

# BC Certified Organic Program Kootenay Organic Growers Society

## Organic Livestock Management Plan Update and Inspection Report →Confidential when completed←

This form is to be used for Management Plan **Annual Updates** for certification of organic livestock farms (except poultry, which has a separate form). All livestock applications must also include an Organic Crop Farm Plan Update. This form should be completed on a computer, or with an ink pen. It is your responsibility to keep a copy of this completed form. Refer to the Update Guide for instruction. Refer to your last application while completing this one. You are reporting changes from your previous plan. If you run out of room, use the space at the bottom of the form.

### Section A General Information

1. Name:	2. Farm Name:	3. Date: yyyy/mm/dd
4. Have there been any <b>changes</b> in personnel or contact information? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide information below:		File # Date received: Date reviewed: Reviewed by:
5. Certification #		Name of VO:
6. Do you own and understand the current version of the BC Certified Organic Management Standards? Yes <input type="checkbox"/> No <input type="checkbox"/>		Date of inspection: Time arrived: Time departed:
7. Animals or animal products requested for certification for the next 12 months - Be specific as possible, this information will be used to determine the information on your certificate.		
Species & breed	# of animals	Animals or products of animals for sale
VO only:		

<p>8. Are you planning to produce any non-organic livestock for sale this year? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please request a Split Operation Form from your CB.</p>			
<p>9. Are you planning any new organic livestock venture this year? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, specify:</p>			
<p>10. Conditions from last year: No conditions <input type="checkbox"/></p>			
<p>11. Describe how you have complied with any conditions from last year's certification process:</p> <p>No conditions <input type="checkbox"/></p>			
<p>12. How do you identify your animals? Ear tag <input type="checkbox"/> Freeze brand <input type="checkbox"/> Hot brand <input type="checkbox"/></p> <p>Tattoo <input type="checkbox"/> Brisket tag <input type="checkbox"/></p> <p>Other:</p>			



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**17. Annual Livestock Report & Inventory**  
 Period from last Livestock Management Plan or Update to this date. Reporting period should be the same each year.

Livestock Type	Opening numbers from last report	On-farm births	Purchased animals	Sold animals		Deaths	Closing numbers
				Organic	Non-organic		
Beef breeding cows							
Beef slaughter stock							
Milking/breeding cows							
Dairy slaughter stock							
Breeding Ewes							
Slaughter lamb							
Milking/breeding Doe goats							
Goat slaughter stock							
Breeding Sows							
Slaughter hogs							
Breeding Bison cows							
Bison slaughter stock							
Bulls, bucks, rams, boars: Specify:							
Other:							
Other:							
Other:							
Other:							

**18. Were any of the animals your purchased products of embryo transfer, or genetic engineering, or hormone implantation?** Yes  No  N/A

19. Have you made any **changes** in your livestock production cycles such as, new livestock production, new method of management? Yes  No

If yes, please describe your livestock management system through one full production cycle (breeding to birth to slaughter or sale) for every species of animal you plan to sell as certified organic.

### Section B Farm/Ranch Design

20. Have you made any **changes** in your livestock facility diagrams such as, new barns, or paddocks, handling areas, shelters, wintering and watering areas? Yes  No

If yes, please specify:

If you have indicated **changes**, you must either modify your original maps, or make new ones. New maps sent by: email  Post

#### HOUSING - COABC Section 8.3

21. Have you made any **changes** in your livestock housing such as, new structures, new management, new covered exercise area, livestock species, lighting, bedding, or cleaning?

Yes  No

If yes, specify:

For new housing units describe the type of structure, unit #, dimensions, # of animals in unit and period of use:




27. Has your use of feed supplements **changed**, such as, new mineral mix or livestock salt? Yes  No  If yes, please specify new feed supplement, additive and the reason for use:

28. Describe your feed stores as of now:

Storage ID #	Feed	Type of storage	Inventory (tonnes, pounds, bags)	Status Organic (O) Transitional (T) Non-organic (N)

29. Have you made any **changes** in your rodent control plan? Yes  No  N/A   
If yes, specify:

**WATER - COABC Section 8.1, 3.1**

30. Have you made any **changes** in the source of livestock drinking water, such as new wells, ponds, dugouts, or removal of livestock access to creeks, streams, or lakes? Yes  No   
If yes, specify:

31. Do you add anything to livestock drinking water? Yes  No   
If yes, what material?

**Section C Health Management - COABC Sec. 8.6, 8.7**

**DISEASE AND PEST CONTROL PROGRAM**

32. Complete the following table to identify **changes** in your Disease and Pest Control Program

Disease or pest	New treatment strategy





**SURGICAL PRACTICES - COABC section 8.8**

34. Have you made any **changes** in your use of surgical practices such as, castration, dehorning, tail docking, teeth clipping, branding? Yes  No   
If yes, specify:

**Section D Manure and Waste Management - COABC sections 8.3, 3.1, 3.9**

35. Have you made any **changes** to your manure management plan such as, manure handling systems, ingredients in compost, spreading, or sales of manure or compost? Yes  No  If yes, specify:

36. Have you made any **changes** to your waste management/environmental protection plan such as, new manure storage, new composting facility, protection of surface and groundwater from manure leachate and barnyard run-off? Yes  No  If yes, specify:

**Section E Milk Handling - COABC section 8.6, 8.10**

37. Have you made any **changes** to your milk-handling plan such as, new handling system, new cleaner or sanitisers, new udder wash new teat dip? Yes  No  N/A   
If yes, specify:

38. Describe procedures used to ensure that milk from treated animals does not enter organic milk pool:



- |   |  |
|---|--|
| <input type="checkbox"/> Other management plan updates i.e. Processing, Poultry, Crop - Please list:<br><input type="checkbox"/> Organic product labels (if applicable):<br><input type="checkbox"/> Other: |  |
|---|--|

### Section H Notes & Affirmations

**You will be required to submit an application that updates this plan each year. Keep a copy of this Livestock Management Plan Update as a reference for future updates. This application is part of your farm records and must be kept with farm records.**

48. Use this area to add information that may provide assistance to the Certification Committee who will review your Livestock Management Plan Update.

**49. AFFIRMATION** - I affirm that all statements made in this application are true and correct. I understand that my operation may be subject to unannounced inspection and/or sampling for residues at any time. I agree to follow COABC organic standards.

I agree to allow the VO and/or members of the Certification Committee and COABC Accreditation Board auditor access to all areas of my farm and to my records, including: inputs, production, processing, handling sales, and products purchased for resale, from both organic and non-organic production.

I understand that acceptance of this document in no way implies granting of certification by the Kootenay Organic Growers Society. I agree to provide further information as required by the Kootenay Organic Growers Society. I have read, understood, and agree to comply with the Kootenay Organic Growers Society constitution, bylaws and Production Standards. I understand that any wilful misrepresentation could lead to de-certification.

I understand that this completed document is confidential information according to the policies of the BC Certified Organic Program. Membership and certification status is public information.

Signed

Print name:

Date:

50. VO Notes and summary:

**51. VERIFICATION OFFICER AFFIRMATION**

All information in this report is accurate to the best of my knowledge and is based on my observations, review of documents and operator interview. All compliance assessments are made in reference to the COABC organic management standards and policies of \_\_\_\_\_.

Information contained in this report is confidential between the Verification Officer, the inspected party, and the certification body. This report does not constitute certification or consultation, nor should it be used for promotional purposes.

Signed

Print Name

Date:

List of attachments: