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| Client name (Trade/Farm Name): | | | | OfficeRegd. No. |
| *The producer or handler convert the livestock and intending to sell, label, or represent agricultural products as organic must develop Organic Plan (OP) that is agreed to by the producer or handler and FairCert Certification Services Pvt. Ltd. The OP must be submitted with the application and reviewed by and FairCert Certification Services Pvt. Ltd. for compliance with organic regulations. The OP can be updated annually to include any deviations from, or changes to the previous year’s OP, and any additions or deletions intended to be undertaken in the coming year.**Please fill all sections of this OP, if you are requesting organic livestock certification. Use additional sheets if necessary.* | | | | |
| **General Information** | **NPOP Appendix 2: 1, 2, 3, 4, 8, 12 & Annex 1**  **NOP § 205.236** | | | |
| 1. Please describe the number of animals to be certified as organic. Do not include bulls or other non-organic breeder stock that may be managed organically but will not include on your certificate.  |  |  |  |  |  | | --- | --- | --- | --- | --- | | Livestock Class | Type(s) or Breed(s) | Numbers of Females | Numbers of Males | Source | | Calves/Lambs |  |  |  |  | | Heifers/Young Stock |  |  |  |  | | Adults animals (including milking herd, dry animals, organic breeder stock) |  |  |  |  | | slaughter stock |  |  |  |  | | Poultry |  |  |  |  | | Others |  |  |  |  |  1. Do you manage livestock or poultry as organic and non-organic?  Yes  No, if yes, please describe the number of livestock managed non-organically?  |  | | --- | |  |  1. Describe how you identify individual animals.  |  | | --- | |  |  1. If you keep nonorganic animals for breeding purposes, how do you segregate them from the organic animals in your record keeping?  Not applicable, all animals are organic  |  | | --- | |  |  1. Dairy animals are transitioned to organic, when did you begin organic management, including 100% organic feed, and when will the transition be completed? Please describe (Month/Day/Year):  |  | | --- | |  |  1. Do you raise all replacement animals on-farm? Please describe.  |  | | --- | |  |  1. Describe how you handle and transport livestock to prevent commingling and contamination.  |  | | --- | |  |  1. Describe how you handle animals from off farm sources must be organic from the last third of gestation, and this must be documented*.*  |  |  |  |  |  | | --- | --- | --- | --- | --- | | Date Acquired | No of Animals | Age of Animals | Breed/ Species | Source | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | | | | |
| **Livestock/Poultry Feed** | | **NPOP Appendix 2: 9, 10 (10.1), (10.2), Annex 5 & 6**  **NOP § 205.237** | | |
| 1. Describe feed rations for each age group (specify age range in weeks, months, or years) and type or class of animal (e.g. calves, chicks, laying hens, lactating cows, etc). Please describe.  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Livestock Type | Age | Season / Time of year | Daily Rations per Animal per day (in kgs) | | | | Green Fodder | Dry Fodder | Feed / Grain | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  1. How do you verify that feed rations describe above provide adequate nutrition to the animals?  |  | | --- | |  |  1. List each type of feed you use or plan to use.  |  |  |  |  |  | | --- | --- | --- | --- | --- | | Name of Feed / Formula Name | Feed Type (Green/Dry/Grain) | Source | | Name of Supplier | | Organic | Non-organic | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |   *Feed supplements and additives are anything you add to livestock feed for a specific nutritional need or to improve nutrient balance of the total ration. All agricultural ingredients in feed supplements and additives, such as molasses, must be organic.*   1. Do you use feed supplement and additives or plan to use?  Yes  No 2. If used feed supplements and additives, including vitamins, minerals, silage inoculants, etc**. Include information for each stage of life, if applicable.**  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Livestock Feed | Feed types (Feed, Supplements and Additives, etc.) | Brand Name | Name of Manufacturer | Organic | Nonorganic | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  1. Do you process feed (mix, grind, roast, extrude etc.) on-farm?  Yes  No 2. If yes, is the equipment also used to process conventional products?  Yes  No 3. If yes, how is equipment cleaned prior to processing of organic feed to prevent contamination?  |  | | --- | |  |  1. How you ensure that clean water for drinking for all type of organic animals is provide in a year?  |  | | --- | |  |  1. Are there any materials added in water, either by you or supplier?  Yes  No, if yes, please write the name of material added.  |  | | --- | |  |   **Pasture:**   1. Do you pasture any livestock?  Yes  No, if yes, provide a map of each pasture, including location, size, individual identification and the locations of permanent fences, shade and water. 2. Please describe the types of pasture you have available for grazing organic animals. (perennial, annual plantings, primary species, etc.)  |  | | --- | |  |  1. What types of grazing methods do you use for grazing organic animals? Please describe typical size of paddocks, frequency of movement, duration of resting period for pastures, animal density per paddock, etc.  |  | | --- | |  |  1. Complete the table below containing the information requested for each class of animal during the grazing season.   Dry Matter Fed + Dry Matter Grazed = Dry Matter Demand % Dry Matter Fed + % Dry Matter Grazed= 100%   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Ruminant Class  and/or Age Group | Approximate  Body Weight | Dry Matter Demand  during Grazing  Season (per day) | Dry Matter Fed during  Grazing Season  (not pasture) (per day) | Dry Matter Grazed  from Pasture during  Grazing Season  (per day) | | Calves/Young stock  (weaned, up to 6 months) |  |  |  |  | | Heifers/Young stock |  |  |  |  | | Bred Heifers |  |  |  |  | | Lactating Animals  (High string) |  |  |  |  | | Lactating Animals  (low string) |  |  |  |  | | Dry Animals |  |  |  |  | | Slaughter Stock |  |  |  |  | | Other: |  |  |  |  |  1. How do your pasture management practices minimize the outbreak and spread of disease and parasites?  |  | | --- | |  |   **Poultry Feed:**   1. Describe the feed ration given to poultry animals.  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Name of Poultry Animal | Age | Name of Feed / Ingredient | Formulation | Source | | Manufacturer | | Organic | Non-Organic | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  1. Do you raise any feed on your farm?  Yes  No, if yes, describe the feed cultivated on your farm.  |  | | --- | |  |   **Storage of Feed:**   1. Describe your feed storage locations.  |  |  |  |  |  | | --- | --- | --- | --- | --- | | Storage ID# | Type of Fodder / Feed Stored | Capacity | Type of Storage | | | Organic | Non-organic | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  1. How do you control rodents in organic feed storage areas?  No rodent problems  |  | | --- | |  | | | | | |
| **Livestock Health** | | **NPOP Appendix 2: 11 Health care, 12, Annex 7 & 8**  **NOP § 205.238** | | |
| 1. List the general health problem and disease you faced? No problem  |  | | --- | |  |  1. Identify the general components of your animal health management program.   selective breeding raise own replacement stock isolation for purchased/diseased animals  culling vaccinations good sanitation access to outdoors dry bedding  good ventilation in housing good quality feed pasture rotation nutritional supplements  probiotics other:   1. **List the medications or treatments administered to your livestock.**  |  |  |  |  | | --- | --- | --- | --- | | Animal Type/ ID# | Health Problem or Disease | Type of Medication or Treatment Used | Brand/Trade name and Manufacturer | |  |  |  |  | |  |  |  |  | |  |  |  |  |  1. Animal drugs may not be given in the absence of illness. If you treat an animal with a prohibited or restricted material (such as antibiotics or parasiticides), how do you identify/segregate/ track that animal to ensure that treatment timing or withholding period requirements are met, or the animal and/or its products are not inappropriately or mistakenly represented as organic?   Treatment date and material are documented in animal records  Chalk mark  Distinct ear tag  Sold as non-organic  Animals segregated to a separate area of farm  Removed from farm  Other. Describe:   1. What methods do you use to verify the risk / presence of parasites?   Monitor body condition  Monitor other symptoms of parasite infection (specify below)  Fecal analysis  Other. Describe:   1. Are breeding stock treated before the last third of gestation and are milk animals treated at least 90 days before milking?  Yes  No 2. Describe the surgical practices you use.  Not used  |  |  |  |  | | --- | --- | --- | --- | | Surgical Practices | Age of Animal | Name of Animal | Why Used | | Tail Docking |  |  |  | | Cutting of Teeth |  |  |  | | Trimming of Beaks |  |  |  | | Dehorning |  |  |  | | Castration |  |  |  |  1. Describe the physical alterations you perform on your animals.  Not used  |  |  |  |  | | --- | --- | --- | --- | | Physical Alteration / Purpose for Animal’s Welfare | Animal’s Age | Method / Material Used | How is Pain and Stress Minimized? | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | | | | |
| **Manure & Urine Management** | | **NPOP Appendix 2: 13 & Annex 9**  **NOP§ 205.239 (c)** | | |
| 1. What forms of manure do you use:  liquid  semi-solid/piled  fully composted 2. If manure from your livestock is used on your fields, describe how it is used.  Not used  |  | | --- | |  |  1. How much area of land available for manure application (in hectare): 2. Estimated quantity of manure generated per year: \_\_\_\_\_\_\_\_\_\_ tons 3. How do you prevent soil, crop and water contamination from manure and cleansers, sanitizers or manure deodorizers, if used? (Please list all cleansers, sanitizers or deodorizers used in manure management below).  |  | | --- | |  |  1. How does your manure management system optimize nutrient recycling?  |  | | --- | |  |  1. Describe the type and frequency of cleaning of yards, feeding pads, feedlots & laneways.  |  | | --- | |  | | | | | |
| **Animal Housing & Living Condition** | | **NPOP Appendix 2: 5, 6, 7, Annex 2, 3, 4 & 9**  **NOP § 205.239** | | |
| 1. **Describe the living conditions and c**heck whether you provide each of the following as part of your animals’ living conditions?   Shade  Clean water  Clean yards, feeding pads, feedlots or laneways  Shelter  Direct sunlight  Reduction of potential for injury  Exercise areas  Appropriate clean dry bedding  Shelter that allows for natural maintenance, comfort behaviors, opportunity to exercise  Fresh air  Access to the outdoors  Suitable temperature and ventilation  Others:   1. Describe the climate / weather patterns in your region and how they impact your selection of animal housing, animals’ access to the outdoors, and ruminants’ access to pasture?  |  | | --- | |  |  1. Complete the table below to describe all housing and confinement areas for all classes or groups of animals.  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Livestock Type | When Used/ Stage of Life | Housing Type | Size | Type of Bedding | Outdoor access | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  1. Complete the table below to describe all periods of temporary confinement from the outdoors for all classes or groups of animals.  |  |  |  | | --- | --- | --- | | Reason | Circumstances of Temporary Confinement from the Outdoors | Approximate number of days per year | | Inclement Weather  (weather that could cause harm) |  |  | | Stages of Life |  |  | | Protection of health, safety or well being |  |  | | Protection of soil or water quality |  |  | | Management (Short periods for heath care, sorting, shipping, breeding or youth projects) |  |  |   *Note: Temporary confinement includes any time that an animal is not allowed outside, including night time, feeding times, etc.*   1. Describe how to clean the animal shed?  |  |  |  | | --- | --- | --- | | Frequency of Cleaning | How to Clean | Name of Sanitizer/Cleaner Used | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | | | | |
| **Handling, Storage & Transport** | | **NPOP Appendix 2: 14, 15, 8.1, 8.2, 8.3 & 8.4**  **NOP 205.239 (4) (b)** | | |
| **Milking:**  Not Applicable   1. What type of milk handling system do you use:   Pipeline  Automated  Hand milking  Parlor  Other   1. How many animals do you currently milk: 2. Complete the table of milk production for the last six milking.  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Date of Milking | Quantity in kgs | Date of Milking | Quantity in kgs | Date of Milking | Quantity in kgs | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  1. Describe cleaning cycle for milking equipment (water temperature, number of rinses, etc.).  |  |  |  |  |  | | --- | --- | --- | --- | --- | | Name of Equipment | How to Clean | Name of Sanitizer/Acid/Cleaner used | Source/Manufacture of Sanitizer/Acid/Cleaner | Purging  (Yes/No) | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  1. If purging of equipment is done, how much quantity is purged and how to handle purged material?  |  | | --- | |  |   **Slaughtering:**  Not Applicable   1. Do you slaughter your livestock at own facility?  Yes  No 2. Describe slaughter and meat processing procedures at own facility or sub-contracted unit.  |  | | --- | |  |  1. If no, slaughter and meat processing had done in sub-contracted or other than sub-contracted unit?  Yes  No 2. If yes, describe the name, address, and phone number of facility where your animals are slaughtered.  |  | | --- | |  |  1. Is the facility certified organic?  Yes  No, if yes, by which agency: 2. How are animals loaded?  |  | | --- | |  |  1. Do you use electric prods?  Yes  No 2. What form of transportation is used?  |  | | --- | |  |  1. How long does transportation take?  |  | | --- | |  |  1. Are animals provided with food in transit?  Yes  No Water?  Yes  No 2. Where are animals kept after delivery to slaughter facility but before slaughter?  |  | | --- | |  |  1. How many hours from loading until time of slaughter?  |  | | --- | |  |  1. Are organic animals kept separate from non-organic animals?  Yes  No   **Egg Handling:**  Not Applicable   1. Do you washed, grade and packed egg at own farm?  Yes  No 2. If no, eggs are washed, graded and packed in sub-contracted or other than sub-contracted unit?  Yes  No 3. If yes, describe the name, address, and phone number of facility where eggs are washed, graded and packed.  |  | | --- | |  |  1. Is the facility certified organic?  Yes  No, if yes, by which agency: 2. Do you or the facility have egg handler license?  Yes  No *Attach a copy of license* | | | | |
| **Marketing** | | | | |
| 1. Check your marketing practice.   Farmers market  Direct to retail  On-farm retail  Wholesale  Wholesale to processor  Contract to buyer  other   1. Do you use the seal of the certification agency on organic product labels?  Yes  No   *Note: All product labels must be approved by FairCert before labeling of organic products.* | | | | |
| **Record keeping** | | | **NPOP Appendix 2: Annex 1 & 4.4.72**  **NOP § 205.103** | |
| Check types of records you keep for livestock and poultry production. Documentation of purchased animals  Breeding  Feed record  Purchased feed/feed supplements Feed labels  Health  Somatic cell/plate count  Milk/Egg production  Sales  Feed storage Shipping/transportation  Slaughter  Equipment Cleaning  Transport Cleaning  Other:  1. Which of the following records do you keep for organic production?   Field maps  Field activity log(s)  Field history sheets (previous three years)  Input records  Documentation of attempts to source organic seeds and/or planting stock  Residue analyses of inputs  Compost production records  Equipment cleaning records  Harvest records  Storage records  Clean transport records  Sales records  Shipping records  Transaction Certificates   1. How long do you keep your records?  |  | | --- | |  |  1. Do you have a lot coding procedure? Yes No if yes, describe your lot coding procedure.  |  | | --- | |  |  1. Describe audit trail including receiving of animal to dispatch of finished products.  |  | | --- | |  | | | | | |
| Declaration | | | | |
| I do hereby affirm that all statements made in this organic plan are true and correct. I understand that acceptance of this organic plan in no way implies granting of certification by the FairCert Certification Services Pvt. Ltd. I agree to complying standard requirements and inform about all important matters and all changes in production system. | | | | |
| Name of Client: | | | Place: | |
| Signature: | | | Date: | |

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| ***For Office Use Only*** | |
| **Declaration:**  The Organic Plan – Animal Husbandry has been reviewed by me and complying with organic regulations. The Organic Plan – Animal Husbandry is approved. | |
| Name of Reviewer: | Date: |
| Signature: | Place: |

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| --- | --- |
| ***For Evaluator/Auditor Only*** | |
| **Declaration:**  The information mentioned in the Organic Plan – Animal Husbandry has been verified by me and compliance with organic regulations. | |
| Name of Evaluator/Inspector: | Date: |
| Signature: | Place: |