



Avian Production Operation Profile

Electronic versions available at agrorganic@mt.gov

Section

A

Producer Name(s):

Date:

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 the box(s) that apply to your operation:

- Organic
 Organic and Non-Organic
 Transition/Conversion

2. Check the box(s) that apply to your farming/ranching operation type:

- Ducks Meat Birds/Broilers Pullets Feed Crops Diverse Crops (Vegetables)
 Geese Mammalian Livestock Pasture Field Crops Rangeland/Grass
 Laying Hens Other:

3. Provide a brief description of your ranching or farming operation. Include type of flock, breed, and crops produced (if applicable):

4. What products do you intend to sell?

- Meat Eggs Live Animals Other:

5. Do you have any land changes?

- Yes No N/A, New Applicant

If Yes, fill out a Land Application and/or Previous Land Manager Affidavit, and attach updated maps.

6. Do you have a copy of the National Organic Standards?

- Yes No, visit <http://agr.mt.gov>

Department Use Only	<input type="checkbox"/> Initial Reviewer	<input type="checkbox"/> Inspector	<input type="checkbox"/> Final Reviewer
<u>Is it Complete?</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Verified & Accurate?</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Observation/Comment:</u>			



Avian Livestock New Applicant

Section A1

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For Chickens, Ducks, Geese, and Turkeys

<i>Producer Name(s):</i>	<i>License Number (Office Use Only):</i>
<i>Business Name:</i>	<i>Location (County/State):</i>
Section A1: New Applicant Section	

1. Are you a new applicant?
 Yes No, **go to Section B**
If Yes, fill out Land Application(s), with attached map(s) and/if applicable, Previous Land Manager Affidavit.

2. Have you previously applied for organic certification with another certifier?
 Yes No, **go to Section B**
If Yes, please list the certification agency, the year the application was made, and the outcome of the application.

Accredited Certifier: _____ Year: _____ Certified? Yes No

3. If currently or previously certified by another certifier, did you receive a notice of noncompliance.
 Yes No
If Yes, please list the non-compliance(s), and state how the issues were resolved:

4. Have you ever been denied certification or had your certification suspended or revoked?
 Yes No
If Yes, please describe the circumstances:

Department Use Only	<input type="checkbox"/> Initial Reviewer	<input type="checkbox"/> Inspector	<input type="checkbox"/> Final Reviewer
<u>Is it Complete?</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Verified & Accurate?</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Observation/Comment:</u>			



Avian Origin of Livestock

Section
I

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Producer Name(s):

Date:

Section I: Origin of Livestock

NOP § 205.236

Livestock products that are to be sold, labeled, or represented as organic must be from livestock under continuous management from the last third of gestation or hatching: Except, That:

“Poultry. Poultry or edible poultry products must be from poultry that has been under continuous management beginning no later than the second day of life.”

1. Do you purchase replacement animals?

Yes No Hatched on Farm

1b. What source(s) are used? (if applicable)

Direct from Hatchery Purchase Certified Organic Stock

2. Have the birds been under organic management since “2nd day of life”?

Yes No

Type (Layers, Broilers, Foul)	# of Animals	Product (Eggs, Meat)

3. Check your flock identification system:

Flock Number House Number Breed Specific Purchase Date Other:

4. Do you raise Organic and Non-Organic livestock?

Yes No

4b. If yes, how are animals kept separate or distinguished?

4c. How is Organic and Non-Organic feed prevented from comingling?

4d. How are livestock health care materials for Non-Organic animals stored and separated from Organic approved materials?



Avian Origin of Livestock

Section

I

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Producer Name(s):

Date:

Department Use Only	<input type="checkbox"/> Initial Reviewer	<input type="checkbox"/> Inspector	<input type="checkbox"/> Final Reviewer
<u>Is it Complete?</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<u>Observation/Comment:</u>			



Avian Livestock Materials Table

**Section
J**

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Producer Name(s):

Date:

Section J: Materials Table **NOP §205.103, 202.203, 202.600-606**

List materials planned for use: Inoculants, Potting Soil, Grafting, pH adjusters, Stickers

- Active and inactive ingredients in a material used must be disclosed and approved per the National Organic Standards.
- Failure to verify organic compliance and/or use of an unapproved material may jeopardize organic certification and may result in a compliance action.

Material Brand Name/Source	Applied To	Fertility	Soil	Weed	Pest	Disease	Other	OMRI	WSDA	Natural	Synthetic	List Ingredients if Not OMRI or WSDA.
<i>Ex: Manure</i>	<i>Alfalfa Hay</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
<i>Ex: Inoculant</i>	<i>Pea Seed</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Avian Livestock Materials Table

**Section
J**

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Producer Name(s):

Date:

Section J: 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)
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Avian Livestock Materials Table

**Section
J**

Electronic versions available at agrorganic@mt.gov

Producer Name(s):

Date:

Department Use Only	<input type="checkbox"/> Initial Reviewer	<input type="checkbox"/> Inspector	<input type="checkbox"/> Final Reviewer
<u>Is it Complete?</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Verified & Accurate?</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Observation/Comment:</u>			



Avian Livestock Livestock Feed

**Section
K**

Electronic versions available at agroorganic@mt.gov

Producer Name(s):

Date:

Section K: Livestock Feed

NOP §205.238

1. Provide the Feed Ration for each Type and Production Group:

<u>Livestock Group</u>	<u>Number of Animals</u>	<u>Type of Feed</u>	<u>Amount of Feed in LBS/Unit of Time</u>

- **Current Organic Feed Certificates Must be Present at Inspection**



Avian Livestock Livestock Feed

Section
K

Electronic versions available at agroorganic@mt.gov

Producer Name(s):

Date:

2. For layer operations, is feed limited to induce molting?

Y N

Department Use Only	<input type="checkbox"/> Initial Reviewer	<input type="checkbox"/> Inspector	<input type="checkbox"/> Final Reviewer
Is it Complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Verified & Accurate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Comment:			



Avian Livestock Care & Production

Section
L

Electronic versions available at agrorganic@mt.gov

Producer Name(s):

Date:

Section L: Livestock Health Care Practice Standard

NOP §205.238

The producer must establish and maintain livestock health care practices.

1. Which practices are used to maintain preventative health care?

- | | | |
|--|--|--|
| <input type="checkbox"/> Closed Herd/Flock | <input type="checkbox"/> Low Stress Handling Practices | <input type="checkbox"/> Housing Appropriate to Specie |
| <input type="checkbox"/> Stress Reduction | <input type="checkbox"/> Pasture Condition/Management | <input type="checkbox"/> Body Condition Scoring |
| <input type="checkbox"/> Vaccinations | <input type="checkbox"/> Use of Veterinary Biologics (list in section N) | <input type="checkbox"/> Freedom of Movement |
| <input type="checkbox"/> Fecal Testing | <input type="checkbox"/> Physical Alterations for Welfare | <input type="checkbox"/> Sanitation Practices |
| <input type="checkbox"/> Stocking Density | <input type="checkbox"/> Resistance Specie & Breed | <input type="checkbox"/> Pest Management |
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Feeding Ration Meeting Nutritional Requirement | |

NOP §205.238(a)(5)

Physical alterations may be performed to benefit the welfare of the animals, for identification purposes, or for safety purposes and in a manner that minimizes pain and stress.

2. Are animals subject to physical alterations?

- Yes No N/A

3. If Yes, describe below:

<i>Physical Alteration</i>	<i>Age</i>	<i>Purpose</i>	<i>Method</i>

4. How is pain and stress minimized with physical alterations and surgical procedures?

- | | | |
|--|--|--|
| <input type="checkbox"/> Pain Killer (Approved Material) | <input type="checkbox"/> Minimal Time Handled | <input type="checkbox"/> Minimal Restraint |
| <input type="checkbox"/> Proper Equipment/Tools | <input type="checkbox"/> Clean Equipment/Tools | <input type="checkbox"/> Returned to Herd/Flock Promptly |
| <input type="checkbox"/> Other: | | |

5. How is lameness monitored in your herd or flock?

6. What type of records are kept for lameness, lameness percent, and its causes?

7. What is the approximate annual average death loss for your herd or flock?



Avian Livestock Care & Production

Section
L

Electronic versions available at agroorganic@mt.gov

Producer Name(s):

Date:

8. Records must be kept for treated animals. ID, Date, Treatment, Disposition. (These records will be verified annually)

List identification of treated animals in the previous year:

9. Are treated animals further identified?

10. Describe the plan to remove an animal treated with a prohibited material from the herd/flock and organic market:

11. Are some of the preventative health care practices listed in #1 used for parasite control?

Yes No

12. Are other parasite control measures used other than those listed in #1?

Yes No

Describe:

13. How do you monitor for parasites?

Observation Fecal Analysis Body Condition Score

14. Do you use synthetic parasitocides for emergency treatment?

Yes No

If Yes, list name:

also include in Materials Section J

15. What is your emergency plan in the event of a parasite outbreak?



Avian Livestock Care & Production

**Section
L**

Electronic versions available at agroorganic@mt.gov

Producer Name(s):

Date:

Euthanasia: **NOP §205.238 (e)(1)(2)(3)**
Euthanasia - Organic livestock operations must have written plans for prompt, humane euthanasia for sick or injured livestock.
The following methods of euthanasia are not permitted: suffocation, manual blow to the head by blunt instrument or manual blunt force trauma; and the use of equipment that crushes the neck, including pliers or Burdizzo clamps.
Following a euthanasia procedure, livestock must be carefully examined to ensure that they are dead.

16. Describe your operations written euthanasia method:

Department Use Only	<input type="checkbox"/> Initial Reviewer	<input type="checkbox"/> Inspector	<input type="checkbox"/> Final Reviewer
<u>Is it Complete?</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Verified & Accurate?</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Observation/Comment:</u>			



Avian Livestock Living Conditions

**Section
M**

Electronic versions available at agrorganic@mt.gov

Producer Name(s):

Date:

Section M: Living Conditions

NOP §205.241

The producer of an organic poultry operation must establish and maintain year-round poultry living conditions that accommodate the health and natural behavior of poultry, including: Year-round access to outdoors; shade; shelter; exercise areas; fresh air; direct sunlight; clean water for drinking; materials for dust bathing; and adequate outdoor space to escape aggressive behaviors suitable to the species, its stage of life, the climate, and environment.

Indoor Space Requirements

NOP §205.241(b)(2)

1. Complete the table below for each house/barn that is part of your livestock operation. Please use/print additional pages if you have more than three houses.

	House ID:	House ID:	House ID:
Housing Type	<input type="checkbox"/> Single Level <input type="checkbox"/> Mobile <input type="checkbox"/> Raised Slats <input type="checkbox"/> Multi-tier	<input type="checkbox"/> Single Level <input type="checkbox"/> Mobile <input type="checkbox"/> Raised Slats <input type="checkbox"/> Multi-tier	<input type="checkbox"/> Single Level <input type="checkbox"/> Mobile <input type="checkbox"/> Raised Slats <input type="checkbox"/> Multi-tier
Production Group (e.g. pullets, laying hens)			
Birds to be housed (total #)			
Maximum weight/bird (average)			
Indoor floor space (total sq. ft.)			
Indoor litter area (total sq. ft.)			
Perch Space (total linear ft.)			
Outdoor access (total sq. ft.)			

MTDA Office Use Only

Stocking Density (lbs/sq.ft.)			
a) Indoor			
b) Outdoor			
Liter area (% floor Space)			
Perching (inches/bird)			



Avian Livestock Living Conditions

Section
M

Electronic versions available at agroorganic@mt.gov

Producer Name(s):

Date:

2. Please attach an 8.5" x 11" aerial photo, aerial diagram, or other map that clearly shows all livestock housing facilities and outdoor access areas. The map must be legible and in ink or large pieces of paper. Please include the following information on your map:

- a) Indication of North
 - b) Adjoining land/building uses
 - c) Organic and non-organic production areas
 - d) Building ID or identification system as applicable
 - e) Location of buildings to useful landmarks (e.g. other buildings on-site, distinctive features, roads, etc.)
- Map Attached

Indoor Space Requirements

NOP §205.241(2)

Producers must monitor ammonia levels at least monthly and implement practices to maintain ammonia levels below 10ppm.

3. How are ammonia levels managed in your barn?

3b. What practices are implemented to maintain ammonia levels below 10ppm?

3c. What type of monitoring records are maintained or ammonia levels?

3d. When ammonia levels exceed 10ppm, what additional practices are used to reduce these levels?

3e. What additional monitoring levels are used?

4. How many hours of artificial light are used for layers and fully feathered birds? (Maximum 16 hours allowed)

5. Are exit areas sufficient and appropriately distributed to ensure that all birds have ready access?

- Yes No

6. Check the available perch space provided for layers:

- Perches at least 6"/bird (May include bar in front of nest)
- Flat roost areas (Provided they provide gripping)
- Single tiered facility (All birds are able to perch at the same time)
- Multi-tiered facility (At least 55% of birds are able to perch at the same time)
- All layers able to perch at same time (except aviary)



Avian Livestock Living Conditions

Section
M

Electronic versions available at agrorganic@mt.gov

Producer Name(s):

Date:

7. Describe how areas in housing allow for scratching and dust bathing: (Note: Litter must be provided and maintained in a dry condition) 205.241(b)(6)

8. If housing has slatted/mesh floors, it must have 30% minimum solid floor area available with sufficient litter for dust baths so that birds may freely dust bathe without crowding. What percent of solid floor is available?

9. Stocking density must not exceed below standards. Please check those that apply to your operation:

Layers- indoor stocking density **must not** exceed (live bird weight)

- | | |
|---|--|
| <input type="checkbox"/> Mobile housing: 4.5lbs/sq/ft | <input type="checkbox"/> Pullets- indoor stocking density must not exceed 3.0lbs/sq.ft. |
| <input type="checkbox"/> Aviary housing: 4.5lbs/sq.ft. | <input type="checkbox"/> Broilers- indoor stocking density must not exceed 5.0lbs/sq.ft. |
| <input type="checkbox"/> Slatted/mesh floor housing: 3.75lbs/sq.ft. | <input type="checkbox"/> Turkeys |
| <input type="checkbox"/> Floor litter housing: 3.0lbs/sq.ft. | <input type="checkbox"/> Ducks |
| <input type="checkbox"/> Other housing: 2.25lbs/sq.ft. | |

10. Are limited outside access areas used for birds such as porches?

- Yes No N/A

Outdoor Space Requirements

11. At what age do you provide outdoor access to birds?

12. Does your outdoor space provide the following to promote and encourage outdoor access on a daily basis?

- | | | |
|---------------------------------|---|--|
| <input type="checkbox"/> Shade | <input type="checkbox"/> Maximal Vegetative Cover for Geographic Area | <input type="checkbox"/> Adequate door spacing |
| <input type="checkbox"/> Trees | <input type="checkbox"/> 50% Soil Vegetative Cover | <input type="checkbox"/> Structure |
| <input type="checkbox"/> Other: | | |

13. How do you prevent and manage pests, such as rodents?

- | | | |
|---|---|--------------------------------|
| <input type="checkbox"/> Automated Feeders | <input type="checkbox"/> Exterior plant maintenance around barns | <input type="checkbox"/> Traps |
| <input type="checkbox"/> Feed Storage Maintenance | <input type="checkbox"/> Rodenticides (*Rodenticides must be reviewed and approved prior to use) | |

14. Outdoor Space must be provided at a minimum to the below standard. Please select the minimum space requirements provided.

- Layers no less than one square foot per 2.25 pounds of bird in flock
- Pullets no less than one square foot per 3.0 pounds of bird in flock
- Broilers no less than one square foot per 5.0 pounds of bird in flock

15. Are porches or lean to structures utilized outdoors?

- Yes No



Avian Livestock Living Conditions

**Section
M**

Electronic versions available at agrororganic@mt.gov

Producer Name(s):

Date:

Temporary Confinement

16. 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

17. Is outdoor access limited due to any of the following reasons?

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Safety | <input type="checkbox"/> Inclement weather | <input type="checkbox"/> Temperature under 40° | <input type="checkbox"/> 4H, FFA, Youth projects |
| <input type="checkbox"/> Health | <input type="checkbox"/> Wellbeing of animal | <input type="checkbox"/> Temperature above 90° | <input type="checkbox"/> First 4 weeks of life – Broilers |
| <input type="checkbox"/> Soil quality | <input type="checkbox"/> Establish vegetation | <input type="checkbox"/> Until fully feathered | <input type="checkbox"/> First 16 weeks of life - Pullets |
| <input type="checkbox"/> Illness/Injury | <input type="checkbox"/> Water quality | <input type="checkbox"/> Sorting or shipping | <input type="checkbox"/> Preventative health care |
| <input type="checkbox"/> Stage of life | <input type="checkbox"/> Nest box training (< than 5 weeks) | | |

18. For each reason checked, approximately how long is temporary confinement?

Department Use Only	<input type="checkbox"/> Initial Reviewer	<input type="checkbox"/> Inspector	<input type="checkbox"/> Final Reviewer
Is it Complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Verified & Accurate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Observation/Comment:</u>			



Livestock Product Handling/Processing

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Section N

Producer Name(s):

Date:

Section N: Livestock Product Handling/Processing

NOP §205.272: §205.303

The handler of an organic handling operation must implement measures necessary to prevent the co-mingling of organic and nonorganic products and protect organic products from contact with prohibited substances.

1. Type(s) of product handling or processing at your operation? N/A Skip to Section R

- Milking Cool/Store Milk Egg Washing /Sorting Feed Handling/ Mixing/ Milling
- Slaughter Cool/ Age/ Cut/ Wrap Meat Fiber Processing

2. Please describe the handling process noted above: _____

3. Do you sell eggs away from the operation's location? Y N N/A Go to #4

3a. If yes, do you have an egg handler license? Y N If No, contact the Montana Dept. of Livestock @ 406-444-9761 to obtain your license.

4. Are there cleaners or sanitizers used in this handling process? Y N

If yes, please list name purpose and if a water rinse is used.

Name	Purpose	Rinse
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Is equipment used for non-organic products also? Y N

5a. If yes, how is contamination and comingling prevented with organic products? _____

6. How are organic livestock products sold?

- Live Meat Milk Eggs Other _____

All processed products must be handled by a certified organic facility if they are to be labeled as organic.

7. Do you use retail labels? N/A Y N On File Previously

7a. **If yes attach a copy of all retail labels for review that have not been previously submitted.**

7b. Who is responsible for labeling the products?

- Labels Provided to Processor Labels Made and Applied by Processor
- Labels Applied by Producer Other

8. Do you label any non-retail containers to ship or store organic products? Y N N/A

If yes submit a copy for review or describe



Livestock Product Handling/Processing

Electronic versions available at agrorganic@mt.gov

**Section
N**

Producer Name(s):

Date:

Department Use Only	<input type="checkbox"/> Initial Reviewer	<input type="checkbox"/> Inspector	<input type="checkbox"/> Final Reviewer
Is it Complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Verified & Accurate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Observation/Comment:			



Livestock Transport & Slaughter

Electronic versions available at agroorganic@mt.gov

Section

O

Producer Name(s):

Date:

Section O : Livestock Transport & Slaughter

NOP §205.242

“Certified organic livestock must be clearly identified as organic, and this identity must be traceable for the duration of transport....”

1. Are animals transported for slaughter?

Y N

2. How are livestock identified?

3. Is their identity traceable through transport?

4. Does transportation provide:

Ventilation Feed Transported < 12 Hours Bedding (Required) Water (as applicable)
 Transport Time Records Kept Emergency Plans for Animal Welfare Issues

5. Are animals transported under your ownership?

Y N

6. Are contract transporters used?

Y N

6a. If yes indicate name:

6. When loading animals for transport what criteria is used to determine the fitness for transport?

Calves-Dry Navel Animals Ambulatory (able to walk)
 Calves- Walk with Assistance Other



Livestock Transport & Slaughter

Electronic versions available at agroorganic@mt.gov

Section

O

Producer Name(s):

Date:

7. Are animals directly transported to their destination?

Y N

7a. If no, are they held at a holding facilities?

Y N

7b. Is water available?

Y N

7b. Is organic feed to be provided if applicable?

Y N

8. The Federal Twenty Eight Hour Law (49USC80502) and regulations at 9CFR89.1-89.5 are specific to livestock hauling. Does the owner, employee, or contractor understand this law?

Y N

9. If the animals are contract transported, the transportation company must be aware and abide by Organic and Federal regulations. Please copy and have the transporter sign the OSP Transport & Slaughter form.

Signature:

10. Are auction yards used to sell Organic Certified Animals?

Y N

10b. List auction yards used: _____
Attach Organic Certificate



Livestock Transport & Slaughter

Electronic versions available at agroorganic@mt.gov

Section

O

Producer Name(s):

Date:

Department Use Only	<input type="checkbox"/> Initial Reviewer	<input type="checkbox"/> Inspector	<input type="checkbox"/> Final Reviewer
Is it Complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Verified & Accurate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Observation/Comment:</u>			



Livestock Record Keeping

Electronic versions available at agroorganic@mt.gov

Section P

Producer Name(s):

Date:

Section P: Record Keeping

NOP §205.103

*Requires 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. What records do you retain?

- Receipts for Forage Production
- Receipts for Purchased Feed Products
- Feed Fed
- Weight Records of Animals at Slaughter
- Treatment: Identity, Date, Material Used
- Herbal and Natural Remedies
- Vitamins, Minerals
- Synthetic Medications
- Sales Receipts
- Pasture/Outside Access
- Milk Quality Production/Records
- Confinement
- Breeding
- Individual Animal Identification Records
- Receipts for Purchased Livestock
- 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.



Livestock Record Keeping

Electronic versions available at agroorganic@mt.gov

**Section
P**

Producer Name(s):

Date:

Department Use Only	<input type="checkbox"/> Initial Reviewer	<input type="checkbox"/> Inspector	<input type="checkbox"/> Final Reviewer
<u>Is it Complete?</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Verified & Accurate?</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Observation/Comment:</u>			