

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

**NHDAMF ORGANIC SYSTEM PLAN (OSP)-POULTRY & Other Fowl**

**INSTRUCTIONS:**

- ❖ Complete this OSP if you are requesting organic certification for poultry livestock. Use additional sheets as necessary
- ❖ Complete Organic System Plans are required **prior** to inspection

SECTION 1: General Information			
Name***:		NHDAMF Cert #:	
Farm Name:			
Mailing Address:			
City:	State:	Zip:	
Phone:	Fax:	Email:	
Website:			
<b>Legal Status:</b>			
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Trust or non-profit <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative <input type="checkbox"/> Legal Partnership (federal form 1065) <input type="checkbox"/> Other-specify			
***Is this person AUTHORIZED to act on behalf of the company		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If NO-list name, address & telephone of person who is:			
Address and detailed directions to your farm and each site where organic production occurs:			

FEES:*		
Total # Animal Units (A.U.)*	Inspection Fee:	\$
# Birds X 0.0025 (chickens) or 0.01 (turkeys & other fowl) = # A.U. Example: 150 chicks x 0.0025 = 0.375 A.U. Fee is \$50 (<50 A.U.)	Certification Fee:	+ \$ <b>100.00</b>
	<b>TOTAL Fees Submitted</b>	
* Refer to Table 911-2 Inspection Fees & Table 911-3 for Animal Unit Factors in Agr 911 Rules		

Recordkeeping	NOP Rule Section 205.103
The following are required to be maintained and available for review:	
<ul style="list-style-type: none"> <li>❖ Purchase receipts for all flocks</li> <li>❖ Sales records for all eggs, meat or live birds</li> <li>❖ Medications administered-date, dosage, source</li> <li>❖ Feed products and supplements</li> <li>❖ Disposition of birds (culled, slaughtered, death, sold, etc.)</li> <li>❖ Sale invoices, product labels, packaging samples</li> <li>❖ Source of water and water tests reports</li> </ul>	

For NHDAMF Office Use Only	
Date received:	
Check #:	
Total Fees Submitted:	
Correct Amount?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

- I affirm that all statements made in this application are true and correct.
- I affirm that no prohibited products have been administered to any of the organically raised livestock to which I am requesting certification.
- 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 questionnaire in no way implies granting of certification by the certifying agent.
- I will immediately notify the certifying agent of any change in my certified operation or portion of it that may affect its compliance with the Act or regulations. I will submit an update whenever changes are made thus ensuring that the application/OSP consistently reflects my current organic operation.
- I agree to comply with all applicable State and NOP production and handling standards as described in the final rule of the United States Department of Agriculture Marketing Service National Organic Program (CFR part 205).
- I agree to submit applicable fees charged according to the fee schedule by NHDAMF.
- I have a copy of the NHDAMF organic Rules and USDA National Organic Program (NOP) Regulations which I have read, and understand.
- I have made copies of this application and other supporting documents for my own records.



\_\_\_\_\_  
Signature of Applicant/Authorized Representative

\_\_\_\_\_  
Date

**SECTION 2: Livestock Information**

- ❖ Provide the following information for the poultry being raised as live birds, or for organic meat, or fresh shell egg production
- ❖ Quantity refers to the number of birds currently raised
- ❖ Use additional sheets if necessary

Bird Species	Breed	Amt	OG	Non-OG	Source	Eggs	Meat	Live birds

**SECTION 3: Poultry Housing (barns, shed, coop)**

**NOP Rule Section 205-239**

Species	House ID/Name	House type w/dimensions	#birds/house	Type Bedding used	Clean-out frequency

**SECTION 4: Livestock Access to Outdoors**

**NOP Rule Section 205.239**

- ❖ All pastures that organic poultry graze MUST be certified organic
- ❖ The pasture location/ID must correlate to those listed in the Land Requirements Form in your Organic System Plan (OSP) for Crops
- ❖ If pasture is certified by an Agency other than NHDAMF, a copy of the organic certificate must be included with this application
- ❖ Give justification why birds do not have access to outdoors in the space provided

Give grazing locations: \_\_\_\_\_

No outdoor access justification: \_\_\_\_\_

**SECTION 5: Livestock Healthcare Program**

**NOP Rule Section 205.238**

- ❖ List all healthcare products & mfr information
- ❖ Healthcare records must be maintained (dates & amt administered) will be reviewed at inspection
- ❖ Vaccinations are included in this Section

Bird Species	Healthcare Product	Mfr name & address	NOP compliant Y/N*

\*Refer to NOP Materials List-Section 205.603 for allowed substances. In addition, approved materials can be found at: [www.omri.org](http://www.omri.org) (Organic Material's Review Institute); <http://agr.wa.gov/foodanimal/organic> (WA State Dept of Agriculture); <http://www.paorganic.org/> (PA Certified Organic). NHDAMF will refer to these brand name lists when verifying compliance of materials & inputs; these lists are recognized as official resources by the NOP.

**SECTION 6: Feed and Feed Supplements**

**NOP Rule Section 205.237**

- ❖ List the quantity of each feed type used during the last 12-month period
- ❖ Indicate whether feed was home grown or purchased (Use additional sheets if necessary)
- ❖ Note: Purchased feed requires a copy of the feed label and invoice & Organic Certificate
- ❖ Attach additional sheets as necessary

Feed Type	ORG	Certifying Agency	Non-ORG	Annual Quantity (lbs/tons)	Source	Home Grown (Must be Certified Organic)
	<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"/>			

**Minerals, vitamins & other feed supplements\*\*:** Complete table if applicable

Brand Name	Source	Dosage	How Administered	Reason	Duration of treatment

\*\*Packaging and/or labels must be retained for review at inspection

**Non-organic Feed: If conventional feed is used on farm, how is commingling with organic feed prevented?**

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**SECTION 7: Processing and Packing Facilities**

**NOP Rule Section 205.238, 205.270, 205.271, 205.272, 205.303**

**Organic Meat:**

- ❖ Organic meat birds may be slaughtered on-farm and sold as "organic" in accordance to USDA FSIS Guidelines\*\*\*
- ❖ Organic slaughter stock that is processed at a USDA inspected slaughtering facility can be labeled as "organic" **ONLY IF** the facility has been certified as an "organic processor/handler," by an accredited USDA Certifying Agent, otherwise the meat product cannot be sold as "organic"
- ❖ Certified organic poultry can be sold "live-weight" as "organic" prior to shipment to a slaughtering facility

**Complete the following table:** (Note: applicant may use his/her own records for this section which will be reviewed at inspection)

Flock ID or Name	# Birds	Date of disposal or processing	On Farm	Off Farm	Slaughtering Facility / Mode of Disposal
			<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"/>	

\*\*\*[http://www.fsis.usda.gov/wps/wcm/connect/0c410cbe-9f0c-4981-86a3-a0e3e3229959/Poultry\\_Slaughter\\_Exemption\\_0406.pdf?MOD=AJPERES](http://www.fsis.usda.gov/wps/wcm/connect/0c410cbe-9f0c-4981-86a3-a0e3e3229959/Poultry_Slaughter_Exemption_0406.pdf?MOD=AJPERES)

**NOTE: Water used during processing of meat and eggs shall be, at a minimum potable. Municipal water tests results done annually; or private wells test done semi-annually shall be required. Report results to be verified at inspection.**

**The following questions apply only to on-farm meat processing:**

Sanitation practices: List brand(s) of cleansers, and cleaning procedures:  Not Applicable

Packaging type for processed meats:  Not Applicable

Do you process both organic and non-organic birds on farm?  Yes  No  **Not Applicable**

If yes, indicate how contamination between organic and non-organic products is prevented:

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**Organic Egg Production and Processing:**

- ❖ Total egg production, in dozens, must be recorded and available for review. TABLE A-“ORGANIC EGG PRODUCTION” may be used (attached)
- ❖ If you purchase off-farm organic eggs for processing, then you must complete a “NHDAMF Organic System Plan (OSP)- Processing & Handling (additional fees required)
- ❖ Attach labels used on all packaging containers

Sanitation practices: List brand(s) of cleansers, and cleaning procedures:

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Do you use new or used packaging?  New  Used

Indicate source of packaging: \_\_\_\_\_

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How is packaging assured to be free of contaminants?

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How & where are loose organic eggs stored?

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How & where are processed organic eggs stored?

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Will the USDA Organic Logo be used on packaging?  Yes  No

Will the NHDAMF Organic Logo be used on packaging?  Yes  No

Submit package labels for review and approval  **Not Applicable**

**Non-organic Egg Production & Processing:**

Not Applicable

**The following is required when maintaining organic and non-organic eggs:**

- ❖ Separate production records
- ❖ Separate processing procedures to prevent commingling
- ❖ Separate storage procedures to prevent commingling
- ❖ Attach labels used on all non-organic packaging containers

Describe production, processing and storage of loose eggs and processed eggs; include prevention of commingling of OG & Conv. eggs: