



Georgia Crop Improvement Association Organic Certification Program

POULTRY Organic System Plan

If you are raising non-livestock related crops for wholesale or retail sale (vegetables, fruit, etc.), the CROP Organic System Plan must be completed in addition to this POULTRY Organic System Plan.

| | | | | |
|--------------------------------|--------------------------------|--|-------|-----|
| MANAGER NAME | | OPERATION NAME | | |
| OWNER NAME | | WEBSITE ADDRESS | | |
| ADDRESS | | CITY | STATE | ZIP |
| MANAGER PHONE: OWNER PHONE: | MANAGER EMAIL: OWNER EMAIL: | PRIMARY FORM OF CONTACT EMAIL PHONE | | |

Organizational Structure / Legal Status:

Sole proprietorship
 Legal partnership
 S-Corporation
 Limited Liability Corporation
 Trust
 Government / Public
 Non-Profit (specify) _____
 Other (specify) _____

The National Organic Program (NOP) requires all operations seeking certification to develop an organic system plan (OSP) 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. The OSP must be updated anytime a new product is added; new inputs are planned for use; any changes of name, operator, ownership; when new land is acquired; changes in storage locations, custom operations, label changes, suppliers, shipping/receiving, equipment, pest management, etc. Submit any changes to GCAOCP office in order that we may advise and/or provide the appropriate form(s) for update.

Your organic system plan must include the following:

- A description of practices and procedures – including the frequency with which they will be performed,
- A list and detailed information regarding each substance to be used in organic handling,
- A description of the monitoring practices and frequency the practices will be performed,
- A description of the recordkeeping system that complies with the rule,
- A description of the practices in place to prevent commingling of organic and non-organic products
- A description of the practices in place to prevent commingling of organic products with prohibited substances - Any additional information required by the certifying agent in order to evaluate compliance.
- If a Standard Operating Procedure (SOP) is utilized, attach the SOP & identify any materials that may be used.

This is a plan – You must change or update it throughout the year. Changes must be approved by GCAOCP prior to implementation. Plan updates may be submitted by email, mail or fax.

Section 1: GENERAL INFORMATION

NOP §205.201, .401

1. Are you a new applicant for certification or are you renewing your existing certification?
 New – Applying for a new certification
 Certification Renewal – Renewing an existing certification
2. Provide a brief description of your business:

POULTRY Organic System Plan

3. Check all the boxes that apply to your farming operation:
- Pasture Ruminant livestock Egg sales Slaughter stock
 Feed crops Other (specify):
4. Do you intend to import / export product? And if so, to what country(s)? Yes No * If YES, inspector see below.
 Please describe:
- NOTE: Prior to importing or exporting, please review the USDA NOP import & export requirements at www.ams.usda.gov/services/organic-certification/international-trade.
5. Do you raise organic and conventional poultry? Yes No
- 6A. Have you ever been denied certification or had your certification suspended or revoked? Yes No
- 6B. Have you ever surrendered an organic certificate? Yes No
If "Yes" to either, please attach a detailed explanation, including the date and certifier.
7. List *previous* organic certification by other agencies; if applicable, provide evidence / documentation of surrender.
8. Describe corrective action in response to any noncompliance notices or conditions for continued certification received:
9. List *current* organic certification by other certification agencies:
10. List any websites that advertise or sell your products:
11. Year first certified:
12. Year when complete Poultry Organic System Plan was last submitted:
13. Do you have a copy of the National Organic Program Standards? Yes No
14. Do you have a copy of the current OMRI Materials List? Yes No

**The NOP Standards are available online at:
www.ams.usda.gov/nop**

15. Give directions to your farm for the inspector:
16. When are you available to contact? Morning Afternoon Evening
17. When are you available for the inspection? Morning Afternoon Evening

Section 2: PASTURE - Physical Description

NOP §205.201, .202

National Organic Program requires that any field or farm parcel from which harvested crops are intended to be represented as organic must have had no prohibited substances applied to for a period of 3 years.

Please complete the information below and attach a current FIELD HISTORY RECORD for each field. At least 36 months of history are required for all fields.

1. Have you managed all fields for 3 or more years? Yes No
*If "No," you must submit a **Previous Land Use Declaration** form.*
2. Are all fields requested for certification located at the main address? Yes No
3. Complete this information for main farm addresses and each parcel that is in a separate location:

| Field ID | Parcel Address | Number of Acres | | | Rented or Owned |
|----------|----------------|--------------------------|--------------------------|--------------------------|-----------------|
| | | Organic | Transitional | Conventional | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

* Inspector: when organic imports/exports are noted, refer to NOP guidance documents 21101 and 2403; memo 5-25-13 and PM 13 for instructions to determine acceptability.

POULTRY Organic System Plan

| | | | | |
|--|--------------------------|--------------------------|--------------------------|--|
| | <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"/> | |

NOP §205.201(A)(5) requires that organic production areas have distinct boundaries and buffer zones to prevent the unintended application of a prohibited substance or contact with a prohibited substance that is applied to adjoining land not under organic management. Adjoining land includes cropland, pastures, residential property, fallow land, etc. Buffer areas may change annually depending on contamination potential from adjoining land uses.

The width of the minimum buffer is dependent on site-specific conditions. It is the responsibility of the operator to determine adequate buffer zones. The NOP requires that the buffer must be sufficient in size or other features (windbreaks, diversion ditches) to prevent the unintended contact by prohibited substances applied to adjacent land areas. Indicate buffer zones and show all adjoining land uses on your field maps.

4. List specific buffer areas you maintain. Show all adjoining land uses on your field maps. N/A

| LOCATION OR FIELD NUMBER | BUFFER TYPE (CROPLAND, TREE LINE, HEDGEROW, WILDLIFE PLANTING GRASS STRIP) | BUFFER WIDTH | ADJOINING LAND USE | IF CROP IS HARVESTED FROM BUFFER; (DESCRIBE USE: SALE, NONORGANIC LIVESTOCK FEED, SEED, ETC.) |
|--------------------------|---|--------------|--------------------|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

5. If crops are harvested from the buffer zones with equipment used for harvesting organic crops, what safeguards do you use to protect organic crops from contact with buffer crops during harvest?

6. What additional safeguards do you use to prevent accidental contamination? none
 Written notification to: highway departments electric companies aerial spray companies/airports
 adjoining landowners drainage commissions farm service office other:

7. Have you posted "No Spray" signs along roadsides that adjoin organic fields? Yes No

8. Do any fields or portions flood frequently (more than once every ten years)? Yes No
 If "Yes," list field numbers:

9. How do you monitor for crop contamination? visual observation residue analysis
 GMO testing photographs wind direction/speed data other:

10. How often do you conduct crop contamination monitoring? weekly monthly annually
 as needed other:

Section 3: PASTURE - Seeds, Annual Transplants & Seedlings

NOP §205.204, .240

National Organic Program requires that producers use organically grown seed, annual seedlings and planting stock, unless these are not commercially available. You must maintain documentation verifying the unavailability of organic seed. Genetically modified seeds or seeds treated with prohibited substances are not allowed.

POULTRY Organic System Plan

1. Do you use seeds on your farming operation? Yes No
If "No," skip to Section 4: PASTURE - Soil Fertility and Crop Nutrient Management.
2. Are the seeds organic? Yes No

If no, you are required to maintain documentation of commercial unavailability and have this available for review at your annual inspection.

3. Are any seeds used treated with materials (pelleted, inoculated, fungicides, etc.)? Yes No
If "Yes," list all treatments:
4. Are any seeds genetically engineered? Yes No

All labels, receipts, delivery tickets, evidence of commercial unavailability, treatments and non-GMO documentation must be on hand at the time of inspection to verify National Organic Program compliance.

Failure to have documentation at your inspection may impact or delay your organic certification.

Section 4: PASTURE - Soil Fertility & Crop Nutrient Management

NOP §205.203, .240

National Organic Program requires producers to implement tillage and cultivation practices that maintain or improve the condition of the soil and minimize erosion. You must also manage crop nutrients and soil fertility through rotations, cover crops and application of plant and animal materials. Additionally, you must manage plant and animal materials to maintain or improve soil organic matter while minimizing contamination of crop, soil or water.

1. Check the cultural and management practices that help to maintain or build soil fertility on you farm:
- a. Management:
- | | | |
|---|--|---|
| <input type="checkbox"/> Crop rotation | <input type="checkbox"/> Soil amendments | <input type="checkbox"/> Foliar fertilizers |
| <input type="checkbox"/> Soil inoculants | <input type="checkbox"/> Fallow land | <input type="checkbox"/> Animal manure |
| <input type="checkbox"/> Leguminous crops | <input type="checkbox"/> Rock minerals | <input type="checkbox"/> Other (specify): |
- b. Monitoring:
- | | | |
|---|--|---|
| <input type="checkbox"/> Soil testing | <input type="checkbox"/> Microbiological testing | <input type="checkbox"/> Observation of soil |
| <input type="checkbox"/> Observation of crop health | <input type="checkbox"/> Comparison of crop yields | <input type="checkbox"/> Crop quality testing |
- c. How often do you perform the monitoring tests or observations selected above?

Your inspector will evaluate your soil fertility monitoring and management practices as well as note any soil deficiencies and/or surpluses, erosions, compaction, etc.

Be sure to maintain applicable management and monitoring documentation and have it available at the annual inspection.

2. Please address your manure management with regard to the following:

| | |
|----------------|--|
| Liquid | |
| Solid | |
| Compost | |
| Bedding | |

3. Estimated quantity of manure generated per year: _____ tons
4. Acres/hectares of land available for manure application: _____ acres/hectares

POULTRY Organic System Plan

5. Do you compost your manure in accordance with the National Organic Program? Yes No

If "Yes," you will be required to maintain documentation verifying that your compost meets the requirements of NOP §205.203(c)(2). This documentation must be made available during your annual inspection.

6. Please list all fertility inputs that you plan to use on your operation. Include all fertilizers, manure, compost, foliar nutrients and crop production aids in the space provided.

Section 5: PASTURE - Management Materials Inventory

NOP §205.203, .206, .240

All material ingredients must be nonsynthetic unless specifically approved on the National List of Allowed and Prohibited Substances (§205.603). Prohibited nonsynthetic ingredients listed on §205.604 must not be given to organic animals.

Please list all pasture input materials used for soil fertility, crop nutrient, and weed, pest and disease control in the table below. Indicate that it is an allowable material by checking the appropriate box (you may check more than one). If you prefer, you can submit your materials list in other formats (Excel, Word, etc.). *Use additional sheets as necessary.*

| Management Material | Brand Name / Source | Intended Use (pest control, etc) | Restricted Yes or No | NOP Generic 205.603 | OMRI Listed | WSDA Listed | EPA Listed | PCO Listed |
|---------------------|---------------------|----------------------------------|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | | | | <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"/> | <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"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| | | | | <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"/> |

IF RESTRICTED MATERIALS USED, DESCRIBE USE RESTRICTIONS THE APPLICANT WILL FOLLOW: _____

POULTRY Organic System Plan

If you include a generic material rather than a specific brand name, you are responsible for assuring that the specific material you intend to use is allowed for organic livestock production. Have all products available for review at your inspection.

Section 6: PASTURE - Crop Rotation & Cover Crops **NOP §205.205**

National Organic Program requires a producer to implement a crop rotation that maintains or improves soil organic matter, provides for pest management, manages deficient or excess plant nutrients and provides erosion control. These practices can include, but are not limited to sod, cover crops, green manure or animal rotation.

1. Describe your crop rotation plan, including annual crops, perennial hay and cover crops used:
 N/A Pasture only (no hay, silage or other crops harvested) - Skip to Section 7: PASTURE – Natural Resources & Water

Section 7: PASTURE - Natural Resources & Water **NOP §205.200, .240**

National Organic Program requires that an organic producer must implement practices which maintain or improve the natural resources of this operation, including soil and water quality.

1. Please check the relevant plans you maintain to assist you in managing your on-farm natural resources:
 Organic System Plan (this document) NRCS Farm Plan Conservation District Plan
 Farm plan or resource management plan Other (specify):

2. What are your sources of water for poultry use? on-site well municipal spring
 river/creek/pond other:

3. How is water quality and quantity maintained and sustained on your farm?

4. Describe your plan for erosion control and protection of natural wetlands and riparian areas:

Water used for organic poultry must be potable and readily accessible. Water tests for coliform bacteria, nitrates and/or known contaminants may be required.

4. If you use additives in the water, describe them in the following table: No additives used.

| Additive | Reason for Use | Status | Additive | Reason for Use | Status |
|----------|----------------|---|----------|----------------|---|
| | | <input type="checkbox"/> Approved <input type="checkbox"/> Restricted <input type="checkbox"/> Prohibited | | | <input type="checkbox"/> Approved <input type="checkbox"/> Restricted <input type="checkbox"/> Prohibited |
| | | <input type="checkbox"/> Approved <input type="checkbox"/> Restricted <input type="checkbox"/> Prohibited | | | <input type="checkbox"/> Approved <input type="checkbox"/> Restricted <input type="checkbox"/> Prohibited |
| | | <input type="checkbox"/> Approved <input type="checkbox"/> Restricted <input type="checkbox"/> Prohibited | | | <input type="checkbox"/> Approved <input type="checkbox"/> Restricted <input type="checkbox"/> Prohibited |

POULTRY Organic System Plan

5. Describe any water contamination problems in your region: No contamination problems

6. Do you have irrigation water available for pasture? Yes No
If "Yes," do you irrigate your pastures? Yes No

7. Describe your plan for erosion control and protection of natural wetlands and riparian areas:

| | |
|---|---------------------|
| Section 8: PASTURE - Weed, Pest & Disease Management Practices | NOP §205.206 |
|---|---------------------|

National Organic Program requires that producers implement management practices to prevent weeds, pests and diseases in your crops grown for livestock. When these preventative practices are insufficient, a producer may use nonsynthetic substances or synthetic substances approved under Nation Organic Standard 205.601.

These materials must be documented in this system plan!

Use the table below to document the weed, pest and disease problems in the pasture and livestock feed crops. Include the specific problem; indicate the type of problem it is, the preventative plan and any practices or materials used for control. *Attach additional sheets as necessary.*

| Weed, Pest or Disease | Weed | Pest | Disease | Preventative Practice | Cultural Practice & Materials used for Control |
|-----------------------|--------------------------|--------------------------|--------------------------|-----------------------|--|
| | <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"/> | | |
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| | <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"/> | | |

All materials and inputs listed above must be included in Section 5: PASTURE - Management Materials Inventory

| | |
|---|---------------------------------------|
| Section 9: PASTURE - Feed Harvest, Storage, Production | NOP §205.201, .237, .239, .272 |
|---|---------------------------------------|

The National Organic Program requires that all certified organic livestock be fed 100% certified organic feed. This standard applies to poultry beginning no later than the second day of life. All feed raised on-farm must be noted on field histories and described above. Feeding records need to be available at inspection.

1. What categories of crops and livestock feed are produced? Organic Transitioning to Organic Conventional

POULTRY Organic System Plan

2. Please check the types of crops that you harvest from your operation:
- | | | | |
|--|--------------------------------------|--|---|
| <input type="checkbox"/> Alfalfa hay | <input type="checkbox"/> Grass hay | <input type="checkbox"/> Perennial grain | <input type="checkbox"/> Green chop |
| <input type="checkbox"/> Annual feed crops | <input type="checkbox"/> Corn silage | <input type="checkbox"/> Grass silage | <input type="checkbox"/> Other (specify): |
3. Does your operation use feed additives and supplements?
- No feed supplements of additives used.
- Yes, all feed supplements, salt, mineral and feed additives used are noted in **Section 13: LIVESTOCK INPUT INVENTORY**

Feed additives and supplements must be in compliance with NOP §205.237.

Feed supplements, salt, mineral and feed additives used or planned for use in the current year are to be noted in Section 13: LIVESTOCK INPUT INVENTORY. Provide ingredients information for all products that are not OMRI approved. Have all purchase documentation available at inspection.

4. Is the same equipment used to produce both organic and non-organic crops? Yes No N/A
If "Yes," is the equipment cleaned prior to harvest? Yes No N/A
If "N/A," please explain:

5. Do you buy organic feed? Yes No
If "Yes," list all purchased feed with source and certification:

6. Do you grind, roast, or mix organic feed products? Yes No
If "Yes," where? on-farm mobile roaster that comes to my farm
 Is equipment for feed processing also used for conventional product? Yes No
If "Yes," how is it cleaned?

If you grind, roast or mix organic products, please complete the PROCESSOR/HANDLER Organic System Plan.

7. If feed is processed at a location other than your farm, the facility must be certified organic:

| | | |
|---------------------------------------|-------|---------------|
| <input type="checkbox"/> Feed mill | Name: | Certified by: |
| <input type="checkbox"/> Another farm | Name: | Certified by: |
| <input type="checkbox"/> Other | Name: | Certified by: |

8. Do you store both organic and conventional feed at your farm? Yes No N/A

All storage locations must be indicated on maps.

9. Describe your feed storage locations:

POULTRY Organic System Plan

10. Describe your operation's method of storing organic feed and how you prevent contamination:

11. How do you control rodents and pests in organic feed storage area?

Any pest control inputs must be listed on the Pasture Materials Input Inventory form.

12. Describe your plan for emergency feed supplies:

13. How do you dispose of synthetic materials used for bale wraps, silage covers, or feed/bedding packaging?

None used

National Organic Program requires that an operation that produces organic and non-organic products must prevent the commingling and contamination of organic and non-organic products.

Section 10: LIVESTOCK OPERATION PROFILE – Source & Production

NOP §205.201, .236, .272

National Organic Program requires that all livestock and livestock products that are to be sold, labeled or represented as organically produced to be the offspring of breeder stock managed organically for at least the last third of that particular gestation. All mammals to be sold as organic slaughter stock must meet organic slaughter stock standards. Livestock operations that have any conventionally raised livestock must be able to verify management that maintains organic integrity of organic livestock.

CURRENT YEAR LIVESTOCK

1. What are you requesting for organic certification? meat eggs live birds
 other: _____
2. Do you have, or are you requesting any other certification for your poultry? Yes No
3. What organic livestock or livestock products are you planning to sell, and when?

Provide GCIAOCP with a list of all animals you are requesting for certification on the Livestock (herd/flock) Inventory Record.

Note: If you already have this information available in another format, such as an Excel spreadsheet, you may substitute your records in place of the GCIAOCP Livestock (herd/flock) Inventory Record. Your records MUST include animal ID, date of birth and organic slaughter eligibility.

POULTRY Organic System Plan

4. List the type and number of poultry requested for organic certification (O), in transition (T) and conventional (C):

| Poultry Type | Number of Hens | | | Number of Roosters/Toms | | | Number of Capons | | |
|---------------------|----------------|---|---|-------------------------|---|---|------------------|---|---|
| | O | T | C | O | T | C | O | T | C |
| Chickens - Layers | | | | | | | | | |
| Chickens - Broilers | | | | | | | | | |
| Turkeys | | | | | | | | | |
| Ducks - Meat | | | | | | | | | |
| Ducks - Layers | | | | | | | | | |
| Geese | | | | | | | | | |
| Other Types: | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

POULTRY PURCHASES

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

5. Do you raise your own chicks/replacement egg layers on-farm? Yes No

6. Complete the following table if you purchased any animals for which organic slaughter or livestock product certification is requested. No livestock purchases to date

| Type of Poultry | # of Animals Obtained | Date Obtained | Source and Phone Number | Certified by which agency? |
|-----------------|-----------------------|---------------|-------------------------|----------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

DAY OLD CHICKS

7. Describe your management plan for raising chicks (heating, space allowed, etc.): n/a

SPLIT AND PARALLEL PRODUCTION

“Parallel production” is producing the same type of livestock products conventionally and organically. “Split production” is both organic and conventional production on the same farm, but different livestock species or products.

8. Complete this table if you have any animals on farm that will not be fed 100% organic or that will be given prohibited treatments or supplements. This includes animals for home use and work animals. Note: buffer crops are conventional feed.
 Not applicable, all animals on the farm are managed organically

| Type of Livestock | Non-Organic Feed, Treatment or Supplement | Location Used or Fed |
|-------------------|---|----------------------|
| | | |
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POULTRY Organic System Plan

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Section 11: HOUSING & PASTURE

NOP §205.239, .240

The National Organic Program 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 for organic animals.

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? Yes No

If "No," please indicate why livestock may be subject to confinement:

- | | | | |
|--|---|---------------------------------|--|
| <input type="checkbox"/> Inclement weather | <input type="checkbox"/> Stage of production | <input type="checkbox"/> N/A | |
| <input type="checkbox"/> Risk to soil or water | <input type="checkbox"/> Health, safety or well being of animal | <input type="checkbox"/> Other: | |

2. At what age are poultry allowed access to outdoors?

3. Do you provide access to pasture for organic animals? Yes No

4. Describe the type of vegetation in your pastures (species, type, etc.):

5. Describe locations and sources of water for livestock on pasture. Not applicable

6. Is shelter available for organic animals? Yes No

If "Yes," describe the shelter:

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 (specify): | | |

7. What source(s) of light is used in poultry housing?

8. How many hours of artificial light are provided per day?

9. How long are animals indoors (hours/day)? _____ spring _____ summer _____ fall _____ winter

If your operation includes multiple poultry houses, attach a list showing each house, square footage and number of organic poultry raised in each house.

| Type of Housing or Outdoor Lot | Size (length x width) | Age & Type of Poultry Housed | Number of Animals Housed |
|--------------------------------|--------------------------|------------------------------|--------------------------|
| | | | |
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POULTRY Organic System Plan

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|--|--|--|--|
| | | | |
| 10. What type(s) of bedding is used? <input type="checkbox"/> none <input type="checkbox"/> sand <input type="checkbox"/> sawdust/shavings <input type="checkbox"/> straw <input type="checkbox"/> cornstalks <input type="checkbox"/> other: _____ | | | |
| 11. Bedding is: <input type="checkbox"/> purchased <input type="checkbox"/> homegrown | | | |

If you provide edible, organic bedding for your animals, you must have a current organic certificate available at your annual inspection.

| | |
|--|--------------------------------|
| 12. Describe locations of any treated lumber that may threaten the organic integrity of livestock. | <input type="checkbox"/> None. |
| 13. How often is housing cleaned out and how is it cleaned? | |

Sanitation and cleaning products are to be listed on the Livestock Input Inventory (Section 13).

Section 12: HEALTH MANAGEMENT NOP §205.238, .603

The National Organic Program requires a proactive health management program to prevent health problems and potential use of prohibited materials. If prohibited treatments are used, the treated animals and/or their products may not be sold as organic.

Records must be kept of all treatments.

| | |
|---|--|
| 1. Identify the general components of your animal health management program: <input type="checkbox"/> breed selection <input type="checkbox"/> raise own replacement stock <input type="checkbox"/> isolation for purchased/diseased animals <input type="checkbox"/> culling <input type="checkbox"/> vaccinations <input type="checkbox"/> good sanitation between flocks <input type="checkbox"/> access to outdoors <input type="checkbox"/> dry bedding <input type="checkbox"/> good ventilation in housing <input type="checkbox"/> good quality feed <input type="checkbox"/> nutritional supplements <input type="checkbox"/> probiotics <input type="checkbox"/> other: _____ | |
| 2. How do you monitor livestock health? | |

MEDICAL PROBLEMS AND PROCEDURES

| | |
|--|--|
| 3. List any health problems affecting or threatening to affect your poultry livestock and the preventative measures you are taking against them. If your preventative measures are insufficient, give the treatment(s) that has been or will be applied: | <input type="checkbox"/> No health problems. |
|--|--|

Be sure to list all medications and vaccinations on the Livestock Input Inventory in Section 13.

| Condition | Experienced? <input checked="" type="checkbox"/> | Preventative Plan | Treatment <i>(If preventative plan failed)</i> |
|-----------|---|-------------------|---|
| | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |
| | <input type="checkbox"/> | | |

POULTRY Organic System Plan

| | <input type="checkbox"/> | | |
|---|--------------------------|--|--|
| 4. Describe any surgical practices you use: | | | <input type="checkbox"/> Not used. |
| Physical alterations are only allowed as needed to promote the animal's welfare and in a manner that minimizes pain and stress. | | | |
| Surgical Practice | Reason for Use | | |
| Beak trimming | | | |
| Wing burning | | | |
| Other: | | | |
| Other: | | | |
| 5. Give the name and phone number of your veterinarian: Name: _____ Phone: _____ | | | |
| ANIMAL PESTS AND PREDATORS | | | NOP §205.271 |
| 6. Are flies a problem in your operation? If "Yes," what do you do to prevent or control them? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Are internal or external parasites a problem in your operation? If "Yes," what are they and how do you prevent or control them? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| NOP Standards prohibit the use of parasiticides in slaughter stock. | | | |
| 8. Check which predators you have problems with: <input type="checkbox"/> rodents <input type="checkbox"/> hawks <input type="checkbox"/> feral cats <input type="checkbox"/> raccoons/skunks, etc. <input type="checkbox"/> dogs <input type="checkbox"/> other: | | | <input type="checkbox"/> No problems |
| 9. How do you prevent or control predators? | | | |
| <i>List any poisons or products in Section 13: LIVESTOCK INPUT INVENTORY</i> | | | |
| NOP §205.238 states the producer must not withhold medical treatment from a sick animal in an effort to preserve its organic status. All appropriate medications must be used to restore an animal to health when methods acceptable to organic production fail. | | | |
| Section 13: LIVESTOCK INPUT INVENTORY | | | NOP §205.238, .603, .604 |
| National Organic Program requires livestock producers to establish and maintain preventative livestock health care practices. All material ingredients must be nonsynthetic unless specifically approved on the National List of Allowed and Prohibited Substances (§205.603). | | | |
| Prohibited nonsynthetic ingredients listed on §205.604 must not be given to organic animals. | | | |



Georgia Crop Improvement Association Organic Certification Program

Poultry Materials Input Inventory

Instructions: List all mineral mixes, enzymes, herbs, vitamins, parasiticides, vaccines, etc. that are administered to your organic animals in the table below. Indicate it is an allowable material by checking the appropriate box. PLEASE NOTE: All documents submitted must be typed. Hand written documents will not be accepted.

BUSINESS NAME: _____ OWNER NAME: _____ DATE: _____

| Management Material | Brand Name or Source | Intended Use (pest control, fertilizer, etc.) | Restricted? | Verification | | |
|---------------------|----------------------|---|-------------|--------------|------------|-------------|
| | | | | WSDA Listed | PCO Listed | OMRI Listed |
| | | | | | | |
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If restricted materials used, describe use restrictions the applicant will follow: _____

By signing, I attest that I understand the applicable use restrictions to any inputs listed as restricted. _____
Signature Date

Georgia Crop Improvement Association
 2425 South Milledge Avenue, Athens GA 30605
 706-542-2351 www.georgiacrop.com

POULTRY Organic System Plan

| | |
|---|---|
| Section 14: EGG HANDLING & PACKING | <input type="checkbox"/> No eggs requested for certification |
| <i>Facilities that handle organic eggs, on-farm, must complete the POULTRY - Egg Handling Addendum</i> | |
| 1. Please list the facility that you use or plan to use to handle your organic eggs: <input type="checkbox"/> on-farm | |
| <i>If On-farm, is the GCIAOCP POULTRY - Egg Handling Addendum attached?</i> <input type="checkbox"/> Yes | |
| Business name: | |
| Address: | |
| Phone number: | |
| Certified Organic by: | |
| 2. Do you or the facility listed above have an egg handler's license? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--|---------------------|
| Section 15: HANDLING FOR SLAUGHTER | NOP §205.236 |
| <i>National Organic Program requires that livestock products intended for sale as organic must be from livestock under continuous organic management from the second day of life and comply with all feed, health care and living condition requirements.</i> | |
| <i>Humane handling methods must be used for loading, unloading, holding, shipping and slaughter. Slaughter facilities must be certified in order for meat to be sold as certified organic.</i> | |
| 1. How do your records and system of identification track organic slaughter eligibility? | |
| 2. How are slaughter animals sold? <input type="checkbox"/> live birds <input type="checkbox"/> culls <input type="checkbox"/> packaged meat | |
| 3. To whom are animals or meat products sold? <input type="checkbox"/> direct to consumer <input type="checkbox"/> direct to retailer | |
| <input type="checkbox"/> contract to buyer <input type="checkbox"/> direct to wholesaler <input type="checkbox"/> other: | |
| 4. Please list the slaughter facility that you use or plan to use to process your organic livestock: | |
| Business name: | |
| Address: | |
| Phone number: | |
| Certified Organic by: | |
| 5. List the cut and wrap facility and/or processing facility that you use or plan to use to process your organic meat products: | |
| Business name: | |
| Address: | |
| Phone number: | |
| Certified Organic by: | |
| <i>If livestock is slaughtered and processed at a facility that is not certified, the meat cannot be sold as certified organic.</i> | |
| <i>If you are processing on-farm, you must complete a PROCESSOR/HANDLER Organic System Plan.</i> | |

POULTRY Organic System Plan

6. If organic livestock are transported, describe how animal stress/injury is minimized during loading, transport and unloading. Not transported

How many animals are loaded per cage?

Are animals provided with food and water during transport?

Yes No

7. How are organic and non-organic animals separated during transport?

8. Describe your storage system for slaughter products and how you prevent the organic integrity from being compromised:

9. Do you use or plan to use labels? Yes No

Attach a copy of your proposed label(s). All labels MUST be approved by GCIAOCP prior to use.

Section 16: IDENTIFICATION & RECORDKEEPING

NOP §205.236 (c), .103

NOP Standards require flock identification for poultry. Separation and identification are required for those animals that have been treated with prohibited products.

NOP §205.236(c) states that the producer must maintain records sufficient to preserve the identity of all organically managed animals and edible and nonedible animals products produced on the operation.

1. Describe your flock identification system:
2. If individual animals are treated with prohibited materials, how are they identified and/or segregated?
3. If the entire flock is treated with prohibited materials, what changes do you make to ensure that this flock is not sold as organic?

NOP Standards require documentation of purchased animals and/or breeding records; purchased feed and feed supplements; health records; and sales/shipping records in addition to a record of all inputs. Other recorded information the inspector may request, includes water tests and label information from purchased feed/feed supplements.

Please have these records available for review by the inspector.

4. Check types of records you keep:
- | | | | | |
|--|--|---------------------------------------|---|------------------------------------|
| <input type="checkbox"/> purchased feed/feed supplements | <input type="checkbox"/> feed labels | <input type="checkbox"/> feed storage | <input type="checkbox"/> breeding | <input type="checkbox"/> sales |
| <input type="checkbox"/> dead bird counts | <input type="checkbox"/> water usage | <input type="checkbox"/> weight gain | <input type="checkbox"/> flock health | <input type="checkbox"/> slaughter |
| <input type="checkbox"/> egg handling reports | <input type="checkbox"/> shipping/transportation | <input type="checkbox"/> other: | <input type="checkbox"/> sanitation records | |

POULTRY Organic System Plan

YOU MUST KEEP ORGANIC RECORDS ON FILE FOR AT LEAST FIVE (5) YEARS.

Section 17: MARKETING

NOP §205.300 - .311

1. Check all boxes that apply to your operation's type(s) of marketing:
 farmers market direct to retail CSA/subscription service wholesale
 on-farm retail wholesale to processor contract to buyer
 other:
2. List all wholesalers and/or processors that handle your organic products.
3. Do you use or plan to use the USDA organic seal on product labels or marketing information? Yes No
4. Do you use or plan to use the GCAOCP seal on product labels or marketing information? Yes No

Attach examples of all organic product labels.

Section 18: AFFIRMATION

I affirm that all statements made in this application are true and correct. No prohibited products have been applied to any of my organically managed fields during the three-year period prior to projected harvest. I understand that the operation may be subject to unannounced inspection and/or sampling for residues at any time as deemed appropriate to ensure compliance with the Organic Foods Production Act of 1990 and National Organic Program Rules and Regulations.

I understand that acceptance of this questionnaire in no way implies granting of certification by the certifying agent. I agree to provide further information as required by the certifying agent.

Signature of Operator: _____

Date: _____

I have attached the following documents (REQUIRED):

- Maps of all parcels/fields (showing adjoining land use and field identification)
- Additional housing records (showing size and number of poultry housed per house)
- Directions to farm/ranch
- Field History Sheet
- Documentation for fields owned or rented for less than three years, if applicable
- Water test, if applicable Organic Fraud Prevention Plan
- Soil and/or plant tissue tests, if applicable Organic product summary
- Residue analyses, if applicable Sales information request
- Input product labels, if applicable Organic product labels, if applicable
- Standard Operating Procedures (SOP) if applicable (Required)
- I have made copies of this organic system plan and other supporting documents for my own records.

Submit completed form, fees and supporting documents to:
Georgia Crop Improvement Association Organic Certification Program (GCAOCP)
2425 South Milledge Avenue
Athens, GA 30605
(706) 542-2351 Fax: (706) 542-9397
www.georgiacrop.com