes. List all bedding materials used or planned for use in your Input Register.[ ]  No. |

|  |
| --- |
| **H.10 Do you use electrical stimulation or synthetic chemical tranquilisers during livestock loading and transport?** |
| [ ]  Yes.[ ]  No. |

**Section I: Recordkeeping**

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| --- |
| **I.1 List all of the records that you keep in relation to your organic livestock operation.** |
| **Origin of Livestock***Livestock purchase records, birth / hatching records, etc.* |  |
| **Livestock Nutrition***Feed purchase / production records, feeding records, etc.* |  |
| **Livestock Healthcare***Treatment records, quarantine records, mortality / cull records, etc.* |  |
| **Livestock Sales and Transportation***Sales records, shipping records, etc.* |  |
| **Staff and Contractors***Staff training records, contractor declarations, etc.* |  |
| **Complaints and Noncompliances***Complaints log, etc.* |  |
| **Other** |  |

|  |
| --- |
| **I.2 Do you keep all records pertaining to your organic operation for at least five years after their creation?** |
| [ ]  Yes.[ ]  No. Records are kept for:  |

**Signature**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Position:** |  |
| **Signature:** |  | **Date:** |  |

|  |
| --- |
| **1. Please provide a description of your on-farm handling activities.** |
|  |

|  |
| --- |
| **2. Do you use any input materials during on-farm handling (e.g., floating agents)?** |
| [ ]  Yes. List all input materials used or planned for use in your Input Register.[ ]  No. |

|  |
| --- |
| **3. Describe the measures taken to protect organic products from commingling with non-organic products or contamination with prohibited substances during on-farm handling.** |
|  |

|  |
| --- |
| **4. Describe the equipment and utensils used for on-farm handling in the table below.** |
| **Equipment Name / Location** | **Use** | **Is this equipment dedicated for organic use?** | **Is this equipment cleaned prior to organic use?** | **Is this equipment purged prior to organic use?** |
|  |  |  |  |  |
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Add lines if necessary.

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| --- |
| **5. If equipment is cleaned or purged prior to use, please provide a description of your cleaning / purging procedures. List all cleaners and sanitisers used or planned for use in your Input Register.** |
|  |

|  |
| --- |
| **6. How do you ensure that there are no residues from cleaners or sanitisers remaining on equipment at the end of the process?** |
|  |

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| --- |
| **7. How is water used during on-farm handling?** |
| [ ]  Not used. **Go to Signature.**[ ]  Cleaning produce.[ ]  Cleaning equipment.[ ]  Other. Please specify:  |

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| --- |
| **8. What is the source of water used during on-farm handling?** |
| [ ]  Municipal.[ ]  Other. Please specify:  |

|  |
| --- |
| **9. Does the water used meet drinking water standards?** |
| [ ]  Yes.[ ]  No. |

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| --- |
| **10. Is water treated on-site?** |
| [ ]  Yes.[ ]  No. |

|  |
| --- |
| **11. If yes, describe your water treatment process below. List all water additives used or planned for use (e.g., chlorine) in your Input Register.** |
|  |

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| --- |
| **12. How and when (e.g., daily, weekly, monthly) do you monitor water quality? What monitoring records do you keep?** |
|  |

**Signature**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Position:** |  |
| **Signature:** |  | **Date:** |  |

|  |
| --- |
| **1. What is the duration of your grazing season?** |
| [ ]  Year-round.[ ]  Other. Please describe:  |

|  |
| --- |
| **2. Describe your grazing system (continuous, rotational, multi-species, etc.).** |
|  |

|  |
| --- |
| **3. Describe the types of pasture that you provide to ruminant livestock.** |
|  |

|  |
| --- |
| **4. Describe the measures taken to ensure that pasture of sufficient quality and quantity is available throughout the grazing season (irrigation, fertilisation, re-seeding, crop rotation, clipping, growing forage crops, use of residual forage, etc.).** |
|  |

|  |
| --- |
| **5. Describe the locations and types of fencing used (excluding temporary fencing).** |
|  |

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| --- |
| **6. For each class of ruminant livestock, determine the dry matter intake from any supplementary feed provided during the grazing season, as an average over the entire grazing season.** |
| **Class of Livestock** | **Type of Feed Provided** | **(A) Amount Fed** | **(B) Dry Matter % of Feed** | **(C) Dry Matter Fed = (A) x (B) / 100** |
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Add lines if necessary.

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| **7. Using the values calculated above, determine the percentage of each ruminant’s dry matter demand that is provided as dry matter fed during the grazing season, as an average over the entire grazing season.** |
| **Class of Livestock** | **Average Weight** | **(C) Dry Matter Fed** | **(D) Dry Matter Demand** | **% Dry Matter Fed = (C) / (D) x 100** |
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Add lines if necessary.

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| **8. Indicate the data sources that you used to determine the Dry Matter Demand and Dry Matter % of Feed figures used in the calculations above.** |
|  |

**Note:** You may use the following general assumptions for dry matter percentage:

* Grain = 89% dry matter
* Dry hay = 90% dry matter
* Grain silage = 25-35% dry matter
* Haylage / baleage = 35-60% dry matter

Further guidance and resources are available at <https://www.ams.usda.gov/services/organic-certification/organic-records#LivestockFeed>.

**Signature**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Position:** |  |
| **Signature:** |  | **Date:** |  |