



Ruminant Livestock Organic System Plan

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. Provide a brief description of your ranching or farming operation. Include type of herd, breed, and crops produced:
2. Check the boxes that apply to you:
[ ] Organic [ ] Organic and Non-Organic [ ] Conversion
3. Check the boxes that apply to your farming/ranching operation:
[ ] Dairy Stock [ ] Breeding Stock [ ] Slaughter Stock [ ] Non-Ruminant Livestock
[ ] Pasture [ ] Diverse Crops (Vegetables) [ ] Row Crops [ ] Feed Crops
[ ] Field Crops [ ] Other:
4. Renewing Producers, do you have any land changes? [ ] N/A, New Applicant [ ] Yes [ ] No
4a. If Yes, fill out a Previous Land Manager Affidavit and/or Land Application, and attach updated maps.
5. Do you have a copy of the National Organic Standards? [ ] Yes [ ] No, visit http://agr.mt.gov

New Applicant Section

If you are a new applicant, please fill out a Private Land Manager Affidavit (if applicable), Land Application, and Map.

- 6. Are you a new applicant? [ ] Yes [ ] No, skip to Section B
6a. Have you previously applied for organic certification with another certifier? [ ] Yes [ ] No, skip to Section B
6b. If Yes, please list the certification agency, the year the application was made, and the outcome of the application (approved or not approved).
Accredited Certifier: Year: Were you certified? [ ] Yes [ ] No
7. If currently or previously certified by another certifier, did you receive a notice of noncompliance or a letter notifying you that in order to maintain organic certification conditions must be met, in the last year? [ ] Yes [ ] No
7a. If Yes, please list the non-compliances or conditions, and state how the issues were resolved.
8. Have you ever been denied certification or had your certification suspended or revoked? [ ] Yes [ ] No



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8a. If Yes, Please describe the circumstances:

Section B: Seeds and Planting Stock NOP § 205.204, 205.240
NOP §205.204, 205.240 requires producers to use organically grown seed, annual seedlings and planting stock, unless these are not commercially available. You must maintain documentation verifying the unavailability of organic seed. Genetically modified seeds or seeds treated with prohibited substances are not allowed.

- 1. Do you use seeds on your farming operation?
1a. If Yes, please check all sources of seed you plan to use:
2. Do you use non-organic seed or planting stock?
2a. If Yes, describe how you determine that an organic equivalent is not available from a valid source:
2b. If Yes, how do you document that the seeds are not genetically modified?
3. Are any seeds used treated with materials?
3a. If Yes, please list all treatments (including inoculants):

Section C: Soil Fertility and Crop Nutrient Management NOP §205.203, 205.239, 205.240
NOP §205.203, 205.240 require producers to implement tillage and cultivation practices that maintain or improve the condition of the soil and minimize erosion. Producers must also manage crop nutrients and soil fertility through rotation, cover crops and application of plant and animal materials. Additionally, you must manage plant and animal materials to maintain or improve soil organic matter while minimizing contamination of crop, soil or water.

- 1. Check the tillage and cultivation practices that you implement on your operation:
2. Check the major components of your soil-building/crop nutrient management plan:
3. Check the management practices that help to monitor the soil fertility on your farm:
4. Please describe how often you monitor or measure the soil fertility and crop nutrient level on your farm:



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5. Please describe your manure management with regard to the following:

Liquid:	
Solid:	
Compost:	
Bedding:	

6. Do you compost your manure?  Yes  No

6a. If Yes, do you compost in compliance with §205.203?  Yes  No

7. Please list all fertility inputs (manure) that you plan to use on your operation in Section N: Materials.

**Section D: Crop Rotation and Cover Crops** **NOP §205.205**  
 NOP §205.205 require a producer to implement a crop rotation that maintains or improves soil organic matter, provides for pest management, manages deficient or excess plant nutrients and provides erosion control. These practices can include, but are not limited to sod, cover crops, green manure or animal rotation.

1. Check the issues addressed by your rotation/cover crop strategy:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Increase Organic Matter     | <input type="checkbox"/> Water Availability  | <input type="checkbox"/> Water Infiltration/Drainage |
| <input type="checkbox"/> Soil Compaction or Crusting | <input type="checkbox"/> Soil Structure      | <input type="checkbox"/> Water Erosion               |
| <input type="checkbox"/> Wind Erosion                | <input type="checkbox"/> Deficient Nutrients | <input type="checkbox"/> Excess Nutrients            |
| <input type="checkbox"/> Salinity                    | <input type="checkbox"/> pH                  | <input type="checkbox"/> Weed Management             |
| <input type="checkbox"/> Pest Management             | <input type="checkbox"/> Disease Management  | <input type="checkbox"/> Overall Farm Biodiversity   |
| <input type="checkbox"/> Other: _____                |  |  |

2. **Describe your crop rotation plan(s) and goals** for each rotation sequence in use. **List the sequence and frequency** of crops/plant families, cover crops, green manures or sod. If more than one rotation is used, describe each and indicate where/when it is used.

*Ex: Spring grain – legume green manure – winter grain – oilseed; Manage soil moisture, control weeds, cycle nutrient and provide nitrogen for grain crops.*

3. Check the monitoring practices used to measure the effectiveness of your rotation/cover crop plan:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Soil Observation    | <input type="checkbox"/> Soil (Nutrient) Tests | <input type="checkbox"/> Soil Organic Matter Content |
| <input type="checkbox"/> Crop Observation    | <input type="checkbox"/> Crop Yield Comparison | <input type="checkbox"/> Crop Quality Tests          |
| <input type="checkbox"/> Crop Protein Levels | <input type="checkbox"/> Plant Tissue Tests    | <input type="checkbox"/> Microbiological Tests       |
| <input type="checkbox"/> Other: _____        |  |  |

4. What monitoring records do you keep?

5. When and how often do you monitor?

- Daily  Weekly  Monthly  Yearly  As Needed

**Section E: Natural Resources** **NOP §205.200, 205.240**  
 NOP §205.200, 205.240 require that an organic producer must implement practices which maintain or improve the natural resources of this operation, including soil and water quality,

1. Please check the relevant plans you maintain to assist you in managing your on-farm resources:



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- Organic System Plan     
  NRCS Farm Plan     
  Conservation District Plan  
 Farm Plan or Resource Management Plan     
  Other: \_\_\_\_\_

2. How is the water quality and quantity maintained and sustained on your farm?
3. Do you have irrigation water available for pasture?  Yes  No
4. Do you irrigate your pastures?  Yes  No, **Skip to 8**
- 4a. If Yes, check all that apply:  
 Spring       Creek/River/Pond       Well/On-Site/Municipal County  
 Irrigation District: \_\_\_\_\_       Other: \_\_\_\_\_
5. Does your irrigation district use herbicides, algacides, or fungicides?  Yes  No
6. Check the type of irrigation system used on your farming operation:  
 None       Center Pivot       Wheel Line       Solid Set       Flood  
 Furrow       Drip       Other: \_\_\_\_\_
7. Do you apply materials through your irrigation system?  Yes  No
- 7a. If Yes, how do you ensure that Organic land is not contaminated by materials?
8. Describe your plan for erosion control and protection of natural wetlands and riparian areas?
9. How do your farming practices conserve or preserve Biological Diversity and Ecological Balance: Beneficial Organisms, Pollinators, Predators, Natural Enemies of Pests, Native Habitat, Wildlife, and Vegetation?  
 Biologically Diverse Plantings       Provision of Field Borders       Beneficial Insectary  
 Pollinator-Friendly Plantings       Raptor Perches       Bird/Bat/Bee Houses  
 Fenced Riparian Areas       Maintain Habitat or Migration Corridors       Other: \_\_\_\_\_
10. How do your farming practices contain or eliminate Invasive Species: Reducing Spread and Impact?  
 Contain/Remove Invasive Species       Use Weed-Free Planting Stock and Soil Amendments  
 Monitor for New Introductions of Invasive Plants or Animals       Clean Tools and Equipment  
 Other: \_\_\_\_\_

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

**NOP §205.206** require that producers implement management practices to prevent weeds, pests and diseases in your crops grown for livestock. When these preventative practices are insufficient, a producer may use nonsynthetic substances or synthetic substances approved under NOP §205.601.

1. Please use the table below to document the weed, pest and disease problems in the pasture and livestock feed crops.

Weed, Pest or Disease	Weed	Pest	Disease	Preventative Practice	Cultural Practice and Materials Used
<i>Example: Tansy</i>	X			<i>Improve Soil to support desired species</i>	<i>Pull by hand</i>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		



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<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"/>	

**Section G: Harvest/Storage and Split/Parallel Production** **NOP §205.272**  
 NOP §205.272 require that an operation that producer organic and non-organic products must prevent the commingling and contamination of organic and non-organic products.

1. Please check the types of crops that you harvest from your operation:
 

<input type="checkbox"/> Alfalfa Hay	<input type="checkbox"/> Grass Hay	<input type="checkbox"/> Annual Grain or Seed Crops
<input type="checkbox"/> Haylage	<input type="checkbox"/> Other: _____	
2. Do you use inoculants or other materials on feed crops?  Yes  No
- 2a. **If Yes, please list in Section N: Materials Inventory.**
3. Do you have buffers?  Yes  No
- 3a. Check all that apply. Are buffers:
 

<input type="checkbox"/> Fenced from livestock	<input type="checkbox"/> Harvested	<input type="checkbox"/> Not-Managed	<input type="checkbox"/> Cut and Left
<input type="checkbox"/> Grazed by Non-Organic Livestock	<input type="checkbox"/> Other:		
4. Does your farm produce conventional crops?  Yes  No

4a. List all crop varieties in Split/Parallel production and indicate whether they are organic or conventional:

Crop Variety	Organic	Acres	Conventional	Acres
Example: Alfalfa	<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"/>	

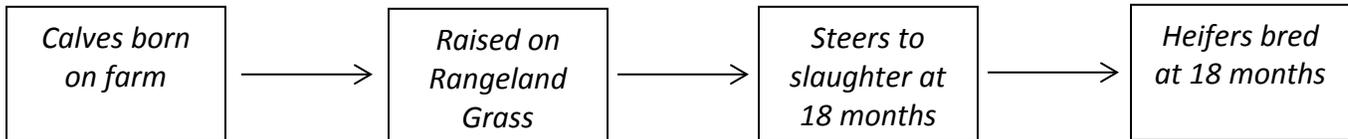
5. Is the same equipment used to produce both organic and non-organic crops (including buffers)?  N/A  Yes  No
- 5a. If Yes, is the equipment cleaned prior to harvest?  N/A, please explain:  Yes
6. Do you store both organic and conventional crops at your farm?  N/A  Yes  No
7. What categories of livestock are produced?  Organic  Conventional
8. If you produce both organic and conventional livestock, please describe your plan to ensure that the integrity of organic livestock is maintained from conventional livestock.
9. If you produce both organic and conventional livestock, please describe your plan to ensure that organic livestock are not contaminated with prohibited materials (including conventional feed) used in conventional livestock production.

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#### Section H: Livestock Flow Chart

Please provide information regarding the flow of animals through your system. Include source of animals, living conditions for each stage of production, and final destination of animals. This may be in a narrative form or submitted as a flow chart. Refer to the example below and attach additional pages as necessary.

*Example:*



#### Section I: Slaughter of Livestock

**NOP §205.236 & 205.239** require that livestock products intended for sale as organic must be from livestock under continuous organic management from the last third of gestation and comply with all feed, health care and living condition requirements.

1. Do you raise livestock for slaughter?  Yes  No, **skip to Section J**
2. Are all animals under organic management from the last third of gestation?  Yes  No
3. Is slaughter stock finished with grain?  Yes  No
4. What is the Dry Matter Intake from pasture during finishing?
- 4a. **(Note the finishing period shall not exceed 1/5 of the animals total life or 120 days, whichever is shorter. Please maintain documentation verifying compliance with these regulations if applicable.)**
5. Do you purchase slaughter animals from outside sources?  Yes  No
- 5a. If Yes, please list the sources of all replacement slaughter animals purchased:  
\_\_\_\_\_, Are they certified organic?  Yes  No
6. Do you maintain organic certificates for all purchased livestock?  Yes  No
7. How is organic livestock sold?  
 Harvested/Processed  Live, **skip to Section J**  Other: \_\_\_\_\_
8. Please list the slaughter facility that you use or plan to use to process your organic livestock:



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Business Name:	
Address:	
Phone Number:	
Certified Organic by:	

9. List the cut and wrap facility and/or processing facility that you use or plan to use process your organic meat products if different from above:

Business Name:	
Address:	
Phone Number:	
Certified Organic by:	

**All meat products sold as organic must be processed at a certified organic processing and/or handling facility.**

10. Who is responsible for labeling your products?

- Slaughter Facility     
  Cut and Wrap Facility     
  Producer     
  Other

10a. Attach all labels used.

**Section J: Dairy Livestock**

**NOP § 205.236**

**NOP §205.236** require that milk or milk products which will be marketed as organic must be from animals that have been under continuous organic management beginning no later than 1 year prior to the production of the milk or milk products.

1. Do you raise dairy animals?  Yes  No, **skip to Section K**
2. Are you currently converting animals to organic production?  Yes  No
- 2a. If Yes, please list the date you began your conversion: \_\_\_\_\_
3. Do you purchase replacement animals?  Yes  No
- 3a. If Yes, are they certified organic?  Yes  No
4. Do you sell culls for organic slaughter?  Yes  No
- 4a. If Yes, have these animals been under organic management from the last third of gestation (not transitioned from conventional to organic)?  Yes  No

**Section K: Housing and Pasture**

**NOP §205.239, 205.240**

**NOP §205.239, 205.240** require that a producer provide living conditions which accommodate the health and natural behavior of the animal, including access to the outdoors, access to pasture, clean and dry bedding as well as shelter for organic animals.

1. Do you provide year-round access to the outdoors, shade, shelter, exercise areas, fresh air, clean water and direct sunlight for all organic livestock?  Yes  No
- 1a. If No, please indicate why livestock may be subject to confinement:  
 Inclement Weather     
  Stage of Production     
  Risk to Soil or Water  
 Health, Safety or Well Being of Animal     
  Other: \_\_\_\_\_
2. Do you confine animals from grassland or pasture?  Yes  No



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2a. If Yes, indicate the duration of confinement from pasture for each group listed below or list Not Applicable(N/A):

Young Stock: \_\_\_\_\_ Slaughter Stock: \_\_\_\_\_
Feeder Stock: \_\_\_\_\_ Pre-Parturition: \_\_\_\_\_
Breeding Animals: \_\_\_\_\_ Post-Parturition: \_\_\_\_\_
Lactating Animals: \_\_\_\_\_ Other: \_\_\_\_\_

3. Do you provide access to pasture for organic animals? [ ] Yes [ ] No

4. Describe the type of vegetation in your pastures (ex - species, type, etc):

5. List your approximate grazing season dates (does not have to be continuous):

6. Describe your grazing system:

7. Do you provide supplemental access to yards, feeding pads, feedlots, or other confinement areas for ruminants in order to provide outdoor access during the grazing or non-grazing season? [ ] Yes [ ] No

7a. If Yes, please describe how you manage access to feed in regard to crowding, competition, and drainage:

8. Is shelter available for organic animals? [ ] Yes [ ] No

8a. If Yes, describe the shelter (i.e. barn, shed, trees, straw bales, natural land formations, etc):

8b. Indicate which conditions are addressed by the shelter provided (check all that apply):

- [ ] Natural Maintenance [ ] Comfort Behaviors [ ] Opportunity for Exercise
[ ] Suitable Temperature Levels [ ] Ventilation [ ] Air Circulation
[ ] Reduction of Potential for Injury [ ] Other: \_\_\_\_\_

9. Do you provide bedding for your animals? [ ] Yes [ ] No

9a. If bedding source is from forage, it must be certified organic. Please maintain purchase and certification documentation as applicable.

10. Has treated lumber been used in a new installation or for replacement purposes? [ ] Yes [ ] No
justify [ ] No

10a. If Yes, please identify location and describe preventative measure used to prevent contact with soil or livestock:



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**Section L: Organic Feed Rations and Pasture NOP §205.237**

- 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 (column E) = DMI from pasture		
Example: Heifers	25	1300	28#	1.5#/day	1.5#/day			3#/day	28-3 = 25#	25/28 = .89 x 100 = 89%	Yes

**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)	
Example: Dry Cows	25	1300#	28#	26.5#/day	1.5#/day			28#	Yes



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- Is all feed certified organic?  Yes  No
- Provide the method for calculating dry matter demand (DMD) and dry matter intake (DMI).
- In the table below, indicate the % DMI and DMD from pasture, during the grazing season for each class of animal noted in the feed rations.

Class of Animal (Cow, Calf, Steer, Heifer, etc.)	DMD	Average % DMI

**Section M: Livestock Health Care** **NOP § 205.238**  
 NOP § 205.238 require livestock producers to establish and maintain preventative livestock health care practices. When preventative practices and veterinary biologics are inadequate to prevent sickness, a producer may administer synthetic medications allowed per NOP §205.603. Any medications administered, whether allowed or prohibited, must be recorded on an animal health record. Withholding medical treatment from a sick animal is prohibited by the National Organic Standards.

- Review the conditions that have afflicted or could afflict your animals. Describe your preventative plan and treatment used if preventative practice is insufficient.

Condition	Experienced? Yes/No	Preventative Practice	Treatment (If prevention fails)
<i>Ex: external parasites</i>	<i>Yes</i>	<i>Pasture Rotation</i>	<i>Diatomaceous Earth, Garlic</i>
Digestive Disorders (diarrhea, bloat, scours etc.)			
External Parasites			
Eye Conditions (pink eye, etc.)			
Hoof Conditions (hairy heal wart, foot rot, abscess, etc.)			
Internal Parasites			
Mastitis			
Metabolic Disorders (milk fever, ketosis, etc.)			



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Poisoning or Toxins			
Reproductive Disorders			
Respiratory Diseases			
Skin Conditions			
Other: _____			

2. Do you administer vaccines?  Yes  No

2a. **If Yes, list all vaccines used in Section N: Materials Table**

2b. If Yes, are any of these vaccines genetically modified?  Yes  No

If yes list

3. List any animals that have been treated with a prohibited substance within the previous 12 months in the table below. Use additional sheets as necessary.

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

4. If an animal is to be treated with a prohibited material, please describe your plan and/or current practice for removing this animal from the herd and the organic market:

5. Do you perform physical alterations?  Yes  No

5a. If Yes, please check all that apply:  Castration  Dehorning  Other: \_\_\_\_\_

5b. How is pain and stress minimized?

6. list the average cull percentage : \_\_\_\_\_

7. list the average percentage death loss: \_\_\_\_\_



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

Please list all mineral mixes, enzymes, electrolytes, herbs, vitamins, parasiticides, teat dips, hoof treatments, vaccines, etc. that are administered to your organic animals. Please list all fertilizers, manure, compost, foliar nutrients, or crop production aids used as fertility inputs. Indicate how you verify that it is an allowable material by checking the appropriate box(es). Have all products available for review at your inspection. Use your application records or materials list from last year's inspection report as a reminder. If you prefer you can 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/mineral	<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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Crop Material (Brand Name or Source)	Where is the material applied? 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 §205.236, 205.238**

1. Do you currently produce or do you plan to produce organic milk on your farm?  
 Yes     No, **skip to Section P**
2. Do you process your milk into milk products on-farm (i.e. Cheese, Yogurt, Etc.)?     Yes     No
- 2a. **If Yes, you must be certified as an Organic Handler in order to sell, label, and represent these products. Please contact our office for more information and a Handler Certification Packet.**
3. **List the sanitizers and cleaners used in Section N: Materials Table.**
4. Please describe your plan to ensure your milk is not contaminated with sanitizers and cleansers:
5. Please list your production and somatic cell counts (SCC) for the previous six months in the table below:

Date	SCC	Pounds Produced	Date	SCC	Pounds Produced

**Section P: Record Keeping**

**NOP §205.103**

**NOP §205.103** require organic producers to maintain records concerning the production, harvesting and handling of organic livestock and livestock products. These records must fully disclose all activities and transactions of the operation in sufficient detail to be readily understandable and auditable and must be available for inspection and copying. ***These records must be sufficient to demonstrate compliance with the act and must be maintained for not less than five years. Failure to have documentation at your inspection may impact or delay your organic certification. Please retain a copy of this Organic System Plan for your records.***

1. Please check the method of animal identification that you use on the farm:  
 Ear Tag     Brand     Tattoo     Other: \_\_\_\_\_
2. What records do you retain? Check all that apply.
  - Receipts for Purchased Livestock
  - Receipts for Forage Production
  - Weight Records of Animals at Slaughter
  - Synthetic Medications Administered
  - Herbal and Natural Remedies or Other Approved Materials Given to Animals
  - Vitamins, Minerals or Other Materials Administered for Preventative Health Care
  - Receipts for Purchased Feed Products
  - Records of treated, transitioned, and sale Animal
  - Sales Receipts
  - Pasture/Outside Access Records (i.e days/hours)
  - Milk Production and Quality Records
  - Feed Records
  - Confinement Records
  - Breeding Records
  - Individual Animal Identification Records



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Other (Please List): \_\_\_\_\_

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