FS-5116
Oklahoma Department of Agriculture, Food & Forestry
Food Safety Division
Poultry, Egg, & Organic Section
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Oklahoma City, OK 73152
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OFFICIAL USE ONLY
Receipt #
Amount:
Date:
Rev. Code 470

Organic Poultry Plan Application

Please fill out this form if you are requesting organic certification or re-certification of poultry for slaughter or egg production. A separate organic Farm Plan Questionnaire must be filled out if you are growing your own feed or other organic crops for sale. Use additional sheets if necessary. Attachments required with questionnaire: Directions to your farm/ranch operation; farm map showing all poultry houses and outdoor access areas; Outdoor Access/Pasture History Sheet; and water test, if applicable.

Must be incompliance with National Organic Standards 7CFR Part 205 National Organic Program, Final Rule

SECTION 1: Ge							
Name	0	Operation name			Type of pou	ıltry operation	
Address			City		St	Postal code	Country
Phone Fax					E-mail	1	1
Preferred dates and					Organic (Certification No.	
morning aft							
How many years hayou raised poultry?	you ra	many years have aised poultry nically?		What are your sources of organic poultry information/consultatio			
Why do you raise poultry organically?	, J	,					
Year first certified	List previous organ certification by other agencies	ic		List current organic certification by other agencies		Do you underst organic standar □yes	
		Plan Questionnaire	was la				
List type of poultry	and/or poultry produ	cts requested for cer	rtificatio	n:			
Have you ever been denied certification? □yes □ no	?	the circumstances:					

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POULT			NO. HENS		NO.	ROOSTERS/	гомѕ		NO. CAPONS	3
TYPE		0	T	С	0	т	С	0	т	С
Chickens										
Turkeys										
Ducks										
Geese										
Other types										
SECTION 3: Sou	ırce of Aniı	nals								
Organic standards source, but must k							ing pullets	s may be	purchased	from any
Do you raise your	own chicks/re	placement e	gg layers	on-farm?	□ yes □	no			☐ No Ch	anges
Do you purchase you				yes 🗌 no	0					
TYPE OF POULTRY PURCHASED	FLOCK NUMBER	DATE OF PURCHASE	PROJECT	ED SLAUGHT				CE, ADDRES		
DAY OLD CHICKS	:						☐ Not a	pplicable	☐ No Char	nges
Describe your m	anagement pl	an for raisin	g chicks (l	neating, sp	ace allow	ed, etc.)				

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

SECTION 2: Organic Poultry Operation Profile

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				rtified organic feed. Feed labels for the organic insp	
A. FEED: Feed	-	-			☐ No Changes
7 ==== 9.93		LIST FEED		CENT OF RATION, AND WHETHE	र
Chicks		ORGANIC (O), IRANS	ITIONAL (1),, CONVENTIONAL	L (C) [EXAMPLE: CRACKED COF	(N, 40% (O)]
Pullets					
Hens					
Roosters/Toms					
Capons					
Other					
Do you raise a	-	your farm? 🗌 yes 🔲 ı	no If yes, please com	plete Organic Farm Plan Qu	estionnaire.
TYPE OF	urcriaseu ie	QUANTITY PURCHASED/	DATES		CERTIFIED BY
PURCHASED F	EED	TO BE PURCHASED	PURCHASED	SOURCE(S)	WHAT AGENCY?
If yes, is the	e equipmer	I (mix, grind, roast, extrunt also used to process coipment cleaned prior to pr	nventional products?	yes 🗌 no	

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B. FEED SUPPLE	EMEN	TS AND ADDIT	TVES:			☐ No s	supplem	ents/additives
List all feed su	ppler	ments and addi	tives, including vita	amins,	, amino aci	ds, mine	rals, etc.	. used:
FEED SUPPLEMEN ADDITIVE	IT/	SOURCE	SYNTHETIC INGREDI YES (Y) OR NO (N		GEO YES (Y) OI			REASON FOR USE
Any s	supple	ments/additives	that contain conven	tionally	y grown coi	n, soybea	ans, cotto	n organic production systems. on products, etc., have the such product is free of GEOs.
C. FEED STORA	GE:							☐ No Changes
Describe your	feed	storage locatio	ns:					
STORAGE ID#		TYPE OF STOR			YPE OF ORAGE	CAPA	ACITY	ORGANIC (O), TRANSITIONAL (T), CONVENTIONAL (C), BUFFER (B)
How do you co	ontrol	rodents in org	anic feed storage a	reas?				☐ No rodent problems
How do you co	ontrol	insects in orga	anic feed storage a	reas?				☐ No insect problems

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	or organic poultry must be			nter tests for coliform bac	cteria, nitrates and/or
	minate may be required, if s r sources of water for poult		agent.		
_	rell	-	a □ other		
□ on-site w	eli 🔲 municipai 🔲 nver/c	леемропа 🔲 эрпп	g		
18 0 - 42 - 45 - 45				7A44 .	
	ate of your last water test fo			(Atta	ch copy, if required)
if you use add	ditives in the water, describ	APPROVED (A)	ing table:		No additives used APPROVED (A)
ADDITIVE	REASON FOR USE	RESTRICTED (Ŕ) PROHIBITED (P)	ADDITIVE	REASON FOR USE	RESTRICTED (Ŕ) PROHIBITED (P)
					, ,
Describe any	water contamination proble	ems in vour region	I	П№с	ontamination problems
SECTION 6	6: Housing				
proper sanita	dards require that poultry tion, fresh air, sunshine, ar cify the minimum square fo	nd shelter. If animal	s eat the bedding	ı, organic bedding may be	required. Standards
	ion includes multiple poult ry raised in each house.	ry houses, attach a l	list showing each	house, square footage, a	nd number of
☐ No Change					
	es				
What type of I	s housing do you use?				

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Describe ventilation systems you use:
Describe type(s) of bedding:
How often and how is housing cleaned out?
Name sanitation or cleaning products used and describe when they are used:
What source(s) of light is used in poultry housing?
How many hours of artificial light are provided per day?
Does each poultry flock have an outdoor run area? ☐ yes ☐ no
(Include these areas, showing adjoining land use, on your map, and complete Outdoor Access/Pasture History Sheet for each area.)
At what age are poultry allowed access to outdoors?
How long are animals indoors (hours per day)?springsummerfallwinter
Is edible pasture provided in the outdoor run areas? ☐ yes ☐ no
SECTION 7: Health Management
Organic standards require 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.
A. GENERAL INFORMATION:
Identify the general components of your animal health management program:
☐ breed selection ☐ raise own replacement stock ☐ isolation for purchased/diseased animals ☐ culling
☐ vaccinations ☐ good sanitation between flocks ☐ access to outdoors ☐ dry bedding
☐ good ventilation in housing ☐ good quality feed ☐ nutritional supplements ☐ probiotics
other:

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B. DISEASE/HE	ALTH PROBLEMS:			
	or disease problems tchery and on-site:	in the last two years, including vaccin	ations	☐ No problems
Are physical alter	rations performed as	needed to promote the animal's welf	are and in a manner that minin	nizes pain and
stress? Yes	_ or No	PREVENTION/		APPROVED (A)
PROBLEM/ DISEASE	FLOCK ID	MANAGEMENT PRACTICES	PRODUCT(S) USED	RESTRICTED ® PROHIBITED (P)
DIGLAGE	ID ID	FRACTICES	USLD	FROMBITED (F)
If you use ony l	hormones list and a	tota raccan for user		☐ Not used
ır you use any i	hormones, list and s	late reason for use:		☐ Not used
If you use antib	piotics, list in table al	bove.		☐ Not used
If you use para	siticides, list in table	above.		☐ Not used
-	inations, list in table			☐ Not used
Name and prione	number of your vete	erinarian:		
O FLY CONTRO	N .			Nist s muchicus
C. FLY CONTRO				Not a problem
If flies are a pro	oblem in your operat	ion, what do you do to prevent or con	trol them?	
D. PARASITE C	ONTROL:			Not a problem
If internal or ex	ternal parasites are	a problem in your operation, what		
		nt or control them? (List any products ເ	used in the table above)	
are they are	ia now ao you pieve	int of control them: (Elst arry products t	ased in the table above.	
E. PREDATOR CO	ONTROL:		☐ No problems ☐	No Changes
Check which pr	redators you have pr	roblems with: 🗌 rodents 🔲 hawks 🗀	feral cats	s, etc.
☐ dogs ☐	other			

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PREDATOR PROBLEM	CONTROLS USED	PRODUCTS USED	APPROVED (A) RESTRICTED(R) PROHIBITED (P)
If you use poison bait	s, list products in the table above.		None used
F. SURGICAL PRACTI Organic standards ma	CES: ay prohibit some surgical practices, such as beak	trimming or wing burning.	
Describe surgical prac	ctices you use:	☐ Not used ☐ N	o Changes
SURGICAL PRACTICE		WHY USED?	
Beak trimming			
Wing burning			
Other:			
SECTION 8: Manu			
	equire manure to be free of contaminants and omposting manure is preferable.	d be spread on fields when the soi	l is warm and
		☐ Not used ☐ No	Changes
If manure from your p	oultry is used on your fields, describe how it is u	sed:	
List ingredients/additi	i ves (example: bedding, inoculants, etc.)		
	(orampie: bodamy, moodiamo, etc.)		
	(orampie: Bodaing, modulante, etc.)		
	do you apply manure/compost?		
During what months of Describe your compositions	do you apply manure/compost?		posting not used
	do you apply manure/compost?		posting not used
	do you apply manure/compost?		posting not used
	do you apply manure/compost?		posting not used
Describe your compos	do you apply manure/compost?		posting not used

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Organic standards require that humo Slaughter facilities must be certified.	ane methods of handling be used for loading, unlo	oading, holding and slaughter
		☐ No Changes
f you slaughter your poultry, describe	slaughter and meat processing procedures	☐ We don't slaughte
Name, address, and phone number of	facility where your animals are slaughtered:	
Contact person	Is the facility certified organic? ☐ yes ☐ no	By what agency?
How are animals loaded?		
How many animals are loaded per cag	e?	
What form of transportation is used?_		
How long does transportation take?		
	sit? ☐ yes ☐ no Water? ☐ yes ☐ no	
	ne of slaughter?	
	m non-organic animals? ☐ yes ☐ no	
Describe the method of slaughter and	•	
How is equipment cleaned before using?	List products used.	
ECTION 10: Egg Handling and	Packing	
	st be inspected and certified to verify that organic inte	egrity is maintained.
		☐ No Changes
Name, address, and phone number of	facility where eggs are washed, graded and packed: $oxedsymbol{oxed}$] on-farm
Contact person	Is the facility certified organic? ☐ yes ☐ no	By what agency?
Do you or the facility have an egg hand	dler's license? ☐ yes ☐ no	

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SECTION 11: Animal Identification
Organic standards require flock identification for poultry. Separation and identification are required for those animals the have been treated with prohibited products.
☐ No Changes
Describe your flock identification system:
If individual animals are treated with prohibited materials, how are they identified and/or segregated?
If the entire flock is treated with prohibited materials, what changes do you make to insure that this flock is not sold as organic?
SECTION 12: Recordkeeping
Please include a description of your recordkeeping system implemented to comply with the requirements established in USDA NOP Standard Regulations §205.103 (Please attach to the OSP).
Check types of records you keep: documentation of purchased animals breeding purchased feed/feed supplements feed labels feed storage flock health dead bird counts water usage weight gain sanitation records sales slaughter egg handling reports shipping/transportation other
SECTION 13: Marketing
TYPE OF MARKETING:
☐ farmers market ☐ direct to retail ☐ CSA/subscription service ☐ wholesale ☐ on-farm retail ☐ wholesale to processor ☐ contract to buyer ☐ Other
If you use the seal of the certification agency on organic product labels? yes no
(Attach examples of all organic product labels.)
SECTION 14: Certification Services
Rate services provided by this certification agency: excellent satisfactory needs improvement
Please comment:

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I affirm that all statements made in this application are true and correct. No prohibited products have my organically managed outdoor access areas for the last three years, nor to any animals I plan to se understand that my operation may be subject to unannounced inspection and/or sampling for residue to follow organic standards.	II as organic. I
Signature of Operator	_ Date
I have attached the following additional documents:	
☐ Maps of the operation (including outdoor access areas and showing adjoining land use and identificati	on)
☐ Directions to farm/ranch	
☐ Water test, if applicable	
☐ Housing records (showing size and number of poultry housed per house)	
☐ Organic product labels for your products (if applicable)	
Outdoor Access/Pasture History Sheet	

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