

Primary Reviewer: _____	Date _____
Inspector: _____	Date _____
Director's Approval: _____	Date _____

**NHDAMF ORGANIC SYSTEM PLAN (OSP) - LIVESTOCK PRODUCTION**

- ❖ Complete this application if you are requesting organic livestock certification for any livestock products. (NOTE: Organic poultry requires a separate application.)
- ❖ **Complete Organic System Plans are required prior to inspection.**

Name\*\*: \_\_\_\_\_ FarmName: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zipcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

\*\*Is this person AUTHORIZED to act on behalf of the farm/business? \_\_\_ Yes \_\_\_ No

If NO, please list name, address & telephone of person who is authorized:

\_\_\_\_\_

<b>Inspection fees:*** (Animal Units= A.U.)</b>  Total # animals: _____ X (A.U. Factor) _____ = A.U. _____  Amt of Inspection Fee: _____	Certification Fee: <b>\$100.00</b>	<b>For NHDAMF Office Only</b>  Date received: _____  Total Fees submitted: _____  Correct Amount? Yes ___ No ___
	Inspection Fee: + _____	
	<b>TOTAL FEES:</b> _____	
	_____	

\*\*\*See attached NHDAMF FEE SCHEDULE to calculate ANIMAL UNITS (A.U.) to determine INSPECTION FEE.  
<Animal Units for dairy livestock shall be determined by using the 1.4 factor per head regardless of age or size of animal.>

**RECORDKEEPING NOP Rule Section 205.103**

The following records must be maintained and will be reviewed at inspection. Check records currently maintained:

- |   |  |
|---|--|
| <input type="checkbox"/> Purchase receipts for all livestock                            | <input type="checkbox"/> Sales records for all livestock products sold |
| <input type="checkbox"/> Live weight records of meat animals prior to slaughter         | <input type="checkbox"/> Medications administered-date, dosage, source |
| <input type="checkbox"/> Feed products and supplements                                  | <input type="checkbox"/> DMI feeding worksheet                         |
| <input type="checkbox"/> Disposition of animals (cull, mortality, slaughter, sold live) | <input type="checkbox"/> Field & Pasture Maps                          |
| <input type="checkbox"/> Farm Records: sale invoices, product labels, packaging samples |  |

**AFFIRMATION- Please read the following and sign below:**

- ❖ I affirm that all statements made in this application are true and correct.
- ❖ No prohibited products have been applied or administered to any of my organically managed livestock herds, or other similar livestock groupings, unless as stated in NOP Rule 205.238 and 205.603.
- ❖ I understand that the operation may be subject to unannounced inspections and/or sampling for residues at any time as deemed appropriate to ensure compliance with the NOP Rule.
- ❖ I understand that acceptance of this application in no way implies granting of certification by the NHDAMF.
- ❖ I have a copy of the NHDAMF Organic Rules and USDA National Organic Program (NOP) Regulations which I have read and understand.
- ❖ I agree to follow the NHDAMF and NOP Rules.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DIRECTIONS FOR COMPLETION OF YOUR ORGANIC SYSTEM PLAN (OSP):**

- Provide as much detail as possible when completing certification paperwork. Your thoughtful and complete answers will reduce further requests for information, and therefore expedite the certification process.
- This is a “Plan.” You may change or update it throughout the year. Changes must be submitted to your certifier prior to implementation.
- Submit all required TABLES as specified throughout the document.
- Attach any support documents which will assist in verifying your compliance with the regulations.
- Contact Regulatory Service staff for assistance at 271-3685, or email to: [Jennifer.gornert@agr.nh.gov](mailto:Jennifer.gornert@agr.nh.gov).

Address & travel directions to livestock operation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**1.) Organic Livestock and organic products:** Check all to which you want certified:

\_\_\_\_\_ Live Animals    \_\_\_\_\_ Milk    \_\_\_\_\_ Meat    \_\_\_\_\_ Fiber    \_\_\_\_\_ Other, type: \_\_\_\_\_

**2.) Non-organic Livestock managed at the same location:**

Breed of non-org livestock	# of Non- org livestock	Shelter-type & location on farm	Feed Brand	Feed storage location

**3.) How is organic livestock identified?**

- ❖ Ear tag \_\_\_\_\_ Describe: \_\_\_\_\_
- ❖ Branded \_\_\_\_\_ Type of brand: \_\_\_\_\_
- ❖ Other, describe \_\_\_\_\_

**4.) How are non-organic livestock identified?** \_\_\_\_\_

\_\_\_\_\_

**SECTION A. LIVESTOCK DESCRIPTION      NOP Rule Sections 205.201, .236, .237, .238**

- ❖ Provide the following information for the types of animals being raised for organic meat or dairy production for this year.
- ❖ Quantity refers to the number of animals currently raised.

**A1. ORGANIC LIVESTOCK HISTORY:** Applicants must complete **TABLE C- Organic Livestock History Table** (attached) for all livestock to be certified.

\_\_\_\_ **Organic Livestock History Table COMPLETED**

**NOTE:** Applicants may substitute their own cattle history form as long as it contains all the required information and it must be submitted with the OSP.

**SECTION B: LIVESTOCK HOUSING (barns, sheds)      NOP Rule Section 205.239**

**B1. Livestock Housing:**

Livestock type	House ID/Name	Housing type with dimensions	# Animals in housing unit

**B2. Housing Pest & Rodent Control:**

\_\_\_\_ **N/A**

Pest type	Location in housing	Product brand name	Frequency of control use

**B3. Housing Sanitation and Cleaning Process:**

Location-where products are used	Product Type (sanitizer/cleanser)	Name & brand of product	Type of livestock bedding	How is manure/bedding removed from housing & stored?	Frequency

**SECTION 3: LIVESTOCK ACCESS TO OUTDOORS**      **NOP Rule Section 205.239**

**3A. Livestock Stocking Density:**

- ❖ All organic livestock operations must submit this data in the space indicated below\*
- ❖ Enter the **amount of Animal (AU) Units per acre** or **per square foot** (for swine).
- ❖ AU factors per breed are listed on the *NHDAMF INSPECTION FEE SCHEDULE*.

**EXAMPLE: A farmer has 50 Milking cows and 225 acres of cropland.**  
 50 Dairy cows x 1.4 AU factor = 70 Animal Units  
 Divide 225 acres by 70 AU = 3.2 AU/acres is the Stocking Density

\*Certified organic cropland acreage: \_\_\_\_\_ divided by AU \_\_\_\_\_ = Stocking Density: \_\_\_\_\_

**3B. Field Locations, Aerial Maps, Grazing Methods:**

- ❖ All pastures that organic livestock graze MUST be certified organic.
- ❖ The pasture ID & location must match those listed on **TABLE A-FIELD INFORMATION SHEET** in the **Organic System Plan for Certified Organic Field/Crop Production**.
- ❖ Submit AERIAL field maps for all certified organic hayfields and pastures.
- ❖ The MAPS must identify:
 

_____ MAPS Submitted
_____ MAPS on File

  - ✓ Fencing
  - ✓ Watering stations
  - ✓ Grazing rotation patterns

**3C. Identify Livestock by Age Group for each Pasture Location in the Table below:**

Livestock type	Pasture ID/Location	Certifying Agency, if other than NHDAMF	Other Certifier's ID/Location

**3D. Exception to Pasture Rule: Explain Temporary Confinement or Shelter for Livestock from the outdoors:**

Livestock Type/age group	Location of shelter	Reason for confinement	Expected dates/length of confinement

**SECTION 4: LIVESTOCK HEALTHCARE PROGRAM      NOP RULE Section 205.238**

- ❖ List all HEALTHCARE PRODUCTS in-stock on farm, even those not currently in use.
- ❖ List reason for use(s). These may include vaccinations, homeopathic remedies, medicines, boluses
- ❖ Healthcare Records must be maintained for all livestock, and will be reviewed during inspection.
- ❖ Additions to this list must be submitted to NHDAMF throughout the year.

Healthcare Products: Please attach separate list if space is needed.

Healthcare Product Brand Name	Company Name	Source of product	Treatment Use

**SECTION 5: FEED and DRY MATTER INTAKE      NOP Rule Section 205.237**

**5A. Purchased Feed Information:**  **TABLE D Completed**

- ❖ Complete **TABLE D- Record of Feed and Feed Supplement Purchases** attached at end of OSP.
- ❖ List the quantity of each feed type purchased (concentrates, forage, grain, silage, pasture, hay and/or green chop) during the past 12-month period).
- ❖ Note: A copy of the **ORGANIC CERTIFICATE** and receipts of all purchased feedstuff must be available for review during the inspection.

**5B. Dry Matter Intake (DMI) Feeding Requirements:**  **DMI Worksheet Completed**

- ❖ Complete the attached National Organic Program (NOP) **DMI Worksheet** for each age group of ruminant livestock. The calculations will be verified during the inspection visit.
- ❖ Reference sheets for calculations are attached. Additional DMI Reference information is available at [www.ams.usda.gov/nop](http://www.ams.usda.gov/nop)

**SECTION 6: PROCESSING AND PACKING FACILITIES      NOP Rule 205.238, .270, .271, .272 & .303**

**6A. Organic Dairy Products:** NOTE: Ingredients added to dairy products requires applicant to apply for “On-farm Processor” certification.

1.) How is fluid milk transported to milk room:

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2.) Where is fluid milk stored: \_\_\_\_\_ Capacity of milk tank: \_\_\_\_\_

3.) Sanitation practices: describe cleaning process of all milk equipment: \_\_\_\_\_

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4.) Milk pick-up, how often, and by what company (name & address): \_\_\_\_\_

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**6B. SANITATION & CLEANING PRODUCTS:** Complete table, list all cleansers, sanitizers, teat dips, teat wipes, etc. used on-farm:

Product Brand Name	Company Name & Address	Source of Product	Purpose of use

**6C. Organic Meat Products:**

1.) Are organic meat products sold on-farm:  Yes  No

2.) If yes, list meat products sold:

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3.) For processing of other Organic Livestock Products, specify product type & processing practices:

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4.) Describe how organic and non-organic products are labeled: \_\_\_\_\_

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5.) Will the USDA Organic Logo be used on packaging?  Yes  No  N/A

6.) Will the NHDAMF Organic Logo be used on packaging?  Yes  No  N/A

7.) Do you display a metal NHDAMF Organic Sign?  Yes  No  N/A

***Submit completed form, supporting documents and fees to:***

**DIVISION OF REGULATORY SERVICES  
PO BOX 2042  
CONCORD, NH. 03302-2042**

**Please make checks out to: TREASURER, STATE OF NH**

**Any questions please contact-**  
**Phone: (603) 271-3685**  
**Fax: (603) 271-1109**  
**Email- [Jennifer.gornnert@agr.nh.gov](mailto:Jennifer.gornnert@agr.nh.gov)**



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