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Livestock Organic System Plan

Please complete this form in its entirety if you are new applicant. Please also ensure that you attach the Livestock Organic System Plan Annual Update. Sign this form and attach supporting documentation as specified in Section 7. Any incomplete information may lead to a delay in certification. Use additional sheets if necessary. Mark any sections that do not apply to your operation as "Not Applicable." Contact your Chapter Administrator or the Humboldt office, if you have any questions regarding the completion of this form. **This form is confidential when completed.**

Program-specific questions must be completed if certification to that program is being requested, otherwise leave blank

SECTION 1: General Information

Operation Name:			Operator Number:		
↑ The Operation Name must be a person and a person means an individual, a corporation, an association, or an organization recognized as a legal entity. This name goes on the certificate.					
Other Name (s):					
↑ Other Name(s) may be another name by which the certificate holder is commonly known in the marketplace or any other name(s) the certificate holder wants added on the certificate. Leave blank if you don't want any other name on the certificate.					
Contact Person's Name:					
Secondary Contact Person's Name (if applicable):					
PHYSICAL INSPECTION LOCATION INFORMATION			OPERATION'S CONTACT INFORMATION		
			<input type="checkbox"/> Same information as inspection location		
Address:			Mailing Address:		
City:	Province:	Postal Code:	City:	Province:	Postal Code:
Phone 1:	Phone 2:		Phone 1:	Phone 2:	
Cell:	Fax:		Cell:	Fax:	
E-mail Address:			E-mail Address:		
Web Site:			Web Site:		
Please provide directions to the inspection location(s) and indicate when you are available to contact:					
1. Please list previous organic certification applications to other agencies (name, year(s) of application, outcome of application).					
2. If you are transferring to TCO Cert from another certification agency , have you ever been <input type="checkbox"/> Not Applicable denied certification, received a Notice of Noncompliance, had your certification proposed for <input type="checkbox"/> Yes <input type="checkbox"/> No suspension or revocation, or had your certification suspended, cancelled or revoked? If yes, provide a copy of each notice of denial, Notice of Noncompliance, proposal for suspension or revocation, or suspension, cancellation or revocation and attach documentation of the corrective actions taken in response.					

Applicant Initials: _____ Date: _____

SECTION 2: Livestock Origin and Identification Systems

<p>1. Please identify the livestock identification (ID) system(s) in place.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> ear tags <input type="checkbox"/> ear notches <input type="checkbox"/> visual (photo) <input type="checkbox"/> banding <input type="checkbox"/> tattoos </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> micro-chips <input type="checkbox"/> collar/neck chain with animal ID, name, etc. <input type="checkbox"/> radiofrequency identification (RFID) transponders <input type="checkbox"/> group containment <input type="checkbox"/> other (specify): </td> </tr> </table>	<input type="checkbox"/> ear tags <input type="checkbox"/> ear notches <input type="checkbox"/> visual (photo) <input type="checkbox"/> banding <input type="checkbox"/> tattoos	<input type="checkbox"/> micro-chips <input type="checkbox"/> collar/neck chain with animal ID, name, etc. <input type="checkbox"/> radiofrequency identification (RFID) transponders <input type="checkbox"/> group containment <input type="checkbox"/> other (specify):
<input type="checkbox"/> ear tags <input type="checkbox"/> ear notches <input type="checkbox"/> visual (photo) <input type="checkbox"/> banding <input type="checkbox"/> tattoos	<input type="checkbox"/> micro-chips <input type="checkbox"/> collar/neck chain with animal ID, name, etc. <input type="checkbox"/> radiofrequency identification (RFID) transponders <input type="checkbox"/> group containment <input type="checkbox"/> other (specify):	
<p>2. Please explain the details of the ID system, i.e., how does the ID system allow for the identification of individual animals (or groups of animals, e.g., poultry flocks)?</p>		
<p>3. If conventionally managed animals are raised on the operation, please describe the measures taken to ensure segregation of organic and non-organic animals, feeds, medications, etc. For example, where are conventional feeds stored?</p>		
<p>4. Please describe how organic animals treated with a prohibited material are segregated or otherwise identified as ineligible for organic production.</p>		

SECTION 3: Livestock Feed

<p>1. Are animals administered drugs, antibiotics, or growth hormones? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list products used.</p>
<p>2. Are livestock fed any plastic pellets for roughage? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3. Are livestock fed any formulas containing urea or manure? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4. Are mammals or poultry fed mammalian or poultry slaughter by-products? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5. Please describe the records that are maintained to document feeding (dates, amounts fed, etc.)</p>
<p>Program Specific Questions:</p> <p>6. CARTV: For ruminants, does at least 60% of the daily ration consist of roughage, hay and/or silage? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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SECTION 4: Health Care Practice

1. Please describe the preventive livestock health care practices established and maintained on your operation.	
2. Are physical alterations (castration, dehorning, debeaking, etc.) performed on livestock? If yes, please list physical alterations and reasons.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. If alterations are made, what methods are used to minimize suffering (e.g. performing at an early age, anesthetics, etc.)?	
4. Please describe the health care records that are maintained for your livestock (for example, what is documented, how is it documented, etc.).	
5. If organic production methods and allowed products are not adequate, how are animals cared for?	

SECTION 5: Living Conditions

1. Please describe housing for each animal type, including a description of the floor (e.g. concrete, ½ slatted, fully slatted, etc.) and any bedding provided.	
2. Please indicate the age at which animals are weaned (if various types of animals are raised, indicate age for each livestock type) and what documentation denoting weaning is maintained.	
3. How is the manure managed in the operation (including how often any confinement areas are cleaned)?	

Applicant Initials: _____ Date: _____

POULTRY	<input type="checkbox"/> Not Applicable
4. Please describe outdoor access provided for poultry.	
5. What is the square footage of the poultry house? (If more than one house, list the square footage of each).	
6. Please list the total number of birds kept in each poultry house.	
7. Is artificial lighting used? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the total day length when prolonged with the use of such lighting?	
Program Specific Questions:	
8. CARTV: Please describe the plan in place for dealing with situations such as fire, equipment breakdowns, loss of electricity and/or supply problems in regards to the organic animals in your operation. <input type="checkbox"/> Not Applicable	
9. CARTV: For pigs, rabbits, and/or poultry, do you maintain records for the dust and moisture content percentage in the buildings that house these animals? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable **Please submit copies of the tests**	
10. CARTV: For poultry raised in buildings, are the buildings emptied and disinfected in between each batch? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable If yes, please describe the measures taken/procedure used and what products are used (submit labels for the products).	
11. CARTV: For waterfowl, do the animals have access to water sources created for their use that allow for animal welfare, and natural behaviors such as swimming and bathing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	

SECTION 6: Transportation and Slaughter

Not Applicable

1. Is there at least one person responsible for the wellbeing of livestock at each step of the transportation process?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is an animal identification method in place during transportation to ensure organic animals can be adequately tracked? If yes, please describe.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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3. Is the loading area and means of transportation free of protrusions that could cause bruising and/or injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is clean transportation provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do the methods of transportation provided adequate ventilation and comfortable headspace so that the animal is able to stand in a natural position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you use any tranquilizers during loading, transport or unloading?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Please describe the transportation method used for each animal type.	
8. Please describe how you document the amount or processed meat products that are a result of the slaughter of your organic animals. If a lot number is used, please explain the numbering system.	
9. What records are maintained for transportation and slaughter?	

SECTION 7: Dairy, Eggs, and Animal Fiber Production Not Applicable

1. Please describe egg-handling techniques, including any cleaning done, materials used for cleaning, shell coatings, packaging, and transportation. Please submit labels for any products used.
2. Please describe methods of animal fiber removal, including any cleaning materials, equipment used (and maintenance of the equipment), packaging, and transportation. Please submit labels for any products used.
3. Please describe the type of records that are maintained to document milk, egg, or animal fiber production and sales. If a lot number is used, please explain the numbering system.
Program Specific Questions:
4. CARTV: What is the annual average somatic cell count (SCC) and bacteria count? What is the nitrate level in the drinking water? What is the coliform level in the drinking water?

SECTION 8: Record Keeping System

Standards require that records disclose all activities and transactions of the operation, be maintained for 5 years, demonstrate compliance with the applicable Standards and be available for review. Records should allow for organic products to be tracked from sale back to origin.

1. How long do you keep your records?
2. Do you maintain a Complaint Log? <input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Initials: _____ Date: _____

3. What records are utilized for organic livestock production?

4. What records are utilized for **conventional** production?

Not Applicable

These records must also be available for the inspector.

SECTION 9: Additional Comments

SECTION 10: Affirmation

I affirm that all statements made in this application are true, correct, and complete. No prohibited products have been applied to any of my organically managed grazing areas and/or used in the production of my organic livestock. I understand that the operation may be subject to unannounced inspection and/or sampling for residues at any time as deemed appropriate. I understand that acceptance of this form in no way implies granting of certification by TCO Cert. I agree to abide by TCO Cert Bylaws and the certification standards and/or certification requirements applicable to my operation. I agree to notify TCO Cert in writing of changes in any of the following: farm contact information, applicant contact information, legal status, ownership or control of the operation. I agree to maintain for at least five years all records related to my organic operation. I agree to pay all fees assessed by TCO Cert. I further agree to abide by and fulfill duties and obligations to TCO Cert, as written in the *Operator Licensing Agreement*. I affirm that I understand the standards/regulations for the specific program(s) that I have requested and that the requested products were grown in accordance to these standards/regulations.

Signature of Operator

Date (M/D/Y)

Please maintain copies of the Organic System Plan and other supporting documents as part of your record keeping system.

Submit completed form, including the Livestock Organic System Plan Annual Update, fees and supporting documents to your Chapter Administrator or, if not a Chapter member, to TCO Cert.

Applicant Initials: _____ Date: _____