

2020 RENEWAL -Organic System Plan (OSP)-POULTRY & Other Fowl

Instructions

- Complete this Organic System Plan (OSP) to continue certification for organic poultry production.
- Please check **No Changes** for those sections where no changes have been made from your previous OSP. If changes have been made, please answer the applicable questions.
- Complete OSPs and fees are required prior to inspection of each requested scope.
- Late OSPs may result in a Notice of Noncompliance.

For Office use only:

OSP Received On: _____ Entered Into Database On: _____ By (Initials): _____ Initial Cert Date _____

Assigned To: Reviewer: _____ Primary Review Completed On: _____

Inspector: _____ Inspector's Review Completed On: _____

Inspection Completed On: _____ Director Approved On: _____ Initials: _____

Request Form # _____ Documents Received On: _____ Initials: _____ ☐ NA

Database Updated On: _____ Initials: _____ Certificate Mailed On: _____ Initials: _____

Date payment rec'd: _____ Amount: _____ Check #: _____ Cash: _____

SECTION 1: General Information § 205.201 & § 205.401

Name of Applicant:	Name of Authorized Person who will be present at inspection:	Year first certified:	NHDAMF Cert #:
Farm Name:			
Mailing Address:			
Physical Address: <input type="checkbox"/> Same as mailing			
Best phone number:	Email:	Website:	

Organizational structure/legal status:

- ☐ Sole Proprietorship ☐ Trust or non-profit ☐ Cooperative ☐ Legal Partnership (federal form 1065) ☐ LLC
- ☐ Corporation; list state of incorporation & name _____ ☐ Other-specify _____

Inspectors Change: Please provide detailed directions from Concord to poultry operation:

SECTION 2: Applicant Affirmation § 205.400-§205.405

- I have a copy of the NHDAMF organic regulations and the USDA National Organic Program (NOP) regulations, with which I have read, understand and agree to follow for organic certification.
- This Organic System Plan has been completed to the best of my ability, with accurate and forthcoming information.
- I understand that acceptance of this Organic System Plan in no way implies granting of certification by NHDAMF.
- I will immediately notify NHDAMF of any change in my certified operation or portion of it that may affect its compliance with NHDAMF Organic Rules and USDA National Organic Program (NOP) Regulations.
- I understand that the operation may be subject to unannounced inspections and/or sampling for residues at any time.
- I agree to submit applicable fees charged according to the fee schedule by NHDAMF.

My signature confirms that I have read, understand, and agree to the aforementioned statements.

Applicant's signature: _____ **Date:** _____

SECTION 3: Organic Certification History § 205.662

Name(s) of any certifying agency other than NHDAMF to which an application has been previously made, and date(s) of application:

Outcome of submission(s): _____

Did you receive a Notice of Non-compliance (NNC) from NHDAMF last year?

☐ Yes ☐ No

Did you receive a Conditions for Continued Certification (CCC) letter from NHDAMF last year?

☐ Yes ☐ No

If yes, please describe NNC and/or CCC and corrective actions implemented:

Note: Corrective actions along with any supporting documentation will be reviewed during inspection.

SECTION 4: Recordkeeping § 205.103

Confirm that you are maintaining the following records::

- ❖ Purchase receipts for all flocks____
- ❖ Sales records for all eggs, meat or live birds____
- ❖ Medications administered (date, dosage, source)____
- ❖ Feed products and supplements____
- ❖ Disposition of birds (ex. culled, slaughtered, death, sold)____
- ❖ Sales invoices, product labels, packaging samples____
- ❖ Outdoor access for birds____

SECTION 5: Livestock Information § 205.236

- ❖ List all birds to be certified as organic and check all products for which you want certified.
- ❖ Use additional sheets if necessary

Bird Species	Breed	Number	Source	Live Birds	Meat	Eggs

SECTION 6: Poultry Housing (barns, shed, coop) § 205.239☐ No changes

Bird Species	House ID/Name	Dimensions	# Birds/House	Bedding Type	Clean-out frequency

Housing Sanitation, Cleaning Process & Pest Control:

Product Name	Manufacturer	Pest(s) controlled	NOP compliant?	DAMF Verification

Refer to NOP Materials List-Section 205.603 for allowed substances. In addition, approved materials can be found at: 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 7: Livestock Access to Outdoors § 205.239

- ❖ *All outdoor access areas that organic poultry use must be managed in compliance with NOP Rule Section § 205.239*
- ❖ *If an outdoor access area is certified by an Agency other than NHDAMF, a copy of the organic certificate must be included with this application*

a) Describe outdoor access locations and dimensions (Please attach a map):

☐ No changes

b) How often are birds allowed outdoor access during spring, summer, fall, and winter?

☐ No changes

c) When are the birds denied outdoor access?

☐ No changes

d) How do you manage the outdoor access areas and scratch areas to prevent runoff and contamination to surface waters?

☐ No changes

e) How do you manage predation?

☐ No changes

SECTION 8: Livestock Healthcare Program § 205.238

- ❖ List all healthcare products & manufacturer information
Include vaccinations in this section

Bird Species	Healthcare Product	Manufacturer's name & address	NOP Compliance verification	DAMF Verification (for office use only)

*Refer to NOP Materials List-Section 205.603 for allowed substances. In addition, approved materials can be found at: 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 9: Feed and Feed Supplements § 205.237

- ❖ List the quantity of each feed type used during the last 12-month period
- ❖ Indicate whether feed was produced on farm or purchased (Use additional sheets if necessary)
- ❖ Note: Purchased feed requires a copy of the feed label and invoice. An organic certificate is also required for bulk feed.

Feed Type	ORG	Certifying Agency	Non-ORG	Annual Quantity (lbs/tons)	Source

If conventional feed is used on farm, how is commingling with organic feed prevented?

☐ NA

Minerals, vitamins & other feed supplements

☐ NA

Brand Name	Dosage	How Administered	Reason	Duration of treatment

SECTION 10: Processing and Packing Facilities §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”. You must have a copy of the facility’s certification.
- ❖ Certified organic poultry can be sold “live-weight” as “organic” prior to shipment to a slaughtering facility
- ❖ Attach labels used on all retail packaging

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

SECTION 11: Organic Egg Production and Processing:

- ❖ Total egg production, in dozens, must be recorded and available for review.
- ❖ 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. Labels need to be approved by NHDAMF prior to using.

Sanitation practices: List brand(s) of cleaners used for collection equipment and describe cleaning procedures:

Do you use new or used packaging?

☐ New

☐ Used

Indicate source of packaging:

If reused, how is packaging assured to be free of contaminants?

How & where are loose organic eggs stored prior to packaging?

☐ No changes

How & where are packaged organic eggs stored?

☐ No changes

Will the USDA Organic Logo be used on packaging?

☐ Yes

☐ No

Will the NHDAMF Organic Logo be used on packaging?

☐ Yes

☐ No

Are the labels compliant with 205.303(b)(2)?

☐ Yes

☐ No

<u>Non-organic Egg Production & Processing:</u>	<input type="checkbox"/> Not Applicable
Confirm that you are maintaining the following:	
<ul style="list-style-type: none"> ❖ Separate production records ❖ Separate processing procedures to prevent commingling ❖ Separate storage procedures to prevent commingling 	
Describe production, processing and storage of loose eggs and processed eggs; include prevention of commingling of OG & Conventional eggs:	

SECTION 12: Marketing Information: Provide **name & location** for all sales outlets of organic product ☐ **No changes**

<input type="checkbox"/> Farm retail or farm stand:
<input type="checkbox"/> Summer Farmers Markets:
<input type="checkbox"/> Winter Farmers Markets:
<input type="checkbox"/> Direct to retail:
<input type="checkbox"/> CSA/subscription service (#members/shares):
<input type="checkbox"/> Wholesale:
<input type="checkbox"/> Bulk commodities to processor:
<input type="checkbox"/> Contract to buyer:
<input type="checkbox"/> Food Service Establishment:

International Import and Export Activity (This is a required section and must be answered)☐ **No changes**For more information please visit <https://www.ams.usda.gov/services/organic-certification/international-trade>**I. Import Activity**☐ **Not Applicable**

From which countries do you import or plan to import any ingredients to be used in your product (s):

- ☐ Canada ☐ European Union ☐ Japan ☐ Republic of Korea ☐ Taiwan ☐ Switzerland
☐ Other(s): _____

Attach a copy of your procedures (SOP) to verify that imported organic products comply with the USDA organic regulations.
Attached _____

List each product or substance intended to be imported, the source, and indicate the frequency of import:

II. Export Activity☐ **Not Applicable**

To which countries do you export or plan to export any products:

- ☐ Canada ☐ European Union ☐ Japan ☐ Republic of Korea ☐ Taiwan ☐ Switzerland
☐ Other(s): _____

Attach a copy of your process (SOP) to verify compliance with the terms of the arrangement with each applicable country to include, but not limited to, the required documentation with every shipment and product labels. Attached _____

List all products intended for export, the country, and frequency of export:

SECTION 12: Attachments

The following documents are attached:

- ☐ Landowner Statement(s), if applicable
☐ Product Labels (new or revised)
☐ Map of outdoor access area(s)

Closing Affirmations

- * I have made a copy of this application for my records
- * I understand I am required to have a copy of my OSP at the time of inspection
- * I understand that I must have all required documents and records available at the time of my inspection

Applicant's signature: _____ Date: _____

PAYMENT \$205.400 (Refer to tables below)		
Total # Animal Units (A.U.) # 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.)	Inspection Fee:	\$
	Certification Fee:	+ \$ 100.00
	TOTAL Fees Submitted	

Table 911.2 Inspection Fees for Organic Livestock

	Fee	Fee	Fee	Fee	Fee	Fee
	\$50	\$100	\$150	\$200	\$300	\$400
Animal Units (AU)	<4 AU	>4-20 AU	>20-40 AU	>40-60 AU	>60-80 AU	>80 AU

Table 911.3 Animal Unit (AU) Equivalent

<u>Animal type</u>	<u>Animal Unit (AU) Factor</u>
Beef Cow	1.00
Dairy Cow	1.40
Swine	0.20
Sheep	0.10
Turkeys and other fowl	0.01
Chickens	0.0025

Make Checks payable to: **“TREASURER, STATE OF NH”**

Mail completed Organic System Plan & Attachments to:

**NH Department of Agriculture, Markets & Food
Division of Regulatory Services
PO Box 2042
Concord, NH 03302-2042**

If you should have any questions, please call Regulatory Services at: (603) 271-3685