



Mammalian Livestock Production Operation Profile

Electronic versions available at agrororganic@mt.gov

Section A

| | |
|-------------------|-----------------------------------|
| Producer Name(s): | License Number (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 update your plan at any time. Changes must be submitted to 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:

Beef Cattle
 Sheep
 Breeding Stock
 Poultry
 Feed Crops
 Diverse Crops (Vegetables)

Dairy Cattle
 Swine
 Slaughter Stock
 Pasture
 Field Crops
 Rangeland/Grass

Row Crops
 Goats
 Other:

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

4. What products do you intend to sell?

Meat
 Milk
 Live Animals
 Other:

5. Do you have any land changes?

Yes
 No
 N/A, New Applicant

If Yes, fill out a Previous Land Manager Affidavit and/or Land Application, 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 |
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| 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: | | | |



Mammalian Livestock New Applicant

**Section
A1**

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Producer Name(s):

Date:

For Cattle, Sheep, Swine, Goats and Dairy Producers

Business Name:

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> | | | |



Mammalian Livestock Origin

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Section
I

| | |
|-------------------|-----------------------------------|
| Producer Name(s): | License Number (Office Use Only): |
| Business Name: | Location (County/State): |

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.

1. Check the box(s) that describe your operation:

Born on site
 Slaughter stock sold
 Purchased at young age
 Purchased for slaughter stock
 Barn access
 Replacement stock
 Finished on Grain
 Purchased as feeder stock
 Feeder stock sold
 Raised on rangeland/grass/pasture

1a. If animals were purchased, when did you begin organic management and organic feed? (Organic certificates will be verified at inspection.)

Dates:

1b. Have purchased animals been under Organic management from the last third of gestation or earlier?

Yes
 No
 N/A

2. What products are to be sold as certified organic?

Live Animals
 Meat
 Milk
 Fiber
 Other:

3. Do you purchase slaughter stock from outside sources?

Yes
 No

4. Do you maintain Organic Certificates for all purchased livestock?

Yes
 No

5. Indicate how animals are identified:

Ear notches
 Ear Tags
 Brand
 Tattoo
 Neck Tags
 Other:

6. Please describe this identification system (color, # system, etc.):

7. Are you able to trace back an animal to their dam or group?

Yes
 No



Mammalian Livestock Origin

Section
I

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| Department Use Only | <input type="checkbox"/> Initial Reviewer | <input type="checkbox"/> Inspector | <input type="checkbox"/> Final Reviewer |
|---------------------------------|--|--|--|
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| <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> | | | |



Mammalian 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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Mammalian Livestock Materials Table

Section
J

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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 |
|------------------------------------|--|--|--|
| 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> | | | |



Mammalian Livestock Origin of Dairy Livestock

Section
K

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Producer Name(s):

Date:

Section K: Origin of Dairy Livestock

NOP§ 205.236

Requires 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?

Y N, skip to Section L

2. Are you currently converting animals to organic production?

Y N

2a. If Yes, please list the date you began your conversion: _____

3. Do you purchase replacement animals?

Y N

3a. If Yes, are they certified organic?

Y N (Organic certificates will be verified at inspection.)

4. Do you sell culls for organic slaughter?

Y N

4a. If Yes, have these animals been under organic management from the last third of gestation (not transitioned from conventional to organic)?

Y N

| Department Use Only | <input type="checkbox"/> Initial Reviewer | <input type="checkbox"/> Inspector | <input type="checkbox"/> Final Reviewer |
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| 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: | | | |



Mammalian Livestock Feed

**Section
L**

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Producer Name(s):

Date:

Mammalian Livestock Feed- Ruminants

NOP §205.237 (c) (1)

Provide not more than an average of 70% of a ruminant's dry matter from dry matter fed (dry matter does not include dry matter grazed from residual forage or vegetation rooted in pasture). This shall be calculated as an average over the entire grazing season for each type and class of animal. Ruminant animals must be grazed throughout the entire grazing season for the geographical region, which shall be not less than 120 days per calendar year. Due to weather, season, and or climate, the grazing may or may not be continuous.

2. Is feed purchased? (Organic feed certificates to be verified at inspection)

Y N

2a. Is a feed supplement or additive used? (Certificates or invoices, tags, to be verified at inspection)

Y N If yes, please list here: _____

To determine dry matter demand and dry matter intake, the requirements can be located at USDA NOP Guidance 5016, 5017 and/or by using other publications such as ATTRA or National Nutrient Requirement Tables for each specific specie.

Dry Matter Demand (lb.) = Body weight (lb.) x (DMI % Body Weight Value/100 lb.)

Dry Matter Intake from Pasture = (Estimated lb. DMI from pasture by / estimated dry matter demand (lb.) x 100.

Example #1: A 500 # beef replacement heifer at approximately 1000# and an average daily gain of 1.0 lb. would have a DMD of 14.6# dry.

Example #2: A 1200# cow will consume 2.14% of body weight in DMI daily. 1200 x (2.14/100) = 25.68 lb. DMD

3. Dry Matter Demand

| Production Group | Body Weight (lbs) | Dry Matter Demand During Grazing Season |
|------------------|-------------------|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

4. The dry matter demand listed above was calculated from:

Published Reference Documentation Nutritionist Rations Fed During Non-Grazing Season



Mammalian Livestock Feed

Section
L

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Producer Name(s):

Date:

Other _____

5. How is the 30% dry matter demand requirement met during the grazing season?

- Livestock are Fed 100% Pasture for at least 120 Days
- Dry Matter Feed is Subtracted form Dry Matter Demand.
- Other _____

| 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 Care & Production

Section
M

Electronic versions available at agrorganic@mt.gov

Producer Name(s):

Date:

Section M: 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 | <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: The producer must establish and maintain livestock health care practices. (5) Performance of physical alterations as needed to promote the animal's welfare 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:

| Physical Alteration | Age | Purpose | Method |
|---------------------|-----|---------|--------|
| | | | |
| | | | |
| | | | |
| | | | |

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"/> At a Very Young Age | <input type="checkbox"/> Other: | |

5. How is lameness monitored in your herd of 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?

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:



Livestock Care & Production

Section
M

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Producer Name(s):

Date:

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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? (Moxidectin, Febendazole)?

Yes No

If Yes, list in Materials Section O

| |
|--|
| |
|--|

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

| | |
|---|---------------------|
| Euthanasia: | NOP §205.238 |
| <i>(e) Euthanasia. (1) Organic livestock operations must have written plans for prompt, humane euthanasia for sick or injured livestock.</i> | |
| <i>(2) 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.</i> | |
| <i>(3) Following a euthanasia, livestock must be carefully examined to ensure that they are dead.</i> | |

16. Describe your operations written euthanasia method:

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Livestock Care & Production

**Section
M**

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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 |
| <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> | | | |



Mammalian Livestock Milk Handling & Milk Quality

**Section
N**

Electronic versions available at agrorganic@mt.gov

Producer Name(s):

Date:

Section N: Milk Handling and Milk Quality

NOP §205.270, 205.272

Livestock products that are to be sold, labeled, or represented as organic must be from livestock under continuous organic management.

1. Do you currently produce or do you plan to produce organic milk on your farm?

Y N, If No Go to Section O

2. Do you process your milk into milk products on-farm (i.e. Cheese, Yogurt, Etc.)? Y N

(If Yes, you must be certified as an Organic Handler in order to sell, label, and represent these products as organic.)

3. List the sanitizers and cleaners used in this process Section O: Materials Table.

4. Please describe your plan to ensure your milk is not contaminated with sanitizers and cleansers:

5. Please list your somatic cell counts (SCC) and production for the last six months:

| Date | SCC | Pounds Produced | Date | SCC | Pounds Produced |
|------|-----|-----------------|------|-----|-----------------|
| | | | | | |
| | | | | | |
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| 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> | | | |



Mammalian Livestock Living Conditions

Section
O

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Producer Name(s):

Date:

Section O: Livestock Living Conditions

NOP §205.239

Requires 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.

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?

Y N

1a. If No, please indicate why livestock may be subject to confinement:

Inclement Weather Stage of Production Risk to Soil or Water Quality
 Health, Safety or Well Being of Animal Other: _____

2. Do you confine livestock from grassland or pasture?

Y N

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

N/A Newborn Young Stock Finishing Slaughter Stock Feeder Stock
 Pre-Parturition Post-Parturition Breeding Animal Lactating Animals Milking Shearing
Other: _____

2b. Are limited outside access areas used for swine?

Y N N/A

If Yes check those that apply below:

Soil with 50% Vegetative Cover Allows for rooting if applicable

2c. Describe your outdoor access areas:



Mammalian Livestock Living Conditions

**Section
O**

Electronic versions available at agroorganic@mt.gov

Producer Name(s):

Date:

Confinement of Ruminants from Pasture:

| Reason for Confinement | Allowed Period of Confinement |
|-------------------------------------|---|
| Newborns | Up to 6 months (must be allowed to lie down, stand up, fully extend limbs & move freely) |
| Post-Parturition | One week |
| Pre-Parturition | Three weeks |
| Milking | Short periods-Daily (Milking must be scheduled to allow for sufficient grazing. Frequency/duration cannot be used to deny dairy animals pasture.) |
| Lactation Dry Off | One week |
| Finishing (slaughter stock only) | 1/5 of animals life or 120 days whichever is shorter |
| Shearing | Short periods |

3. Is shelter available for organic animals?

Y N

4. If Yes, describe the shelter:

Barn Shed Wind Breaks Natural Land Topography Trees

4a. Housing Specifics

| Production Group | Type of Housing | Stage of Life Used | Indoor Space Size | Outdoor Space Size |
|------------------|-----------------|--------------------|-------------------|--------------------|
| | | | | |
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5. Indicate which conditions are addressed by the shelter provided (check all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> Natural Maintenance | <input type="checkbox"/> Comfort Behaviors | <input type="checkbox"/> Opportunity for Exercise |
| <input type="checkbox"/> Suitable Temperature Levels | <input type="checkbox"/> Ventilation | <input type="checkbox"/> Air Circulation |
| <input type="checkbox"/> Reduction of Potential for Injury | <input type="checkbox"/> Other: _____ | |



Mammalian Livestock Living Conditions

Section
O

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Producer Name(s):

Date:

6. Describe how housing is cleaned and maintained to prevent infection and disease: _____

7. How do you provide clean water to livestock?

Well River/Creek/Pond Spring Other: _____

8. Do you provide bedding for your animals? Y N Type: _____

8b. ***If bedding source is from forage, it must be certified organic. Please maintain purchase and certification documentation as applicable.***

9. Has treated lumber been used in a new installation or for replacement purposes?

Y N

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



Mammalian Livestock Living Conditions

Section

O

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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 |
| <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> | | | |



Mammalian Livestock Pasture Practice Standard

**Section
P**

Electronic versions available at agroorganic@mt.gov

Producer Name(s):

Date:

Section P: Pasture Practice Standard Conditions

NOP §205.240

The producer of an organic livestock operation must, for all ruminant livestock on the operation, demonstrate through auditable records in the organic system plan, a functioning plan for pasture.

1. Do you provide access to pasture/rangeland for organic animals?

Yes No

2. Describe the type of vegetation in your pasture/rangeland (ex – species, type, etc):

3. Describe your grazing system:

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

5. Do you provide supplemental access to yards, feeding pads, feedlots, or other confinement areas for ruminants in and/or out of the grazing season?

Yes No

5a. If Yes, please describe how you manage access to feed in regard to crowding, competition, and drainage:

- **Dry Matter Demand (lb.) = Body weight (lb.) x (DMI % Body Weight Value/100 lb.)**
- **Dry Matter Intake from Pasture = (Estimated lb. DMI from pasture by / estimated dry matter demand (lb.) x 100.**
- **Example #1: A 500 # beef replacement heifer at approximately 1000# and an average daily gain of 1.0 lb. would have a DMD of 14.6# dry.**
- **Example #2: A 1200# cow will consume 2.14% of body weight in DMI daily. 1200 x (2.14/100) = 25.68 lb. DMD**

| Production Group | Body Weight (lbs) | Dry Matter Demand During Grazing Season |
|------------------|-------------------|---|
| | | |
| | | |
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Mammalian Livestock Pasture Practice Standard

Section

P

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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 |
|---------------------------------|--|--|--|
| 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 Product Handling/Processing

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Section

Q

Producer Name(s):

Date:

Section Q: Livestock Product Handling/Processing

NOP §205.272: §205.303

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

1. Which 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

Q

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

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Section

R

Producer Name(s):

Date:

Section R : 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

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Section
R

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

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Section

R

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 S

Producer Name(s):

Date:

Section S: 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

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Section
S

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: | | | |