INSTRUCTIONS FOR COMPLETING THIS DOCUMENT

All sections of this document must be completed. If any sections or questions within sections are not relevant to your business, these must be marked with “Not Applicable” or “N/A

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| **General Information** | | | |
| Business Name |  | | |
| Trading As |  | | |
| Physical Address(es) |  | | |
| Year first certified |  | | |
| List any current or previous certification by other certification bodies | |  | |
| Have you ever been denied/suspended from certification? If YES, describe the circumstances | | YES  NO | |
| Do you have any other QA program or Food Safety certification? If YES, please specify (e.g., Freshcare, HARPS, HACCP) | | YES  NO | |
| Do you have access to the current Certified Sustainable Standard? | | YES  NO | |
| Provide a brief description of your operation and activities to be included in certification | |  | |
| Do you require certification of livestock? | | | YES  NO |
| Do you have any off-farm or on-farm processing done under your operation?  Please note that you must have a SMP that addresses the processing/handling | | | YES  NO |
| Has the off-farm or on-farm processing facility been certified by ACO? | | | YES  NO |
| Do you have a process to ensure product labelling claims are compliant and certified claims / logos used are approved by ACO prior to print? | | | YES  NO |

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| **Farm Information** | | | | | | | | | | | | | | | | | | | | | | |
| Please complete the table below. The areas listed in this table must equal field history and maps provided. Pastures are considered a crop and must be listed. | | | | | | | | | | | | | | | | | | | | | | |
| **CROPS REQUESTED FOR CERTIFICATION (include hay, silage, and pasture)** | | | | | | | | | | | | **PADDOCK NUMBERS** | | | | **TOTAL HECTARES PER CROP** | | | | | **PROJECTED YIELD** | |
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| Have you managed all paddocks for 3 (three) or more years? | | | | | | | | | | | | | | | | | | | | YES  NO | | |
| Are all areas requested for certification located at the main address?  YES  NO  Complete this information for main farm address and each area that is in a separate location from the main farm address | | | | | | | | | | | | | | | | | | | | | | |
| **PADDOCK NUMBER** | | | **AREA ADDRESSES / LEGAL DESCRIPTION** | | | | | | | | | | | **GPS DATA** | | | | | | | | |
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| Soil Management | | | | | | | | | | | | | | | | | | | | | | |
| What are your general soil types? | | | | | | | | |  | | | | | | | | | | | | | |
| What are your soil/nutrient deficiencies | | | | | | | | |  | | | | | | | | | | | | | |
| How do you monitor the effectiveness of your fertility management program? | | | | | | | | |  | | | | | | | | | | | | | |
| How often do you conduct fertility monitoring? | | | | | | | | |  | | | | | | | | | | | | | |
| Describe the main components of your soil and crop fertility plan? | | | | | | | | |  | | | | | | | | | | | | | |
| List all fertility inputs used or intended for use in the current season on certified paddocks (all inputs used must be documented) | | | | | | | | | | | | | | | | | | | | | | |
| **Type of Product** | | **Brand Name or source** | | | | | **Number and location of applications per year** | | | | | | | | | **Growth stage of crop if applicable** | | | **Reason for use** | | | |
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| Compost use | | | | | | | | | | | | | | | | | | | N/A | | | |
| List all compost ingredients | | | | | | | | | | | | | | | | | | | | | | |
| Has compost used met the Australian Standard AS4454? | | | | | | | | | | | | | | | | | | | YES  NO | | | |
| Manure use | | | | | | | | | | | | | | | | | | | N/A | | | |
| Do you use manure? | | | | | | | | | | | | | | | | | | | YES  NO | | | |
| Has manure used in compliance with relevant regulations (food safety, etc..) | | | | | | | | | | | | | | | | | | | YES  NO | | | |
| Water use and efficiency | | | | | | | | | | | | | | | | | | | | | | |
| What is the source of farm water?  on-site bores(s)  river/creek/dam  spring  municipal/county  irrigation district  other (specify) | | | | | | | | | | | | | | | | | | | | | | |
| List any known contaminants in water supplies | | | | | | | | |  | | | | | | | | | | | | | |
| Describe your water management and efficiency strategies | | | | | | | | |  | | | | | | | | | | | | | |
| Type of irrigation system | | | | | | | | | | | | | | | | | | | | N/A | | |
| drip  flood  centre pivot  other (specify): | | | | | | | | | | | | | | | | | | | | | | |
| What inputs are applied through the irrigation system? | | | | | | | | | | | | | | | | | | | | N/A | | |
| List paddocks which are irrigated and specify the relevant crop irrigated for each paddock | | | | | | | | | |  | | | | | | | | | | | | |
| Does irrigation used adhere to the regulatory requirements? | | | | | | | | | | | | | | | | | | | | YES  NO | | |
| Crop Management | | | | | | | | | | | | | | | | | | | | | | |
| Crop rotation plan (use one line for each rotation used) | | | | | | | | | | | | | | | | | | | | | | |
| **Crop rotation plan** | | | **Paddock numbers where plan is followed** | | | | | | | | | | | **Anticipated changes over next year** | | | | | | | | |
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| How do you monitor for crop contamination? | | |  | | | | | | | | | | | | | | | | | | | |
| Weed Management | | | | | | | | | | | | | | | | | | | | N/A | | |
| What are your problem weeds? | | | |  | | | | | | | | | | | | | | | | | | |
| What control methods are in use? | | | |  | | | | | | | | | | | | | | | | | | |
| Do you keep records of how often you utilize these weed control methods, i. e., dates and fields when you cultivate, or flame weed? | | | | | | | | | | | | | | | | | | | | YES  NO | | |
| Describe your long-term strategies for control problematic weeds | | | |  | | | | | | | | | | | | | | | | | | |
| Pest Management | | | | | | | | | | | | | | | | | | | | N/A | | |
| Do you keep pest control records? | | | | | | | | | | | | | | | | | | | | YES  NO | | |
| List all pest control products used or intend to use. All inputs used must be recorded | | | | | | | | | | | | | | | | | | | | | | |
| **Pest Problem** | **Control Product** | | | | | **Amount and location of applications** | | | | | | | | | **Growth stage of crop if applicable** | | | | | **Reason for use** | | |
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| How do you monitor the effectiveness of your pest management program? | | |  | | | | | | | | | | | | | | | | | | | |
| Describe your long-term strategies for pest control | | |  | | | | | | | | | | | | | | | | | | | |
| Disease Management Plan | | | | | | | | | | | | | | | | | | | | N/A | | |
| What disease prevention strategies do you use? | | |  | | | | | | | | | | | | | | | | | | | |
| List all disease problems and management inputs used or intended for used. All input use must be recorded | | | | | | | | | | | | | | | | | | | | | | |
| **Disease Problem** | **Control Product** | | | | | **Amount and location of applications** | | | | | | | | **Growth stage of crop if applicable** | | | | | | **Reason for use** | | |
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| How do you monitor the effectiveness of your disease management program? | | | | |  | | | | | | | | | | | | | | | | | |
| Describe your long-term strategies for disease management | | | | |  | | | | | | | | | | | | | | | | | |
| Seeds and seedlings (all propagation material) | | | | | | | | | | | | | | | | | | | | N/A | | |
| Seed/seedling source | | | | | | | | On farm  Off farm | | | | | | | | | | | | | | |
| Provide the name and details for off farm sources | | | | | | | |  | | | | | | | | | | | | | | |
| Do you purchase non-certified seed/seedlings? | | | | | | | | | | | | | | | | | | | | YES  NO | | |
| Describe your process for the use of non-certified seed/seedling including derogation requests from ACO | | | | | | | |  | | | | | | | | | | | | | | |
| Is untreated brought in seed/seedlings going to be treated on farm?  If YES what treatment is used? | | | | | | | | | | | | | | | | | | | | YES  NO | | |
| List all seed/seedlings used or planned for use. Please confirm  No Seed / Seedling Used  All Seeds / Seedlings Organic  Untreated seeds / seedlings used  No GMO seeds / seedlings purchased and planted | | | | | | | | | | | | | | | | | | | | | | |
| **Seed/Seedling/**  **Variety/Brand** | **Certified Sustainable** | | | **Certified Organic** | | | | | | | **Untreated** | | **Treated** | | | | **GMO** | **Type/Brand of treatment** | | | | |
| **Fungicide** | | | | **Inoculant** |
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| Use of non-certified seed, seedlings and planting material is only permitted under derogation which must be sought prior to use. | | | | | | | | | | | | | | | | | | | | | | |

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| **Record Keeping System –** Which of the following records do you keep for production? | | |
| Paddock/farm maps (including GPS data)  Paddock activity log(s)/ paddock diary  Paddock history sheets (previous minimum three years)  Documentation of previous land use for leased and/or newly purchased land.  Input records for soil amendments, manure, foliar sprays, and pest control products (keep all labels)  Seed Declaration for non-certified seed/seedlings use, approved by ACO office.  Residue analyses of inputs (i.e., manure sourced off-farm)  Compost production records  Monitoring records (soil tests, tissue tests, water tests, quality tests, observations)  Equipment cleaning records  Harvest records that show paddock numbers, date of harvest, and harvest amounts, including yield (including contract harvest records)  Label records  Storage records that show storage location, storage identification, paddock numbers, amounts stored, and cleaning activities.  Clean transport records.  Sales records (purchase order, contract, invoice, cash receipts, cash receipt journal, sales journal, etc.)  Transport Declarations  Shipping records (i.e., weigh station ticket, bill of lading)  Export Certificates, copies of suppliers’ organic certificate  Complaint and non-compliance log (required)  Other (please specify)  Recall procedure (required – must include provision to notify ACO)  Untreated seeds/seedlings used  Product/land contaminated procedure (required – must include provision to notify ACO) | | |
| How long do you keep records? |  | |
| What records are kept for non-certified production? | | |
| Where do you sell your product?  Farmers markets  On-farm retail  Direct to retail  Contract to buyer  Wholesale  Bulk commodities to processor  Other (specify) | | |
| Do you use or plan to use the certified sustainable trade mark on product labels or market information?  Attach copies of all product labels, all labels must be approved in writing by ACO prior printing | | YES  NO |
| Do you intend to export any certified sustainable products? | | YES  NO |
| Do you have a process for ensuring product meets importing country requirements and export documentation is obtained prior to export good? | | YES  NO |

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| **Risk Management** | | | | | | | | | | | | | | | | |
| Adjoining Land Use (What is your neighboring 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 map) | | | | | | | | | | | | | | | | |
| **Location or paddock number** | | **Type of buffer (crop land, treeline, grass strip)** | | | | | **Width of buffer** | | | **Adjoining use** | | | **If crop is harvested from buffer describe use (sale, non-certified livestock feed, seed, etc.)** | | | |
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| Do you harvest crops from buffer zones with equipment used for harvesting certified sustainable crops?  If yes, what safeguards do you use to protect the integrity of certified crops from contact with buffer crops during harvest | | | | | | | | | | | | | | | | YES  NO |
| Parallel production | | | | | | | | | | | | | | | | N/A |
| Do you grow the same crops/varieties (visually indistinct) certified sustainable, as well as conventional or other certified schemes | | | | | | | | | | | | | | | | YES  NO |
| Please list specific crop varieties | | | | | | | | | | | | | | | | |
| **Specific Crop** | | | **Paddock Number** | | **Transitional or conventional** | | | **Check no GMO** | | | **Total acreage** | | | **Planned use of crop** | | **Same as certified crop?** |
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| Describe how you manage the segregation of production including harvest and sale of produce | | | | | | | |  | | | | | | | | |
| Equipment | | | | | | | | | | | | | | | | N/A |
| List equipment used for planting, tillage, spraying and harvesting | | | | | | | | | | | | | | | | |
| **Equipment name (include contracted equipment)** | | | | | | **Check if used on both certified and conventional** | | | | | | **How is the equipment cleaned before use on certified fields?** | | | | |
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| Harvest | | | | | | | | | | | | | | | | N/A |
| How are your certified crops harvested? | | | | | | | | | | | | Mechanical  By Hand | | | | |
| Are any crops contract harvested? | | | | | | | | | | | | | | | | YES  NO |
| If YES, detail what records are kept | | | | |  | | | | | | | | | | | |
| Have all applicable crops on a per paddock basis been tested for residue testing for each harvest prior to sale?  Describe how the results are checked to be compliant | | | | | | | | | | | | | | | | YES  NO |
| Have all applicable crops on a per paddock basis been tested for GMO prior to sale for each harvest prior to sale?  Describe how the results are checked to be compliant | | | | | | | | | | | | | | | | YES  NO |
| Describe steps taken to protect the integrity of crops from co-mingling and contamination during harvest | | | | | | | |  | | | | | | | | |
| What containers are used? Describe steps taken to protect the integrity of crops from co-mingling and contamination. | | | | | | | |  | | | | | | | | |
| Describe potential contamination or co-mingling problems you have with harvest of certified crops and how you prevent the issues. | | | | | | | |  | | | | | | | | |
| Post-Harvest Handling | | | | | | | | | | | | | | | | N/A |
| Describe your post-harvest handling procedures/practice and equipment used | | | | | | | |  | | | | | | | | |
| Is the processing area and equipment used for both certified and conventional products? If YES, describe steps taken to keep integrity of the product | | | | | | | | YES  NO | | | | | | | | |
| Crop Storage | | | | | | | | | | | | | | | | N/A |
| Describe your storage locations | | | | | | | | | | | | | | | | |
| **Storage ID** | **Type of crops stored** | | | | | | **Type of storage** | | | | | **Capacity/Size** | | | **Certified, buffer, conventional** | |
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| Do you use the same storage areas for certified and conventional products? If YES describe how you ensure integrity of certified product | | | | | | | | | YES  NO | | | | | | | |
| How do you clean storage units prior to storage of certified crops? | | | | | | | | |  | | | | | | | |
| Please describe how you prevent/control insect pests in crop storage areas. | | | | | | | | |  | | | | | | | |
| Transportation | | | | | | | | | | | | | | | | N/A |
| Describe how certified product is transported | | | | | | |  | | | | | | | | | |
| Do you keep a transport declaration which includes specific batch identity? | | | | | | | | | | | | | | | | YES  NO |
| What potential contamination or co-mingling problems do you have with transport of certified crops and how do you ensure the integrity of the certified product? | | | | | | |  | | | | | | | | | |
| Suppliers | | | | | | | | | | | | | | | | N/A |
| Do you have a supplier approval procedure to evaluate and approve certified suppliers? (e.g. seedlings, brought in produce) | | | | | | | | | | | | | | | | YES  NO |
| Describe the criteria included in your supplier approval program.  Please note any new supplier must be approved by ACO prior to use | | | | | | |  | | | | | | | | | |
| Describe your monitoring system for review of supplier certificates | | | | | | |  | | | | | | | | | |

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| **Environment, Biodiversity and Emissions** | |
| Identify which practices you utilize to maintain the environmental, biodiversity and reduce emissions | |
| Crop rotations  Promotion of beneficial organisms  Minimal use of synthetic fertiliser  Protection of remnant vegetation  Crop cultivars historically and traditionally adapted to the region  Shelter habitat used on agricultural la (provide % of land area)  Selection of inputs based on minimizing waste production  Integrated Pest Management Plan  Biodiversity corridor establishment and maintenance  Selection of inputs, plant, equipment and suppliers for lower GHG emissions  Maintaining crop or pasture residue in contact with the soil to stimulate biological breakdown  Vegetation maintenance and buffer zones in riparian areas  Management and monitoring of air quality and emissions  Other (specify) | |
| Please describe practices utilised | |
| Monitoring & Assessment | |
| Describe how you effectively monitor microbiological activity in the soil | |
| Describe the baseline calculation results of GHG Emissions through use of input-based Carbon emissions calculator or similar tools and provide a copy of the GHG Emissions Calculator. |  |
| Describe ongoing approach to risk-management reviews and monitoring including Environmental, Social, and Governance (ESG) |  |
| Describe ongoing reductions to energy and fuel |  |
| Describe any measures taken to improve the efficient use of plant, equipment, and other resources such as power, fuel and inputs and consideration of Scope 1, 2, and 3 emissions |  |
| Describe how your agricultural practices suit the climatic conditions in the region |  |
| What Biodiversity measures do you have in place? |  |
| Describe how you preserve, create or enhance Biodiversity |  |

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| **Community and Social Expectations** | | | |
| Describe how you participate in your local community and support local business and community groups | | |  |
| Describe how you participate in relevant industry bodies | | |  |
| Describe how you participate in succession planning activities | | |  |
| Describe how you develop priorities in Health and Safety and mental health, beyond OH&S regulatory requirements | | |  |
| Describe how you enrich work environment including skills and development activities | | |  |
| Describe how you acknowledge the traditional owners of the land and value their culture | | |  |
| Describe how you ensure equal opportunity and fair employment principles and practices | | |  |
| Describe how you ensure diversity, leadership and training | | |  |
| Describe your recycling and reuse program (on-farm and off-site) | | |  |
| How do you assess waste stream of all inputs? | | |  |
| What activities do you undertake for reduction, re-use, recycling and elimination? | | |  |
| Describe how you evaluate post-farm gate emissions (Scope 3) including transport and purchase. How to you evaluate potential alternatives | | |  |
| Describe how the United Nation’s Sustainability Development Goals apply to your business | | | |
| 1 | No Poverty |  | |
| 2 | Zero Hunger |  | |
| 3 | Good health and well-being |  | |
| 4 | Quality Education |  | |
| 5 | Gender Equality |  | |
| 6 | Clean Water and Sanitation |  | |
| 7 | Affordable and clean energy |  | |
| 8 | Decent work and economic growth |  | |
| 9 | Industry, Innovation and Infrastructure |  | |
| 10 | Reduced inequality |  | |
| 11 | Sustainable cities and communities |  | |
| 12 | Responsible consumption and production |  | |
| 13 | Climate action |  | |
| 14 | Life below water |  | |
| 15 | Life on land |  | |
| 16 | Peace, justice and strong institutions |  | |
| 17 | Partnership for the goals |  | |

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| **Livestock** | | | | | | | | | | | | | | | N/A |
| Origin of Livestock | | | | | | | | | | | | | | | |
| Outline the certification status of all stock currently on farm. Include certified and conventional stock. Detail how these are identified. | | | | | | | | | | | | | | | |
| **Livestock Breed and Class/Type** | **Name of supplier (Cert number or property name from own property** | | | | | **Certified or conventional** | | | **Certifier** | | | **ID Method** | | **Is there a NVD or equivalent transaction record?** | |
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| Describe your plan for certified 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: | | | | | | | | | | | | | | | |
| 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). | | | | | | |  | | | | | | | | |
| Identification and Separation of all stock | | | | | | | | | | | | | | | |
| All stock must be identified by tags or similar means, particularly any conventional livestock must be identifiable and traceable separately from certified livestock. | | | | | | | | | | | | | | | |
| How do you identify stock? | | | | | | | Ear tag  NLIS device (specify):  Ear marking  Branding  Flock purchase date  Other method (specify): | | | | | | | | |
| How do you identify certified from conventional stock. Please note that all stock must be identified by their certified scheme | | | | | | | Individual tag number per animal  Tag colour or number per mob/flock  Individual brand per mob/flock  Additional unique tag applied if animal loses status.  Other (specify): | | | | | | | | |
| Describe your system for recording livestock ID data and tracing movements of stock from source through disposal/death | | | | | | |  | | | | | | | | |
| Describe how conventional stock is managed separately from certified stock (include reference to any non-certified feed regimes) | | | | | | |  | | | | | | | | |
| 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. 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** | | |
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| 1. List all feed supplements and additives | | | | | | | | | | | | | | | N/A |
| **Brand Name and formulations (you may attach SDS)** | | | | | **Manufacturer** | | | | | | **Type of material and reason for use** | | | | |
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| Animal Welfare and Living Conditions | | | | | | | | | | | | | | | |
| Do livestock have access to outdoor areas? | | | | | | | | | | | | | | YES  NO | |
| Do livestock have access to shade and water? | | | | | | | | | | | | | | YES  NO | |
| Is livestock subject to surgical procedure? | | | | | | | | | | | | | | YES  NO | |
| How is pain managed? | | | | | | | |  | | | | | | | |
| Describe any measures to ensure welfare of livestock | | | | | | | |  | | | | | | | |
| Transportation | | | | | | | | | | | | | | N/A | |
| Outline all means of transport both on-farm and off-farm, transport operators, time of travel to abattoirs or other end destinations, and how all aspects pertaining to welfare during transport, including feed and water made available | | | | | | | | | | | | | | | |
| Describe how certified livestock is transported | | | | | | | |  | | | | | | | |
| Is transport used for certified and conventional livestock. If YES describe how the integrity of the certified product is kept | | | | | | | | YES  NO | | | | | | | |
| Is transport time less than 8 hours? | | | | | | | | | | | | | | YES  NO | |
| If NO, please provide details on distance, spelling, and animal welfare requirements | | | |  | | | | | | | | | | | |
| 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. Include any vaccines required to be used for your area or farming system and what diseases or ailments these assist in preventing | | | | | | | | | | | | | | | |
| Internal | None  Worms  Nematodes  Other: | | | | | | | | | | | | | | |
| External | None  Ticks  Lice  Flies  Other: | | | | | | | | | | | | | | |
| 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? | | | |  | | | | | | | | | | | |
| Are surgical interventions or modifications routinely carried out? If YES, please specify | | | | | | | | | | | | | | YES  NO | |
| What strategy do you use to control these diseases?  Breeding  Nutrition  Vaccination (please specify):  Other treatments, veterinary medicines, health inputs, parasiticides, anesthetics, and analgesics (please specify): | | | | | | | | | | | | | | | |
| Is all treatment used in accordance with the manufacturer’s instructions or under veterinary advice? | | | | | | | | | | | | | | YES  NO | |
| Pest or Disease problem | | | Control Product | | | | | | | Location of use | | | | | |
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| Grazing Management | | | | | | | | | | | | | | | |
| What grazing system do you use?  Rotational Grazing  Set stocking  Rangeland  Other (please specify): | | | | | | | | | | | | | | | |
| Please describe your management regime including pasture monitoring practices | | | |  | | | | | | | | | | | |
| How do you manage pastures to ensure sufficient quality and quantity of forage throughout the grazing season | | | |  | | | | | | | | | | | |
| How is ground cover monitored and documented to ensure 30% is left after grazing phase? | | | |  | | | | | | | | | | | |

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| **Affirmation** | | | |
| I affirm that all statements made in this Management Plan are true and correct. I agree to comply with the Food Standard of Australia and NZ and the Certified Sustainable Standard. I understand that the facility may be subject to unannounced audit and/or certified products may be sampled and tested for residues/GMO at any time. I agree to provide further information as required by ACO. | | | |
| Name |  | Title |  |
| Signature |  | Date |  |

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| **Annual Review** | | | | | |
| Changes made |  | Name |  | Title |  |
| Signature |  | Date |  |
| Changes made |  | Name |  | Title |  |
| Signature |  | Date |  |
| Changes made |  | Name |  | Title |  |
| Signature |  | Date |  |