

Farm Name _____

Atlantic Certified Organic Co-operative Ltd (ACO)

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Appendix A - Livestock Application for Organic Certification

1.0 Farm Name: _____ Date: _____
 Civic Address: _____

2.0 LIVESTOCK PROFILE

2.1 Is your livestock production system(s); organic in transition to organic
 parallel production with non-organic

2.2 What type of livestock do you have on site: beef dairy swine sheep poultry
 other, please specify _____

2.3 Please indicate in the appropriate category of all livestock produced and number per year in the table below.

LIVESTOCK	LIVESTOCK TYPE	ORGANIC	TRANSITION TO ORGANIC	NON-ORGANIC
Dairy	Milk			
	Replacement heifers			
	Calves			
	Dairy Beef feeders			
Poultry	Eggs			
	Cull Layers for slaughter			
	Turkeys			
	Broilers			
	Breeders			
Beef	Feeders for slaughter			
	Replacements			
	Cows			
	Bulls			
	Cull Cows for slaughter			
Swine	Feeders for slaughter			
	Sows			
	Cull Sows for slaughter			
Sheep	Lambs for slaughter			
	Ewes			
	Rams			
Other: specify	Animals for slaughter			
	Females			
	Males			
	Replacements			

Farm Name _____

2.4 For livestock in transition to organic from the above table please provide the source of the animal and projected date of eligibility for certification. N/A

Livestock Type	Number of Animals	Indicate Source of Animals (Born on Farm, from Certified Organic Farm, or Other Sources)	D/M/Y Organic Feeding Transition Began	D/M/Y Eligible for Certification

2.5 Has poultry:

a) been under continuous organic management beginning no later than the second day of life?

Yes No N/A

If no, why? _____

b) been given medication other than vaccines. Yes No N/A

If yes, why.? _____

2.6 Have animals used for milk production been under continuous organic management for at least one year prior to product being marketed as organic. Yes No N/A

If no, why? _____

2.7 Have animals used for meat been under continuous organic management since the beginning of the last third of the gestation period if offspring are to be labeled as organic. Yes No N/A

If no, why? _____

2.8 Do your records track livestock from birth/purchase through to sale of organic and non-organic livestock or product? Yes No

Please maintain records for all purchased livestock for inspector verification.

3.0 LIVING CONDITIONS

3.1 Identify housing, shelters and outdoor access areas (exercise areas, pasture and shade areas) on the ACO Production (Farm and Field) Map and/or ACO Yard and Building Map, provide building dimensions and size of outside areas. *Refer to stocking ratios for livestock, standard 6.8.8 to 6.8.13.3.*

3.2 Does livestock have access to the outdoors, shade, shelter, rotational pasture, exercise areas, fresh air and direct sunlight suitable to the species, its stage of production, the climate and the environment? All Year As Weather Permits

3.3 Do livestock facilities provide for:

a) natural maintenance and behaviors? Yes No

b) exercise, suitable temperature? Yes No

c) ventilation, and air circulation? Yes No

3.4 Is livestock routinely confined? Yes No

If yes, why? _____

3.5 Are livestock provided sufficient, clean bedding? Yes No

Type of bedding used: straw wood shavings other

How often is manure removed? _____

3.6 Is bedding material from a documented organic source? Yes No

Identify the bedding material and source. _____

4.0 LIVESTOCK FEED AND FEED SUPPLEMENTS

4.1 Identify in the table below the source of livestock feed.

Type of Feed / Forage	Source of Feed	Organic Status
	<input type="checkbox"/> On farm <input type="checkbox"/> Purchased off farm	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> On farm <input type="checkbox"/> Purchased off farm	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> On farm <input type="checkbox"/> Purchased off	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> On farm <input type="checkbox"/> Purchased off	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> On farm <input type="checkbox"/> Purchased off	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> On farm <input type="checkbox"/> Purchased off	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> On farm <input type="checkbox"/> Purchased off	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> On farm <input type="checkbox"/> Purchased off	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no

Please maintain documentation to verify that feed purchased is from a certified organic source for verification by the inspector.

4.2 Is feed mixed/ground on farm? Yes No

If yes, is the equipment also used to mix/grind non-organic feed? Yes No

If yes provide documentation of cleaning process.

4.4 Do you provide mineral supplements?

If yes a) block loose

If using block, do you have proof that the block does not contain GMO material as a binding agent

Yes No

4.5 Is your pasture natural cultivated both

Maintain all ingredient labels for all feed supplements and/or additives and silage inoculants for verification by the inspector.

5.0 WATER

5.1 Do animals have access to clean drinking water at all times? Yes No

5.2 What is the water source on-site well(s) river/creek/pond spring
municipal/county other, specify _____

5.3 Are any substances added to the water? Yes No

If yes, please specify _____

6.0 HERD HEALTH

6.1 Have you established and maintained a system of preventive livestock health care practices?

Yes No

6.2 List the common disease and parasite problems of your local region. _____

6.3 Indicate the methods used to control and/or manage diseases and parasites: sanitation

nutrition appropriate housing indoor and outdoor space based on stocking ratio

isolation appropriate medical treatment Other _____

6.4 Were any animals treated with veterinary prescribed substances? Yes No

If yes, identify the animal, treatment date and material used in the following table.

Animal Identification	Treatment Date	Material Used

6.5 Are restricted inputs used in the health program in compliance with the identified restrictions?

Yes No

If no, explain _____

6.6 Do you remove animals that have been treated from the herd or flock? Yes No

If no, how do you identify and segregate the treated animals? _____

6.7 Do you perform any physical alterations to your livestock (castration, etc.)?

Yes No

If yes, please identify the procedure, the age at which the procedure is done.

6.8 List any anesthetics or other medications used before, during or after the process. Maintain ingredient labels for verification by inspector. _____

6.9 For dairy what is your annual average of the somatic cell count? N/A

7.0 REPRODUCTION

7.1 For reproduction do you use natural service artificial insemination

8.0 ORGANIC INTEGRITY

8.1 Do you maintain detailed records for organic and non-organic livestock? Yes No

8.2 Are organic animals visually distinguishable from non-organic animals? Yes No
Describe the segregation and identification methods used. _____

8.3 Describe your animal identification system (tagging, animal numbering). _____

8.4 During transportation are animals/flocks clearly identified and/or segregated? Yes No

8.5 Identify the slaughter facility used. _____

Is this slaughter facility certified organic? Yes No

If no, include a slaughterhouse protocol that identifies the process by which the organic product is handled to prevent commingling with non-organic product at the slaughtering facility. See **Slaughterhouse Protocol** attached for guidance.

9.0 MILK HANDLING N/A

9.1 Describe your milk handling process including where and when cleaning agents are used, attach a separate sheet if required.

Maintain labels for inspector verification.

9.2 Please provide a water test for verification by the inspector.

9.3 Do you further process your milk into cheese, ice cream or other products? Yes No
If, yes you must complete an ACO Appendix B -On-Farm Processor Application.

10.0 EGG HANDLING N/A

12.1 Describe your egg handling practices including collection of eggs, cleaning, storage and grading and shipping _____

12.2 Are eggs washed with permitted substances? Yes No

11.0 AUDIT TRAIL

Please have the following records and items available for audit trail verification by the inspector.

- Records showing animal activity such as births, deaths, medications, purchases, sales, etc.
- Farm records including bills, invoices and any other relevant proof of purchases and sales of inputs and products
- Ingredient labels for purchased inputs (feed, medications, supplements, bedding, etc.)
- Complaint log
- Water test

Please forward the following documentation along with this application:

- Slaughterhouse protocol

I, _____, hereby certify that the above information is accurate and complete.

Signature of Applicant _____ Date _____