



APPENDIX L

Livestock Organic System Plan Annual Update 2024

PLEASE NOTE: ALL APPLICANTS MUST COMPLETE THE FARM ORGANIC SYSTEM PLAN ANNUAL UPDATE (FOSPAU) IN ADDITION TO THIS APPENDIX L.

Please complete this form in its entirety if you are a new applicant or if you are renewing your certification. Sign this form and attach supporting documentation as specified in Section 8 of the Farm Organic System Plan Annual Update. 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."

SECTION 1: Programs Requested

Operation Name:		Operator Number:	
↑ <i>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.</i>			
Other Name(s):			
↑ <i>Other Name(s) may be another name by which the certificate holder is commonly known in the marketplace or the name the holder commonly does business under. This name may be added on the certificate but must clearly be referred to as "doing business as" or "DBA." Leave blank if you don't have any.</i>			
Contact Person's Name:			
Check ALL the programs for which you are requesting certification and/or verification. Apply for all programs you may need (and answer all applicable questions) so that your inspection specifically covers each program being requested and the inspector addresses the necessary questions. Certification/verification to any program not requested now cannot be granted at a later date (after the initial inspection) without an additional inspection.			
Certification/Verification Programs: <input type="checkbox"/> Canadian Organic Regime (COR) <input type="checkbox"/> Bio Suisse** <input type="checkbox"/> CARTV <input type="checkbox"/> Attestation of Compliance (COR)			
Equivalency Programs: <input type="checkbox"/> CAN/US Equivalence Arrangement			
**Requires submission of additional documents. Please contact your chapter or TCO Cert certification coordinator for the appropriate forms.			
1.a. Have you reviewed your Livestock Organic System Plan (LOSP)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Is your contact information on your Livestock Organic System Plan (LOSP) up-to-date and accurate? <u>If no</u> , please provide the updated phone number, email address, etc., here:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Have you made revisions to your Livestock Organic System Plan (LOSP)? <u>If yes</u> , attach the revised pages with the date and your initials and explain the revisions made:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Slaughter/Processing		<input type="checkbox"/> Not Applicable as no processed meat and/or products are sold as organic	
a. Do you have on-farm slaughter and/or processing facilities? <u>If yes</u> , you must submit a <i>Processing Organic System Plan</i> and <i>Processing Organic System Plan Annual Update</i> and be inspected for processing.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Do you use any off-farm subcontracted services including slaughtering/processing facilities?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

<p>i. <u>If yes</u>, please list the full name of the custom service provider(s):</p> <p>ii. If applicable, is the following documentation in place for the custom service provider(s)?</p> <p><input type="checkbox"/> Attestation of Compliance to the COR</p> <p><u>If yes</u>, please attach the current Attestation and Addendum document for the custom service provider(s) or have documentation on hand at time of inspection.</p> <p><u>If no</u>, please note the following:</p> <p>A. If you are planning on using the custom services of a Contractual Service Provider (slaughtering, processing, etc.) which <i>does not hold an Attestation of Compliance</i>, the service provider's facility and activities need to be included in the annual inspection of your operation.</p> <p>B. If you have your product custom packaged and/or labelled by a Custom Service Provider, the contracted operation must hold a current Organic Certificate for Packaging and Labelling. (If applicable, please attach a copy of the certificate.)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><u>Please be aware that animal products will lose their organic status if handled/processed at a facility without the required documentation for the off-farm facility and/or inspection being in place.</u></p>	
<p>3. Custom Cattle Feeding/Grazing</p>	<p><input type="checkbox"/> Not Applicable</p>
<p>Does your operation provide any subcontracted services for other organic operations such as custom cattle feeding?</p> <p><u>If yes</u>, please provide the names of these operations and the number and type of animals you are providing the service for.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Please be sure to maintain appropriate records for the feeding and transportation of the animals where applicable.</p>	

SECTION 2: Livestock Origin and Identification Information

Please complete the table below for **all** livestock to be certified and check the certification category for the livestock. Please list groups of animals separately according to dates of purchase, birth, or beginning date of organic management.

<p>1. Livestock products requested for certification (estimated amounts and units):</p> <p><input type="checkbox"/> Milk: Quantity:</p> <p><input type="checkbox"/> Eggs: Quantity:</p>
<p>2. General livestock types that are to be certified:</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Cattle</div> <div style="width: 33%;"><input type="checkbox"/> Swine</div> <div style="width: 33%;"><input type="checkbox"/> Other (specify):</div> <div style="width: 33%;"><input type="checkbox"/> Poultry</div> <div style="width: 33%;"><input type="checkbox"/> Goats</div> <div style="width: 33%;"><input type="checkbox"/> Sheep</div> <div style="width: 33%;"><input type="checkbox"/> Bison</div> </div>

Applicant Initials: _____ Date: _____

SPECIFIC ANIMAL TYPES (Beef or dairy cows, calves, steers, heifers, lambs, laying hens, broilers, etc.)	BEGINNING DATE OF ORGANIC MANAGEMENT*	CERTIFICATION CATEGORY (choose all that apply for each category)			QUANTITY
		SLAUGHTER*	DAIRY	BREEDER STOCK	

*** Please note that in order to determine eligibility of cattle for organic slaughter status, the date when the dam of the animal came under organic management must be entered.**

		<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"/>	

Mixed Livestock Production ☐ Not Applicable

Please list all other livestock (that are not requested for certification) which are currently a part of the operation and specify their status. Use additional sheets if necessary.

LIVESTOCK TYPE	QUANTITY	ORGANIC STATUS
		<input type="checkbox"/> Conventional <input type="checkbox"/> Transitional (dairy) <input type="checkbox"/> Transitional (breeder)
		<input type="checkbox"/> Conventional <input type="checkbox"/> Transitional (dairy) <input type="checkbox"/> Transitional (breeder)
		<input type="checkbox"/> Conventional <input type="checkbox"/> Transitional (dairy) <input type="checkbox"/> Transitional (breeder)
		<input type="checkbox"/> Conventional <input type="checkbox"/> Transitional (dairy) <input type="checkbox"/> Transitional (breeder)
		<input type="checkbox"/> Conventional <input type="checkbox"/> Transitional (dairy) <input type="checkbox"/> Transitional (breeder)
		<input type="checkbox"/> Conventional <input type="checkbox"/> Transitional (dairy) <input type="checkbox"/> Transitional (breeder)
		<input type="checkbox"/> Conventional <input type="checkbox"/> Transitional (dairy) <input type="checkbox"/> Transitional (breeder)

Applicant Initials: _____ Date: _____

3. a. Were animals purchased during the last year? If yes, what was the source? <input type="checkbox"/> Organic <input type="checkbox"/> Conventional b. Were any bred animals purchased?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
4. If conventional breeding stock was purchased, please provide documentation verifying the attempts to source organic breeding stock.	<input type="checkbox"/> Not Applicable
5. If the entire dairy herd is being transitioned to organic, a. Is a minimum of 80% of the feed (calculated by dry matter) fed during the first nine months of the transition year either organic or raised from land included in the organic system plan and managed in accordance with COR organic crop requirements? b. Is only organic feed provided during the final three months of the transition year? <u>If you answered "yes" to either question, please maintain full ration documentation.</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 3: Livestock Feed

Please complete the table below with information regarding **livestock feed, feed additives, feed supplements** (including milk replacers, if used, salts, and minerals), and **consumable bedding** used on the operation. Include feeds grown on-farm. *Please use additional sheets if necessary.*

- **Please submit labels (or full ingredient lists if not indicated on label) prior to use for each purchased product prior to use for which you have not previously requested review and received approval. Please note that a guaranteed analysis is not sufficient; ingredients must be listed.**
- **Product labels must be available at time of inspection for any products added after the submission of the Livestock Appendix L (and therefore not listed on the application).**
- **If inputs contain any non-organic agricultural ingredients available in GE varieties; Non-GE Affidavits are also required.**
- **Please make sure to have copies of the organic certificate and product addendum for any purchased organic feed on hand at time of your inspection.**

LIVESTOCK FEED/FEED SUPPLEMENTS/FEED ADDITIVES/CONSUMABLE BEDDING (Full Product, brand name, etc.)	SOURCE (Producer, supplier, manufacturer, etc.)	IS THE PRODUCT ORGANICALLY PRODUCED AND HANDLED?	VERIFICATION DOCUMENTATION MAINTAINED (Organic Certificate and Addendum, product label, affidavit, etc.)	HAS THE PRODUCT BEEN APPROVED BY TCO CERT?
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Initials: _____ Date: _____

3A. RATIONS:

Organic livestock procedures must document the amount of each type of feed actually fed to each type and class of animal and document the changes that are made to all rations throughout the year in response to the needs of the livestock or seasonal grazing changes. Please use the chart below to document the ration for each class and age group of organic livestock under your management.

ANIMAL CLASS/AGE GROUP:			ANIMAL CLASS/AGE GROUP:		
Example: Milking cows/dry cows/calves under 6 months, pullets/layers, sows finishing hogs, beef breeders/feeder steers, etc.			Example: Milking cows/dry cows/calves under 6 months, pullets/layers, sows finishing hogs, beef breeders/feeder steers, etc.		

FEED/SUPPLEMENT	AMOUNT	SEASON(S)	FEED/SUPPLEMENT	AMOUNT	SEASON(S)

ANIMAL CLASS/AGE GROUP:			ANIMAL CLASS/AGE GROUP:		
Example: Milking cows/dry cows/calves under 6 months, pullets/layers, sows finishing hogs, beef breeders/feeder steers, etc.			Example: Milking cows/dry cows/calves under 6 months, pullets/layers, sows finishing hogs, beef breeders/feeder steers, etc.		

FEED/SUPPLEMENT	AMOUNT	SEASON(S)	FEED/SUPPLEMENT	AMOUNT	SEASON(S)

ANIMAL CLASS/AGE GROUP:			ANIMAL CLASS/AGE GROUP:		
Example: Milking cows/dry cows/calves under 6 months, pullets/layers, sows finishing hogs, beef breeders/feeder steers, etc.			Example: Milking cows/dry cows/calves under 6 months, pullets/layers, sows finishing hogs, beef breeders/feeder steers, etc.		

FEED/SUPPLEMENT	AMOUNT	SEASON(S)	FEED/SUPPLEMENT	AMOUNT	SEASON(S)

If you have additional classes or age groups or seasonal ration changes, please add additional pages as necessary.

Applicant Initials: _____ Date: _____

Producers of organic ruminant livestock need also to maintain the following:

- Calculations regarding the percentage of dry matter intake their livestock receives as averaged over the grazing season in relation to the total forage intake.
- Dry matter Calculation for the feed ration fed to each ruminant class and age group including seasonal changes made to the ration.

This documentation must be complete and available for the Verification Officer/Inspector during the inspection and submitted to TCO Cert upon request.

3B. WATER: Has your main water source for your livestock been tested as now requested per par. 6.4.5 of the CAN/CGSB-32.310-2020?

☐ Yes ☐ No

3C. Grazed Forage: “Herbivores shall have access to pasture during the grazing season and access to the open air at other times whenever weather conditions permit. Calculated on the basis of dry matter intake, the consumption of grazed forage during the grazing season of the region shall represent a minimum of 30% of the total forage intake during this period for ruminants that have reached sexual maturity. On all farms, a minimum of 0.13 ha (1/3 acre) per animal unit must be devoted to grazing. (One animal unit = one cow or one bull or two calves (each 225 to 500 kg) or five calves (each less than 225 kg) or four ewes and their lambs or six does and their kids).”

Please provide a description and applicable documentation verifying compliance to par. 6.1.3 a) of the CAN/CGSB-32.310-2020 if not otherwise represented above:

3D. Has any non-organic forage been fed?

If yes, please explain in detail the reason, verified by supporting documents for this decision as outlined in CAN/CGSB-32.310-2020 par: 6.4.7:

☐ Yes ☐ No

3E. Requirements a per par. 6.4.3 of the CAN/CGSB-32.310-2020, “Specific Livestock Rations”:

a. Are young mammals provided natural milk?

☐ Yes ☐ No
☐ N/A

b. For ruminants, does at least 60% of the dry matter in the daily ration consist of hay, fresh (pasture/forage)/dried fodder or silage?

☐ Yes ☐ No
☐ N/A

c. For ruminant animals, when silage is fed, does long-fiber forage provide at least 15% of the forage ration?

☐ Yes ☐ No ☐
N/A

d. For poultry, when in the finishing phase, are grains provided?

☐ Yes ☐ No
☐ N/A

e. For poultry and pigs, is vegetable matter other than grains provided?

☐ Yes ☐ No
☐ N/A

Applicant Initials: _____ Date: _____

SECTION 4: Healthcare Practice

Please list* all vaccines/ <u>injectable</u> vitamins and/or <u>injectable</u> minerals administered to your livestock. Please list all topical treatments used for veterinary purposes as well. Please use additional sheets if necessary. Copies of labels for all items used must be submitted to TCO Cert prior to use for review and approval. *Please list FULL Product name for all substances used.				<input type="checkbox"/> None Used
VACCINE/VITAMIN/MINERAL/ TOPICAL TREATMENT	BRAND	LIVESTOCK TYPE	REASON FOR USE	IS THE PRODUCT APPROVED BY TCO CERT?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list the full product name of all medications (including parasiticides) or treatments administered to your livestock. Please use additional sheets if necessary.				<input type="checkbox"/> None used
MEDICATION	BRAND	LIVESTOCK TYPE	REASON FOR USE	IS THE PRODUCT APPROVED BY TCO CERT?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
1. Are antibiotics used on any of the livestock? <u>If yes</u> , please provide documentation verifying compliance with par. 6.6.10 of the CAN/CGSB-32.310-2020.				<input type="checkbox"/> Yes <input type="checkbox"/> No
2. a. Please describe how internal parasites are managed for the livestock.				<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Are records maintained for the management of internal parasites for the livestock?				

Applicant Initials: _____ Date: _____

<p>c. Have internal parasiticides (anthelmintics), been administered to any livestock since the last inspection?</p> <p>If yes, please provide records documenting the following and verifying compliance with par. 6.6.11 of the CAN/CGSB-32.310-2020 and CAN/CGSB-32.311-2020, 5.3:</p> <p>i) specific date of administration</p> <p>ii) individual animal tag numbers</p> <p>iii) withdrawal time</p>	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>
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SECTION 5: Living Conditions – Stocking Rates

TYPE OF ANIMAL, CLASS, AND STAGE OF PRODUCTION (Cows, Calves, Yearling heifers, Cattle in the finishing stage, Chickens, Just-hatched chicks, Pigs, etc.)	INDOOR RATE (Number per square ft., square meter)	OUTDOOR RATE (PENS, CORRALS, RUNS) (Number per square ft./square meter)	PASTURE RATE (Number per acre/hectare)
1. Please explain how often and the method used for cleaning and/or sanitizing livestock housing, runs, and pens).			
2. Please list full product names of substances used for sanitizing or cleaning.			<div><input type="checkbox"/> Not Applicable</div>
3. Is bedding material used?			<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>
<p>If yes, what kind of bedding material is used?</p> <p>If bedding is used, is the bedding material sourced organically?</p> <p>If no, please provide verification that bedding materials comply with requirements outlined in par. 6.7.1g) of the CAN/CGSB-32.310 – 2020.</p>			<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>

Applicant Initials: _____ Date: _____

4. Do animals have access to the outdoors? <input type="checkbox"/> Year-round <input type="checkbox"/> Weather permitting <input type="checkbox"/> Other If other, please describe.	
5A. Additional Requirements – Poultry [par. 6.13 of the CAN/CGSB-32.310-2020]	<input type="checkbox"/> Not Applicable
Number of pop holes/bird:	
Number of windows:	
Total window area is what percentage of ground floor area (without floor levels of multi-level systems)?	
Size of pop holes:	
Distribution of pop holes: (i.e.: every so many feet):	
Minimum width of perches:	
Total length of perch space:	
Recorded ammonium levels in barn:	
1. Is day length artificially prolonged? <u>If yes</u> , for how many hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is this a multi-level aviary system? <u>If yes</u> , how many levels?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is this a pasture-based operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Please describe your plan for outdoor access (pasture access, use of enriched verandah, etc.) and how birds will be protected outdoors from disease and predators, as per par. 6.13.1d) of the CAN/CGSB-32.310 - 2020.	
5. If access to outdoors and freedom of movement was restricted at any time, has the duration and reasons for confinement been recorded as per par. 6.7.2 of the CAN/CGSB-32.310 – 2020?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is beak trimming performed? <u>If yes</u> , what are the circumstances necessitating this?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Initials: _____ Date: _____

<p>4. Please describe the cleaning procedures used on dairy equipment and dairy parlour.</p> <p>Please list full product names of all cleansers and sanitizers and make sure to submit copy of labels (MSDS/list of ingredients) for all products for review and approval prior to use.</p> <p>Is the cleaning documented?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5. Will any non-organic cows be milked this year? <u>If yes</u>, please describe the measures that are taken to ensure organic and non-organic milk are not commingled.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

SECTION 6: Summary of Livestock Inventory and Disposition since Last Year's Inspection Affidavit (IA)

<p>The following information is from _____ (Date: M/D/Y) to _____ (Date: M/D/Y). This information should be from your last inspection until the date that this form is completed. It should include all livestock listed on last year's <i>Inspection Affidavit (IA)</i> plus any purchased livestock since your last inspection. Attach additional sheets if necessary.</p>				
TYPE of ANIMALS (Cows, calves, yearling heifers, cattle in the finishing stage, chickens, broilers, laying hens, just-hatched chicks, pigs, etc.)	NUMBER OF ANIMALS LISTED ON LAST YEAR'S INSPECTION AFFIDAVIT	NUMBER OF ANIMALS PURCHASED SINCE LAST INSPECTION	NUMBER OF ANIMALS SOLD/DISPOSED SINCE LAST INSPECTION	NUMBER OF ANIMALS STILL ON FARM

Applicant Initials: _____ Date: _____

SECTION 7: 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 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. I understand that acceptance of this form in no way implies granting of certification by TCO Cert. I agree to abide by TCO Cert policies 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, fees and supporting documents to your Chapter Administrator or, if not a Chapter member, to TCO Cert.

Applicant Initials: _____ Date: _____