



Organic System Plan Update for Ruminant Livestock

Producer Name(s):	License # (Office Use Only):
Business Name:	Location/County/State:

Section A: Production Operation Profile **NOP § 205.201**

The National Organic Program Standards require all operations seeking certification to develop an organic system plan that is agreed to by the certified operation and an accredited certifying agent. A certified operation must update this system plan on an annual basis in order to verify continued compliance.

You may change or update your plan throughout the year. Changes must be submitted the Department prior to implementation. Plan updates may be submitted by phone, fax, email or letter.

1. Check all that apply to your operation:

<input type="checkbox"/> Dairy Stock	<input type="checkbox"/> Breeding Stock	<input type="checkbox"/> Slaughter Stock	<input type="checkbox"/> Non-Ruminant Livestock
<input type="checkbox"/> Pasture	<input type="checkbox"/> Feed Crops	<input type="checkbox"/> Diverse Crops	<input type="checkbox"/> Field Crops
<input type="checkbox"/> Other:			

2. Are you adding acreage this year? Yes No

2a. If Yes, is a Land Application completed and attached? Yes No

3. Are you removing land from Organic production this year? Yes No

3a. If Yes, provide the field ID and acreage:

4. Do you plan to lease your certified acreage to another producer this year? Yes No

4a. If Yes, provide details:

Section B: Seeds, Annual Transplants and Seedlings **NOP § 205.204, 205.240**

1. Have you planted any seed since your previous inspection? Yes No

1a. If Yes, was the seed certified organic? Yes No

If No, please explain justification for using non-organic seed:

Section C: Soil Fertility and Crop Nutrient Management **NOP §205.203, 205.240**

1. Have you made any changes in tillage practices, manure management, or material inputs? Yes No

1a. If Yes, please describe:

Please be sure all material fertility inputs are listed on the *Material Inventory, Section N* of this form.



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Section D: Crop Rotation and Cover Crops **NOP §205.205**

1. Is your system of crop rotations and cover crops improving soil quality? Yes No

1a.If No, provide changes:

Section E: Natural Resources **NOP §205.200, 205.240**

1. Are there any changes in the way you manage and/or monitor water use, soil quality, or biodiversity? Yes No

1a.If Yes, provide changes:

Section F: Weed, Pest, and Disease Management **NOP §205.206**

1. Have you made any changes in management, or material inputs? Yes No

1a.If Yes, provide changes:

Please be sure all weed, pest, and disease control materials are listed on the *Material Inventory, Section N* of this form.

Section G: Harvest/Storage/Packing/Transportation and Split/Parallel Production **NOP §205.272**

1. Have you made any management changes? Yes No

1a.If Yes, provide changes:

List all crop varieties in Split/ Parallel production and indicate whether they are organic or conventional:

Crop Variety	Organic	Acres	Conventional	Acres
Example: Alfalfa Hay	<input checked="" type="checkbox"/>	532	<input checked="" type="checkbox"/>	785
	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	

Section H: Livestock Flow Chart

1. Have you made any changes to production methods? Yes No

1a.If Yes, provide changes:

Section I: Slaughter of Livestock **NOP §205.236**

1. Have you made any changes to sale, labeling, or butchering of finished animals? N/A Yes No

1a.If Yes, provide changes:



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Section J: Dairy Livestock	NOP§ 205.236
1. Have you made any management changes?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
1a.If Yes, provide changes:	

Section K: Housing and Pasture	NOP §205.239, 205.240
1. Have you made any management changes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1a.If Yes, provide changes:	

Section L: Organic Feed Rations and Pasture	NOP §205.239, 205.240
1. Have you changed rations, feed, feed additives, feed supplements, or suppliers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1a. If Yes, provide changes:	
2. Have you made any changes to pasture management?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2a. If Yes, provide changes:	
3. Fill out the table below:	

- *Provide Feed information for the classes of animals being raised for organic meat or dairy production.*
- *Use one line per class of animal.*
- *If you maintain feed ration records in a format different than what is provided below (nutritionist's ration, Excel spreadsheet, etc.), you may submit that documentation in lieu of completing the tables.*

Summer Feed Rations											
Class of Animal	Number of Animals	Average Weight (lbs)	Dry Matter Demand (DMD)	Amount of Feed in Dry Matter/Unit of Time						DMI from pasture/ DMD x 100 = % DMI from pasture	Feed Purchased?
				A. Grain	B. Hay	C. Other	D. Other	E. Total (add columns A-D.	DMD – Total Feed Fed (column E) = DMI from pasture		
<i>Example: Dry Cows</i>	25	1300	28#	1.5#/day	1.5#/day			3#/day	28-3 = 25#	25/28 = .89 x 100 = 89%	Yes



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Winter Feed Rations									
Class of Animal	Number of Animals	Average Weight (lbs)	Dry Matter Demand	Amount of Feed in Dry Matter/Unit of Time					Feed Purchased?
				a. Hay	b. Grain:	c. Other:	d. Other:	e. Total (add columns a-d)	
<i>Example: Dry Cows</i>	25	1300#	28#	26.5#/day	1.5#/day			28#	Yes

Section M: Livestock Health Care **NOP § 205.238**

1. Have you adopted any new health care practices for your animals? Yes No

1a. If Yes, provide changes:

2. List any animals that have been treated with a prohibited substance within the previous 12 months below:

Animal ID	Date	Medication	Reason for Use	Preventative Practice	Outcome
<i>Example: #14</i>	<i>5/17/2009</i>	<i>Tylan</i>	<i>Pneumonia</i>	<i>Vaccination, Shelter, and Nutrition</i>	<i>Died</i>



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Section N: Materials Inventory **NOP §205.238, 205.603, 205.604**

- 1) List all mineral mixes, enzymes, electrolytes, herbs, vitamins, parasiticides, teat dips, hoof treatments, vaccines, etc. that are administered to your organic animals.
- 2) List all inoculants, fertilizers, manure, compost, foliar nutrients, or crop production aids used as fertility inputs.
- 3) Have all product invoices available for review at your inspection.
- 4) You may submit your materials list in other formats (Excel, Word, Etc.). **Use additional sheets as necessary.**

Livestock Material (Brand Name or Source)	Verification			
	OMRI Approved	WSDA Approved	Synthetic NOP Generic (205.603)	Non-Synthetic NOP Generic (205.603)
Ex: Salt/Minerals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ex: Dr. Johns Probiotic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Crop Material (Brand Name or Source)	Applied On: List Specific Crops	OMRI Approved	WSDA Approved	Synthetic NOP Generic (205.603)	Non-Synthetic NOP Generic (205.603)	Label Attached (Attach Label if product is not approved per OMRI or WSDA)
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Section O: Milk Handling and Milk Quality

NOP §205.238

1. Have you made any management changes or improvements? N/A Yes No

1a.If Yes, provide changes:

Section P: Record Keeping

NOP §205.103

1. Can your previous year production and sales claim be verified through your record keeping system?

Yes No

1a.If Yes, provide changes:

- *You are required to maintain organic related records for 5 years and have them available during inspections.*
- *Failure to have documentation at your inspection may impact or delay your organic certification.*
- *Retain a copy of this Organic System Plan Update for your records.*