

OREGON TILTH CERTIFIED ORGANIC

260 SW Madison, Ste 106 • Corvallis OR 97333 • Phone (503) 378-0690 Fax (541) 753-4924
 Email: organic@tilth.org Web Site: www.tilth.org

Organic System Plan – Livestock (Class OLP)

(Please note a Crop (Class O) Plan is required to submit a complete Livestock Plan)

To apply for certification please send a completed Organic System Plan, contract* and certification fees to:

(*contracts are only required for new applicants)

Oregon Tilth, 260 SW Madison, Ste 106, Corvallis, OR 97333

- **As you fill out this form, keep in mind you are creating a legal document.** Also please note that information on your organic certificate is public information. No additional information will be supplied to any third party without prior permission of the operator, with the exception of accreditation agents or government authorities. Compiled data for statistical summaries may be distributed.
- **Please submit a payment for all applicable certification fees with this Organic System Plan.** Please refer to the *OTCO Fee Schedule* to determine the certification fee due for your operation. Organic System Plans will not be processed without payment or an approved financial agreement.
- **If you are not currently certified, please submit a complete Contract and Trademark Use Agreement with your Organic System Plan.** Blank contracts are available for download from our website (www.tilth.org) or please contact the Oregon Tilth office and one will be sent to you.
- **All Organic System Plans must be submitted complete.** An additional fee of \$25 will be charged for any application that must be returned for completion. Emailed or faxed applications are acceptable, however will not be processed until payment is received. Please see the checklist at the end of the Organic System Plan that details what is needed for a complete OSP.
- **OTCO recommends beginning the application process with sufficient time** before certification is required to allow for the necessary inspection and review process. While in some cases certification can be provided in a very short time frame, allowing up to twelve weeks is recommended.

| | |
|--|----|
| Fees: | |
| For all operations (new and renewing) a \$449 deposit is required to be submitted with your Organic System Plan and will allow your certification or renewal process to begin. This deposit will be applied to the total certification and inspection fees due for certification services. | |
| Renewing Operators: | |
| Please enter your gross sales of organic product for the previous year: | \$ |
| The above amount will determine your certification fee for this year. An invoice will be sent to you requesting the remaining balance, after applying the \$449 deposit. Please reference OTCO Fee Schedule for details. | |
| The Oregon Tilth Certified Organic Fee Schedule can be downloaded from the Oregon Tilth website, www.tilth.org or one can be requested by calling the Oregon Tilth office. | |

| | | | | |
|-----------------------------|--|---------------------|--|---------------|
| FOR OFFICE USE ONLY: | | | | |
| Received: | | Cleared Accounting: | | Fee Estimate: |



SECTION 1: General Information

[NOP 205.201, 205.2 AND 205.401] The National Organic Program (NOP) requires all operations seeking certification to develop an Organic System Plan that is agreed to by the certified producer or handler and an accredited certifying agent. A certified operation must update the *OSP whenever changes occur or, at minimum*, annually in order to remain in continued compliance. A Person is defined as: an individual, partnership, corporation, association, cooperative, or other entity.

| Primary Business Information | | | |
|---|----------|--|---------|
| Please select the appropriate legal description of the applicant below and provide the corresponding information as requested. | | | |
| <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership | | | |
| Legal Business Name: | | | |
| DBA (if any): | | | |
| Mailing Address: (Street, City, State or Province and zip code) | | | |
| Website: | | | |
| Proprietor / Partner Name: | | | |
| Phone Number(s): | Primary: | | Office: |
| | Mobile: | | Fax: |
| *please be sure to include any applicable extension numbers | | | |
| Email Address: | | | |
| Partner Name (if applicable): | | | |
| Phone Number(s): | Primary: | | Office: |
| | Mobile: | | Fax: |
| *please be sure to include any applicable extension numbers | | | |
| Email Address: | | | |
| <input type="checkbox"/> Limited Liability Corporation (LLC) <input type="checkbox"/> Corporation <input type="checkbox"/> Trust / Other Organization | | | |
| Legal Business Name: | | | |
| DBA (if any): | | | |
| Mailing Address: (Street, City, State or Province and zip code) | | | |
| Website: | | | |
| CEO, COO, Executive Director, Managing Director, or Registered Agent: | | | |
| Phone Number(s): | Primary: | | Office: |
| | Mobile: | | Fax: |
| *please be sure to include any applicable extension numbers | | | |
| Email Address: | | | |
| <i>Corporations/Trusts/Organizations: Please attach a listing of all officers/shareholders, office/shareholder contact information, and/or articles of incorporation</i> | | | |



| Primary Contact | | | | | |
|--|------------------|---|--|------------------------------------|--|
| The person listed below has knowledge of organic operations and by being listed here will have access to any information contained in the Organic System Plan or OTCO files. The primary contact responsible for certification identified below will be the individual to receive all correspondence and act as the legally authorized representative. | | | | | |
| Primary Contact Responsible for Certification: | | | | | |
| | Name: | | | | |
| | Company: | | | | |
| | Title: | | | | |
| | Mailing Address: | | | | |
| | Phone Number(s): | Primary: | | Office: | |
| | | Mobile: | | Fax: | |
| | | *please be sure to include any applicable extension numbers | | | |
| Email Address: | | | | | |
| Additional Contacts: | | | | | |
| Additional contacts may be named in order for OTCO to interact with them about this file (i.e. request copies of documents, certification status etc). These contacts may be consultants, managers, administrative assistants etc. Additional contacts can be authorized to make changes to this plan and act on behalf of the company by checking the "Authorize" box. If the contact should only be communicated with, but has no authority to make changes or act for this company do not check the box "Authorize" | | | | | |
| | Name: | | | | |
| | Company: | | | | |
| | Title: | | | | |
| | Mailing Address: | | | | |
| | Phone Number(s): | Primary: | | Office: | |
| | | Mobile: | | Fax: | |
| | | *please be sure to include any applicable extension numbers | | | |
| Email Address: | | | | | |
| The person named above is authorized to act on behalf of this company: | | | | <input type="checkbox"/> Authorize | |
| | Name: | | | | |
| | Company: | | | | |
| | Title: | | | | |
| | Mailing Address: | | | | |
| | Phone Number(s): | Primary: | | Office: | |
| | | Mobile: | | Fax: | |
| | | *please be sure to include any applicable extension numbers | | | |
| Email Address: | | | | | |
| The person named above is authorized to act on behalf of this company: | | | | <input type="checkbox"/> Authorize | |



Production Partnership (if applicable) – this is an OTCO Fee Schedule Arrangement

A production partnership involves a collaborative effort among two or more **OTCO certified** independent companies, marketing their products in common. An operation may have either farm/livestock or handling/processing production partners that are contracted to provide products, predominately to the primary operation, which contribute to, or are, a finished organic product sold by the primary operation. This production partnership arrangement allows the primary operation (Production Partner) to cover the production partner’s certification fees. *(Please see OTCO fee schedule for more information on the definition of Production Partnership)*

****Note this only applies if you qualify for a Production Partnership as per OTCO fee schedule and the Primary Production Partner is paying your certification fees.**

| | | | |
|----------------|---------------------|----------|--|
| | Production Partner: | | |
| | Contact Person: | | |
| | Title: | | |
| | Mailing Address: | | |
| | Phone Number(s): | Primary: | |
| | | Mobile: | |
| | | Office: | |
| Fax: | | | |
| Email Address: | | | |



| Background Information: | |
|--|--|
| a) Please indicate all OTCO classes of certification that you are applying for: | |
| <input type="checkbox"/> Crops (Class O) <input type="checkbox"/> Livestock (Class OLP) <input type="checkbox"/> Handling (Class OH, OP, OM) <input type="checkbox"/> Wild Harvest (Class OW) <input type="checkbox"/> Restaurant or Retail (Class OR) | |
| Please identify the company name this application or certification is under: | |
| b) Please check all certification services requested: | |
| <input type="checkbox"/> USDA NOP (Organic) <input type="checkbox"/> Canada (for operations located in Canada) <input type="checkbox"/> Canada Equivalency (for operations outside of Canada shipping to Canada) <input type="checkbox"/> Salmon Safe | |
| 1) Does your operation reside in Canada? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| a) If yes, you must attach the <i>International Market Assessment Supplement Form</i> . | <input type="checkbox"/> Attached |
| 2) Does your operation reside outside of Canada? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| a) If Yes, do you import any dairy products from Canada? <i>Note: if yes, OTCO will require verification that the products are not derived from animals treated with antibiotics.</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Statements attached |
| b) Please attach all labels used for products marketed in Canada. | <input type="checkbox"/> Attached <input type="checkbox"/> N/A - none used |
| c) Have you received and reviewed the OTCO Procedures Manual? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d) Have you reviewed the NOP regulation and any other applicable program standards (EU, Canada, etc)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e) Are both organic and non-organic products produced or managed by your company? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f) What percentage of total business does organic represent? | <input type="checkbox"/> Less than 1% <input type="checkbox"/> 1-10% <input type="checkbox"/> 10-50% <input type="checkbox"/> 50-99% <input type="checkbox"/> 100% |
| g) Which, if any, other regulatory agencies inspect this facility/farm? Please list. | |
| h) Have you ever had a negatively scoring report from any other regulatory agency, including FDA, OSHA or state health dept.? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please describe by submitting documentation regarding the issue. <input type="checkbox"/> Attached | |
| i) Certification year applying for: | |
| j) Certification may take up to 90 days, please let us know if there is an emergency or extraordinary circumstance that would require urgency. | |



| Certification History | |
|---|--|
| Has this operation ever: | |
| a) Been certified organic? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes: | |
| Please include a copy of the most recent certificate | <input type="checkbox"/> Attached |
| With which agencies were you certified? | |
| Please define the scope of this certification with previous agent <input type="checkbox"/> Farming <input type="checkbox"/> Livestock <input type="checkbox"/> Wild Harvest <input type="checkbox"/> Handling <input type="checkbox"/> International (EU, COR etc) | |
| What were the dates of maintaining certification? | |
| Are you still currently certified? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Will you be maintaining this certification? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are there any outstanding noncompliances with the agencies mentioned above? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) Been denied organic certification? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) Had your certification suspended or revoked? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d) Withdrawn from certification with outstanding points of non-compliance or conditions? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e) Withdrawn your application for certification with outstanding points of non-compliance? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes was chosen on b, c, d, e above, please attach a copy of all relevant letter(s) and a description of any/all corrective actions: | <input type="checkbox"/> Attached |
| Renewing Operations Only | |
| f) List your current certification number issued by OTCO | |
| g) Were there any points of noncompliance issued after last year's inspection? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please confirm that corrective actions are still in effect: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Comment: | |
| h) Were there any reminders for continuous improvement noted in your Notification of Certification Decision following last year's inspection? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please confirm that reminders have been acknowledged: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Comment: | |
| i) Have any of the animals within this organic system plan (OSP) been previously certified or are currently certified? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| - If yes, then please provide documentation demonstrating their certification or a summary of how they have been managed since they were previously certified. Also, please clearly identify which animals were organic from birth and which have been transitioned. | |
| - If no, please describe how the animals are being managed organically and at what date they began their transition to organic: | |
| ! Please remember to have feed receipts or other documentation on file to demonstrate your start date. | |
| Please give directions to your farm for the inspector. Please remember that they may not be familiar with your area. When possible, include mileage and cardinal directions. | <input type="checkbox"/> Same as directions in Class O-Crop OSP (please move to next Section) |
| When are you most available to be reached? | <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening |



SECTION 2: Organic System Plan-Livestock

§ 205.201 Organic production and handling system plan.

(a) The producer or handler of a production or handling operation, except as exempt or excluded under §205.101, intending to sell, label, or represent agricultural products as “100 percent organic,” “organic,” or “made with organic (specified ingredients or food group(s))” must develop an organic production or handling system plan that is agreed to by the producer or handler and an accredited certifying agent. An organic system plan must meet the requirements set forth in this section for organic production or handling.

| Facility Map | | | |
|---|------|-------|--|
| Please provide a map that identifies all of landmark, facilities, etc that are used in livestock production. The maps are applicable to all species. Please ensure the map includes the criteria below. Additional pages may be used to provide dimensions and additional information; this may avoid cluttering maps or making them illegible. | | | <input type="checkbox"/> Map is Attached |
| The map/s need to identify: <ul style="list-style-type: none"> - Adjoining/neighbor land uses - Holding facilities and their dimensions - Living areas and the dimensions of buildings designed to house animals,\ - Building/storage ID system - Location and types of shade available to livestock - Water sources available to livestock - Location and types of fencing used - Indication of north, - Location of buildings and other useful landmarks (e.g. streams, distinctive features, roads, etc.) | | | |
| *Maps provided by your county authority, local Farm Service Agency office, local Natural Resource Conservation Service office, or those similar to Google Earth are recommended. | | | |
| 1) Please list all addresses or location details (if formal address is not available) where animals reside: | | | |
| Address | City | State | Zip |
| | | | |
| | | | |
| 2) Please select the livestock species that you wish to produce organically: | | | |
| <input type="checkbox"/> Cattle <input type="checkbox"/> Sheep <input type="checkbox"/> Goats <input type="checkbox"/> Poultry <input type="checkbox"/> Swine <input type="checkbox"/> Ducks or other Game Fowl <input type="checkbox"/> | | | |
| Other (specify): | | | |

| 3) Please select the livestock products you wish to produce organically & an estimate of annual production: | | | |
|--|-----------------------------|--|---|
| <i>*Please annotate species type if you have production in one category for more than one type of livestock.</i> | | | |
| <i>Example: Replacement Animals; 63, 100; head; Chickens, cattle</i> | | | |
| Product | Estimated Annual Production | Production Units (example of unit: pounds, gallons, head, dozens, etc) | From which species (please list all applicable) |
| <input type="checkbox"/> Milk | | | |
| <input type="checkbox"/> Livestock for Slaughter | | | |
| <input type="checkbox"/> Replacement Animals (including birds) | | | |
| <input type="checkbox"/> Eggs | | | |
| <input type="checkbox"/> Breeding Stock | | | |
| <input type="checkbox"/> Meat/Edible meat by-products | | | |
| <input type="checkbox"/> Fiber products | | | |
| <input type="checkbox"/> By-products (other than fiber) | | | |
| <input type="checkbox"/> Other (specify): | | | |



4) Please list the number of animals in each of the following production groups:

| Cattle: | | | | Not Applicable: <input type="checkbox"/> | |
|-------------------------------------|---------|---------------|------------------------|--|--|
| Production Group | Organic | Transitional* | Transition Start Date | Conventional** | |
| Pre-weaned calves | | | | | |
| Slaughter-age bull calves or steers | | | | | |
| Weaned calves | | | | | |
| Milking Cows | | | | | |
| Breeding age heifers | | | | | |
| Mature Breeding Stock | | | | | |
| Dry Cows | | | | | |
| Weaned bull calves or steers | | | | | |
| Mature Bulls | | | | | |
| Other (please specify): | | | | | |
| Other (please specify): | | | | | |
| | | | | | |
| Goats: | | | | Not Applicable: <input type="checkbox"/> | |
| Production Group | Organic | Transitional* | Transition Start Date | Conventional** | |
| Kids | | | | | |
| Bucks | | | | | |
| Weaned kids | | | | | |
| Mature does | | | | | |
| Wethers | | | | | |
| Billy/mature bucks | | | | | |
| Breeding-age does | | | | | |
| Other (please specify): | | | | | |
| Other (please specify): | | | | | |
| | | | | | |
| Sheep: | | | | Not Applicable: <input type="checkbox"/> | |
| Production Group | Organic | Transitional* | Transition start date: | Conventional** | |
| Pre-weaned lambs | | | | | |
| Weaned replacement lambs | | | | | |
| Weaned market lambs | | | | | |
| Breeding age ewes | | | | | |
| Ewes | | | | | |
| Mature rams | | | | | |
| Other (please specify): | | | | | |
| Other (please specify): | | | | | |



| Production Groups (continued) | | | | |
|---|---------|---------------|------------------------|--|
| Swine: | | | | Not Applicable: <input type="checkbox"/> |
| Production Group | Organic | Transitional* | Transition start date: | Conventional** |
| Piglets | | | | |
| Barrows | | | | |
| Shoats | | | | |
| Gilts | | | | |
| Sows | | | | |
| Boars | | | | |
| Other (please specify): | | | | |
| Other (please specify): | | | | |
| | | | | |
| Poultry: | | | | Not Applicable: <input type="checkbox"/> |
| Production Group | Organic | Transitional* | Transition start date: | Conventional** |
| Chicks | | | | |
| Pullets | | | | |
| Broilers | | | | |
| Layers | | | | |
| Hens | | | | |
| Toms | | | | |
| Other (please specify): | | | | |
| Other (please specify): | | | | |
| Other (please specify): | | | | |
| *Transitional: Dairy animals can be converted to organic milk production after 12 months, but milk from these animals is not organic during the conversion. | | | | |
| **Conventional: Neither conventional nor transitional animals can be used for organic production, except as breeding stock. | | | | |



| | | |
|--|------------------------------|--|
| Non-Organic Livestock | | |
| 5) Please select any species that are raised non-organically and provide the number of non-organic animals and the amount of non-organic production per year: (example of Production Units: pounds, gallons, head, dozens, etc) | | <input type="checkbox"/> No non-organic animals raised |
| <i>Please use additional spaces to list multiple products if needed for each species.</i> | | |
| <input type="checkbox"/> Non-organic Cattle | | |
| Non-organic Cattle Products: | Amount of Annual Production: | Production Units: |
| EXAMPLE: Milk | Example: 50,000 | Example: Gallons |
| | | |
| | | |
| | | |
| <input type="checkbox"/> Non-organic Sheep | | |
| Non-organic Sheep Products: | Amount of Annual Production: | Production Units: |
| | | |
| | | |
| | | |
| | | |
| <input type="checkbox"/> Non-organic Goats | | |
| Non-organic Goat Products: | Amount of Annual Production: | Production Units: |
| | | |
| | | |
| | | |
| | | |
| <input type="checkbox"/> Non-organic Poultry | | |
| Non-organic Poultry Products: | Amount of Annual Production: | Production Units: |
| | | |
| | | |
| | | |
| | | |
| <input type="checkbox"/> Non-organic Swine | | |
| Non-organic Swine Products: | Amount of Annual Production: | Production Units: |
| | | |
| | | |
| | | |
| | | |
| <input type="checkbox"/> Non-organic Ducks or other Game Fowl | | |
| Non-organic Game Fowl Products: | Amount of Annual Production: | Production Units: |
| | | |
| | | |
| | | |
| | | |
| <input type="checkbox"/> Non-organic Other (please specify): | | |
| Non-organic Products: | Amount of Annual Production: | Production Units: |
| | | |
| | | |
| | | |
| 6) Please describe how non-organic feed and animals are segregated from organic: | | |



SECTION 3: Origin of Livestock

§ 205.236 (a) Livestock products that are to be sold, labeled, or represented as organic must be from livestock under continuous organic management from the last third of gestation or hatching: *Except*, That:

(1) *Poultry*. Poultry or edible poultry products must be from poultry that has been under continuous organic management beginning no later than the second day of life;

(2) *Dairy animals*. Milk or milk products must be from animals that have been under continuous organic management beginning no later than 1 year prior to the production of the milk or milk products that are to be sold, labeled, or represented as organic, *Except*, (i) That, crops and forage from land, included in the organic system plan of a dairy farm, that is in the third year of organic management may be consumed by the dairy animals of the farm during the 12-month period immediately prior to the sale of organic milk and milk products; (iii) Once an entire, distinct herd has been converted to organic production, all dairy animals shall be under organic management from the last third of gestation.

(3) *Breeder stock*. Livestock used as breeder stock may be brought from a nonorganic operation onto an organic operation at any time: *Provided*, that, if such livestock are gestating and the offspring are to be raised as organic livestock, the breeder stock must be brought onto the facility no later than the last third of gestation.

| Origin of Livestock | | | |
|---|---|---------------------|--|
| 1) Please select how livestock were transitioned from the choices below. Please indicate next to the selection, to which livestock category/species it applies. | | | <input type="checkbox"/> N/A – (please explain): |
| <input type="checkbox"/> | 100% organic feed for 12 consecutive months | Livestock Species | |
| <input type="checkbox"/> | 100% organic feed while utilizing last year (third year) transitional feed | | |
| <input type="checkbox"/> | 80% organic feed for the first 9 months, then 100% organic feed for the last three months (80/20 allowance) | | |
| <input type="checkbox"/> | Purchased an entire organic group | | |
| <input type="checkbox"/> | All animals born under organic management from the last third of gestation | | |
| 2) Are replacement animals*? | | | |
| <input type="checkbox"/> | Raised on farm through natural breeding | | Livestock Species |
| <input type="checkbox"/> | Raised on farm through Artificial breeding system | | |
| <input type="checkbox"/> | Purchased from organic breeder | Purchase Date: | |
| | | Supplier: | |
| | | Supplier Certifier: | |
| <input type="checkbox"/> | Purchased from Non-Organic Source | | |
| *Reminder, documentation is required to confirm the status and history of each purchased animal. | | | |
| <i>Reminder: §205.236(b) The following are prohibited: (1) Livestock or edible livestock products that are removed from an organic operation and subsequently managed on a nonorganic operation may be not sold, labeled, or represented as organically produced.</i> | | | |
| 3) How are the animals individually identified? Please choose all of the following that apply and list which livestock species the selection is applicable to: | | | |
| *Reminder, it is required that an identification system be in place to verify the organic status of any and all animals. | | | |
| <input type="checkbox"/> | Individually numbered: <input type="checkbox"/> ear tag <input type="checkbox"/> neck tag <input type="checkbox"/> leg tag/band <input type="checkbox"/> other tag (specify): | | Livestock Species |
| <input type="checkbox"/> | Tattoo | | |
| <input type="checkbox"/> | Radio Frequency Identification (RFID) tag | | |
| <input type="checkbox"/> | Written description of physical characteristics or unique markings with accompanying photographs | | |
| <input type="checkbox"/> | Brand | | |
| <input type="checkbox"/> | Ear notch (swine) | | |
| <input type="checkbox"/> | Age groups (poultry/fowl) | | |
| <input type="checkbox"/> | Purchased groups (poultry/fowl) | | |
| <input type="checkbox"/> | Other (specify): | | |



SECTION 4: Livestock Feed

§ 205.237 (a) The producer of an organic livestock operation must provide livestock with a total feed ration composed of agricultural products, including pasture and forage, that are organically produced and handled by operations certified to the NOP, except as provided in §205.236(a)(2)(i), Except, That, synthetic substances allowed under § 205.603 and nonsynthetic substances not prohibited under § 205.604 may be used as feed additives and feed supplements, provided, that, all agricultural ingredients included in the ingredients list, for such additives and supplements, shall have been produced and handled organically.

(b) The producer of an organic operation must not:

- (1) Use animal drugs, including hormones, to promote growth;
- (2) Provide feed supplements or additives in amounts above those needed for adequate nutrition and health maintenance for the species at its specific stage of life;
- (3) Feed plastic pellets for roughage;
- (4) Feed formulas containing urea or manure;
- (5) Feed mammalian or poultry slaughter by-products to mammals or poultry;
- (6) Use feed, feed additives, and feed supplements in violation of the Federal Food, Drug, and Cosmetic Act;
- (7) Provide feed or forage to which any antibiotic including ionophores has been added, **or**
- (8) Prevent, withhold, restrain, or otherwise restrict ruminant animals from actively obtaining feed grazed from pasture during the grazing season, except for conditions as described under § 205.239(b) and (c).

1) Please provide the feed ration for each of the individual production groups and for each season and/or change in ration. Please be sure to include pasture, grazed forage, feed/ingredients produced on-farm, and purchased feed/ingredients as individual ration ingredients. If complete or bagged rations are purchased, please indicate so by selecting the "Purchase Complete Ration" for the selected Production Group Ration.

Please be sure to attach the ingredient information (label or tag) of the purchased ration.

USE THE EXAMPLES BELOW TO COMPLETE THE RATIONS TABLE ON THE FOLLOWING PAGE!

| Production Group: | | Ration ID | | | Time period when ration is used: | | |
|----------------------|------------------|----------------|---------------|--------------|----------------------------------|--|--|
| Breeding age heifers | | Spring/Summer | | | May 1-Sept 20 | | |
| Ingredient: | Pasture | Quantity: | Free Choice | % of Ration: | 100 | <input checked="" type="checkbox"/> Grown or <input type="checkbox"/> Purchased* | |
| Ingredient: | | Quantity: | | % of Ration: | | <input type="checkbox"/> Grown or <input type="checkbox"/> Purchased* | |
| Production Group: | | Ration ID | | | Time period when ration is used: | | |
| Breeding age heifers | | Fall-heifers | | | Oct 1-Dec 1 | | |
| Ingredient: | Hay | Quantity: | 20 lb/hd/d | % of Ration: | 67 | <input checked="" type="checkbox"/> Grown or <input type="checkbox"/> Purchased* | |
| Ingredient: | Purchased Ration | Quantity: | 10 lb/hd/d | % of Ration: | 33 | <input type="checkbox"/> Grown or <input checked="" type="checkbox"/> Purchased* | |
| Production Group: | | Ration ID | | | Time period when ration is used: | | |
| Breeding age heifers | | Winter | | | Dec 2-April 30 | | |
| Ingredient: | Hay | Quantity: | 30 lbs/hd/day | % of Ration: | 83 | <input checked="" type="checkbox"/> Grown or <input type="checkbox"/> Purchased* | |
| Ingredient: | Grain | Quantity: | 6 lbs/hd/day | % of Ration: | 17 | <input type="checkbox"/> Grown or <input checked="" type="checkbox"/> Purchased* | |
| Production Group: | | Ration ID: | | | Time period when ration is used: | | |
| Dry Cows | | Fall/Winter | | | Oct 1-April 30 | | |
| Ingredient: | Pasture | Quantity: | Free Choice | % of Ration: | 58 | <input checked="" type="checkbox"/> Grown or <input type="checkbox"/> Purchased* | |
| Ingredient: | Haylage | Quantity: | 10 lbs | % of Ration: | 33 | <input type="checkbox"/> Grown or <input checked="" type="checkbox"/> Purchased* | |
| Ingredient: | Grain | Quantity: | 3 lbs | % of Ration: | 9 | <input checked="" type="checkbox"/> Grown or <input type="checkbox"/> Purchased* | |
| Production Group: | | Ration ID | | | Time period when ration is used: | | |
| Layers | | Layer Mix 9553 | | | Jan 1-Dec 31 | | |
| Ingredient: | Corn | Quantity: | 2 lbs | % of Ration: | 40 | <input checked="" type="checkbox"/> Grown or <input type="checkbox"/> Purchased* | |
| Ingredient: | Barley | Quantity: | 2 lbs | % of Ration: | 40 | <input type="checkbox"/> Grown or <input checked="" type="checkbox"/> Purchased* | |
| Ingredient: | Grit | Quantity: | 1 lb | % of Ration: | 19 | <input type="checkbox"/> Grown or <input checked="" type="checkbox"/> Purchased* | |
| Ingredient: | Oyster Shell | Quantity: | Free Choice | % of Ration: | 1 | <input type="checkbox"/> Grown or <input checked="" type="checkbox"/> Purchased* | |



| Livestock Feed – Feed Tables (continued) | | | | | | |
|---|-------------------------------------|----------------------|--------------------------------|---|---|---|
| <p>Please complete the tables below for each ration used for each production group. If a purchased ration (complete ration or bagged mix) is used as the entire ration for a production group, please complete the Purchased Ration table below. If a purchased ration or mix is used in conjunction with another ingredient (pasture, hay, etc), please indicate that by writing "Purchased Ration" in the ingredient column, within the ration, as applicable. Please ensure that the ingredient and certifier information for the purchased ration is submitted to Oregon Tilth.</p> | | | | | | |
| Purchased Ration: | | | | | <input type="checkbox"/> N/A-no rations or mixes purchased (please complete Ration Tables) | |
| Production Group: | Purchased Ration Brand Name: | Manufacturer: | Manufacturer Certifier: | Time period when the ration is used: | Ingredient Information*: | |
| | | | | | <input type="checkbox"/> Attached <input type="checkbox"/> Mailed/faxed/ emailed to OTCO | |
| | | | | | <input type="checkbox"/> Attached <input type="checkbox"/> Mailed/faxed/ emailed to OTCO | |
| | | | | | <input type="checkbox"/> Attached <input type="checkbox"/> Mailed/faxed/ emailed to OTCO | |
| | | | | | <input type="checkbox"/> Attached <input type="checkbox"/> Mailed/faxed/ emailed to OTCO | |
| Please remember to include pasture and/or grazed feed as an ingredient! | | | | | | |
| Ration Table: | | | | | | |
| Production Group: | | Ration ID: | | Time period when the ration is used: | | |
| | | | | | | |
| Ingredient: | | Quantity: | | % of Ration: | | <input type="checkbox"/> Grown or <input type="checkbox"/> Purchased* |
| Ingredient: | | Quantity: | | % of Ration: | | <input type="checkbox"/> Grown or <input type="checkbox"/> Purchased* |
| Ingredient: | | Quantity: | | % of Ration: | | <input type="checkbox"/> Grown or <input type="checkbox"/> Purchased* |
| Ingredient: | | Quantity: | | % of Ration: | | <input type="checkbox"/> Grown or <input type="checkbox"/> Purchased* |
| Ingredient: | | Quantity: | | % of Ration: | | <input type="checkbox"/> Grown or <input type="checkbox"/> Purchased* |
| Ingredient: | | Quantity: | | % of Ration: | | <input type="checkbox"/> Grown or <input type="checkbox"/> Purchased* |
| | | | | | | |
| Production Group: | | Ration ID: | | Time period when the ration is used: | | |
| | | | | | | |
| Ingredient: | | Quantity: | | % of Ration: | | <input type="checkbox"/> Grown or <input type="checkbox"/> Purchased* |
| Ingredient: | | Quantity: | | % of Ration: | | <input type="checkbox"/> Grown or <input type="checkbox"/> Purchased* |
| Ingredient: | | Quantity: | | % of Ration: | | <input type="checkbox"/> Grown or <input type="checkbox"/> Purchased* |
| Ingredient: | | Quantity: | | % of Ration: | | <input type="checkbox"/> Grown or <input type="checkbox"/> Purchased* |
| Ingredient: | | Quantity: | | % of Ration: | | <input type="checkbox"/> Grown or <input type="checkbox"/> Purchased* |
| Ingredient: | | Quantity: | | % of Ration: | | <input type="checkbox"/> Grown or <input type="checkbox"/> Purchased* |
| | | | | | | |
| Production Group: | | Ration ID: | | Time period when the ration is used: | | |
| | | | | | | |
| Ingredient: | | Quantity: | | % of Ration: | | <input type="checkbox"/> Grown or <input type="checkbox"/> Purchased* |
| Ingredient: | | Quantity: | | % of Ration: | | <input type="checkbox"/> Grown or <input type="checkbox"/> Purchased* |
| Ingredient: | | Quantity: | | % of Ration: | | <input type="checkbox"/> Grown or <input type="checkbox"/> Purchased* |
| Ingredient: | | Quantity: | | % of Ration: | | <input type="checkbox"/> Grown or <input type="checkbox"/> Purchased* |
| Ingredient: | | Quantity: | | % of Ration: | | <input type="checkbox"/> Grown or <input type="checkbox"/> Purchased* |
| Ingredient: | | Quantity: | | % of Ration: | | <input type="checkbox"/> Grown or <input type="checkbox"/> Purchased* |



| Livestock Feed - Ration Table (continued) | | | | | | |
|---|--|------------|--|--------------------------------------|--|---|
| Production Group: | | Ration ID: | | Time period when the ration is used: | | |
| Ingredient: | | Quantity: | | % of Ration: | | <input type="checkbox"/> Grown or <input type="checkbox"/> Purchased* |
| Ingredient: | | Quantity: | | % of Ration: | | <input type="checkbox"/> Grown or <input type="checkbox"/> Purchased* |
| Ingredient: | | Quantity: | | % of Ration: | | <input type="checkbox"/> Grown or <input type="checkbox"/> Purchased* |
| Ingredient: | | Quantity: | | % of Ration: | | <input type="checkbox"/> Grown or <input type="checkbox"/> Purchased* |
| Ingredient: | | Quantity: | | % of Ration: | | <input type="checkbox"/> Grown or <input type="checkbox"/> Purchased* |
| Ingredient: | | Quantity: | | % of Ration: | | <input type="checkbox"/> Grown or <input type="checkbox"/> Purchased* |
| Production Group: | | Ration ID: | | Time period when the ration is used: | | |
| Ingredient: | | Quantity: | | % of Ration: | | <input type="checkbox"/> Grown or <input type="checkbox"/> Purchased* |
| Ingredient: | | Quantity: | | % of Ration: | | <input type="checkbox"/> Grown or <input type="checkbox"/> Purchased* |
| Ingredient: | | Quantity: | | % of Ration: | | <input type="checkbox"/> Grown or <input type="checkbox"/> Purchased* |
| Ingredient: | | Quantity: | | % of Ration: | | <input type="checkbox"/> Grown or <input type="checkbox"/> Purchased* |
| Ingredient: | | Quantity: | | % of Ration: | | <input type="checkbox"/> Grown or <input type="checkbox"/> Purchased* |
| Ingredient: | | Quantity: | | % of Ration: | | <input type="checkbox"/> Grown or <input type="checkbox"/> Purchased* |
| Production Group: | | Ration ID: | | Time period when the ration is used: | | |
| Ingredient: | | Quantity: | | % of Ration: | | <input type="checkbox"/> Grown or <input type="checkbox"/> Purchased* |
| Ingredient: | | Quantity: | | % of Ration: | | <input type="checkbox"/> Grown or <input type="checkbox"/> Purchased* |
| Ingredient: | | Quantity: | | % of Ration: | | <input type="checkbox"/> Grown or <input type="checkbox"/> Purchased* |
| Ingredient: | | Quantity: | | % of Ration: | | <input type="checkbox"/> Grown or <input type="checkbox"/> Purchased* |
| Ingredient: | | Quantity: | | % of Ration: | | <input type="checkbox"/> Grown or <input type="checkbox"/> Purchased* |
| Ingredient: | | Quantity: | | % of Ration: | | <input type="checkbox"/> Grown or <input type="checkbox"/> Purchased* |
| Production Group: | | Ration ID: | | Time period when the ration is used: | | |
| Ingredient: | | Quantity: | | % of Ration: | | <input type="checkbox"/> Grown or <input type="checkbox"/> Purchased* |
| Ingredient: | | Quantity: | | % of Ration: | | <input type="checkbox"/> Grown or <input type="checkbox"/> Purchased* |
| Ingredient: | | Quantity: | | % of Ration: | | <input type="checkbox"/> Grown or <input type="checkbox"/> Purchased* |
| Ingredient: | | Quantity: | | % of Ration: | | <input type="checkbox"/> Grown or <input type="checkbox"/> Purchased* |
| Ingredient: | | Quantity: | | % of Ration: | | <input type="checkbox"/> Grown or <input type="checkbox"/> Purchased* |
| Ingredient: | | Quantity: | | % of Ration: | | <input type="checkbox"/> Grown or <input type="checkbox"/> Purchased* |
| Production Group: | | Ration ID: | | Time period the ration is used: | | |
| Ingredient: | | Quantity: | | % of Ration: | | <input type="checkbox"/> Grown or <input type="checkbox"/> Purchased* |
| Ingredient: | | Quantity: | | % of Ration: | | <input type="checkbox"/> Grown or <input type="checkbox"/> Purchased* |
| Ingredient: | | Quantity: | | % of Ration: | | <input type="checkbox"/> Grown or <input type="checkbox"/> Purchased* |
| Ingredient: | | Quantity: | | % of Ration: | | <input type="checkbox"/> Grown or <input type="checkbox"/> Purchased* |
| Ingredient: | | Quantity: | | % of Ration: | | <input type="checkbox"/> Grown or <input type="checkbox"/> Purchased* |
| Ingredient: | | Quantity: | | % of Ration: | | <input type="checkbox"/> Grown or <input type="checkbox"/> Purchased* |
| Production Group: | | Ration ID: | | Time period when the ration is used: | | |
| Ingredient: | | Quantity: | | % of Ration: | | <input type="checkbox"/> Grown or <input type="checkbox"/> Purchased* |
| Ingredient: | | Quantity: | | % of Ration: | | <input type="checkbox"/> Grown or <input type="checkbox"/> Purchased* |
| Ingredient: | | Quantity: | | % of Ration: | | <input type="checkbox"/> Grown or <input type="checkbox"/> Purchased* |
| Ingredient: | | Quantity: | | % of Ration: | | <input type="checkbox"/> Grown or <input type="checkbox"/> Purchased* |
| Ingredient: | | Quantity: | | % of Ration: | | <input type="checkbox"/> Grown or <input type="checkbox"/> Purchased* |
| Ingredient: | | Quantity: | | % of Ration: | | <input type="checkbox"/> Grown or <input type="checkbox"/> Purchased* |

*For purchased feed, proof of organic certification needs to be on file & available to the inspector



| Livestock Feed (continued) | | | |
|---|--------------|--|--|
| 2) Per production group above during the grazing season, what percentage of the total provided ration is pasture*? | | | |
| Production Group: | | Pasture %: | |
| Production Group: | | Pasture %: | |
| Production Group: | | Pasture %: | |
| Production Group: | | Pasture %: | |
| Production Group: | | Pasture %: | |
| Production Group: | | Pasture %: | |
| <i>*This will have to be audited during inspection, please remember to have adequate records on file -Note! Currently certified entities will have to comply with this by 6/17/11.</i> | | | |
| 3) Please describe source information for any purchased feed: | | | |
| Purchased Feed | Supplier | Supplier Certifier* | Delivered** |
| | | | <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 |
| <i>*Reminder: have current certification information on file for any feed supplier</i> | | | |
| <i>**Reminder: have a Clean Truck Affidavit (or other clean out information) if delivered</i> | | | |
| 4) Please describe where feed is stored on-farm: | | | |
| *If any feed is stored off-farm please complete an Independent Storage Information Sheet and include it with this application. (Contact the OTCO office to obtain this form if needed or download it from www.tilth.org) | | | |
| 5) Are silage or other feed inoculants utilized? | | <input type="checkbox"/> Yes** <input type="checkbox"/> No | |
| <i>**If Yes, please supply documentation that confirms any bacteria/fungi/yeast in the product is not genetically modified.</i> | | | |
| Please provide information below about all inoculants used. Please attach full ingredient information to the OSP or send it to Oregon Tilth. The full ingredient information must be reviewed and approved by OTCO prior to use. Please note that a written/typed list of ingredients from a label is not acceptable. | | | |
| Inoculant Brand Name | Manufacturer | Ingredient Information: | |
| | | <input type="checkbox"/> Attached <input type="checkbox"/> Mailed/faxed/emailed to OTCO | |
| | | <input type="checkbox"/> Attached <input type="checkbox"/> Mailed/faxed/emailed to OTCO | |
| | | <input type="checkbox"/> Attached <input type="checkbox"/> Mailed/faxed/emailed to OTCO | |
| | | <input type="checkbox"/> Attached <input type="checkbox"/> Mailed/faxed/emailed to OTCO | |
| | | <input type="checkbox"/> Attached <input type="checkbox"/> Mailed/faxed/emailed to OTCO | |
| 6) Please list any feed processing (roasting, grinding, etc.) that is done on farm and the equipment used in that process: | | | |
| Processing: | | Equipment: | |
| | | | |
| | | | |
| 6a) If processing equipment is used for non-organic products, please describe how equipment is cleaned and how the cleaning is documented before organic is processed. | | | |
| | | | |



| Livestock Feed (continued) | | | |
|---|----------------------|--------------------------------|--|
| 7) If feed is processed off-farm, please provide which feed is processed, what process is provided, the name of the processor, and the certification agency of the processor. | | | |
| Feed Processed | Type of Processing | Name of Company | Certification Agency of the Processing Co. |
| | | | |
| | | | |
| | | | |
| 8) Please provide a list of all feed supplements provided (vitamins, minerals, kelp, etc.); if they are multi-ingredient supplements (mineral mix, etc.) please attach full ingredient information to the OSP or send it to Oregon Tilth. The full ingredient information must be reviewed and approved by OTCO prior to use. Please note that a written/typed list of ingredients from a label is not acceptable. A guaranteed analysis is not a complete list of ingredients. <i>Reminder – agricultural ingredients in feed supplements (midlings, carriers, molasses, herbs, etc.) are required to be organic.</i> | | | |
| Brand Name | Manufacturer | Delivery method (to livestock) | Frequency supplied to livestock |
| | | | |
| | | | |
| Brand Name | Manufacturer | Delivery method (to livestock) | Frequency supplied to livestock |
| | | | |
| | | | |
| Brand Name | Manufacturer | Delivery method (to livestock) | Frequency supplied to livestock |
| | | | |
| | | | |
| Brand Name | Manufacturer | Delivery method (to livestock) | Frequency supplied to livestock |
| | | | |
| | | | |
| 9) Please list all source(s) of water provided for the animals & where they are located: <i>Example:</i> <i>Source: Well Available to: barn, parlor, calving pens, and Fields 1,6, & 8</i> <i>Source: Creek Available to: Pastures 2,3, & 4</i> <i>Source: Spring with stock tank Available to: Pasture 5 & 7</i> | | | |
| Source: | | Available to: | |
| Source: | | Available to: | |
| Source: | | Available to: | |
| Source: | | Available to: | |
| 10) If you have a water test, please provide the latest information: | | | |
| Date of Test | Materials Tested For | Results | |
| | | | |
| | | | |
| | | | |
| 10a) How are those watering sources cleaned or routinely maintained? | | | |



| Livestock Feed (continued) | | |
|--|--------------|--|
| 10b) Are materials used to clean or maintain watering sources? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please provide the Brand Name, Manufacturer, and Ingredient information: | | |
| Brand Name | Manufacturer | Ingredient Information*: |
| | | <input type="checkbox"/> Attached <input type="checkbox"/> Mailed/faxed/emailed to OTCO |
| | | <input type="checkbox"/> Attached <input type="checkbox"/> Mailed/faxed/emailed to OTCO |
| | | <input type="checkbox"/> Attached <input type="checkbox"/> Mailed/faxed/emailed to OTCO |
| *Please attach full ingredient information to the OSP or send it to Oregon Tilth. The full ingredient information must be reviewed and approved by OTCO prior to use. Please note that a written/typed list of ingredients from a label is not acceptable | | |

SECTION 5: Livestock Health Care

§205.238 (a) The producer must establish and maintain preventive livestock health care practices, including:

- (1) Selection of species and types of livestock with regard to suitability for site-specific conditions and resistance to prevalent diseases and parasites;
 - (2) Provision of a feed ration sufficient to meet nutritional requirements, including vitamins, minerals, protein and/or amino acids, fatty acids, energy sources, and fiber (ruminants);
 - (3) Establishment of appropriate housing, pasture conditions, and sanitation practices to minimize the occurrence and spread of diseases and parasites;
 - (4) Provision of conditions which allow for exercise, freedom of movement, and reduction of stress appropriate to the species;
 - (5) Performance of physical alterations as needed to promote the animal’s welfare and in a manner that minimizes pain and stress; and
 - (6) Administration of vaccines and other veterinary biologics.
- (b) When preventive practices and veterinary biologics are inadequate to prevent sickness, a producer may administer synthetic medications: *Provided*, That, such medications are allowed under §205.603.

| 1) Please list the breed(s) for each livestock group you raise: | | | |
|--|---------------|--|------------|
| Livestock Species: (Cattle, sheep, poultry, etc) | Breed/s: | | |
| | | | |
| | | | |
| 1a) Please list the traits of this breed that are suitable to your environment, production system or market needs: | | | |
| 2) Are vaccines used in your health management program? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, please list the vaccines used: | | | |
| Brand Name: | Manufacturer: | Age/When Given | How Given: |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |



Health Care (continued)

3) What are the preventative measures taken to prevent illness or stress from external and internal parasites?

Dry and clean living conditions

Monitoring of nutrition

Isolation of sick animals

Pasture / outdoor area rotation

Living area rotations

Selective breeding

Bio-security for the farm / ranch. | What measures are used?

Cleaning of the living areas between groups

Sanitization, using materials, of living areas between groups*:
 *if this is chosen, please complete the table below:

| Brand Name | Manufacturer | Ingredient Information*: | Purpose |
|------------|--------------|--|---------|
| | | <input type="checkbox"/> Attached <input type="checkbox"/> Mailed/faxed/emailed to OTCO | |
| | | <input type="checkbox"/> Attached <input type="checkbox"/> Mailed/faxed/emailed to OTCO | |
| | | <input type="checkbox"/> Attached <input type="checkbox"/> Mailed/faxed/emailed to OTCO | |

*Please attach full ingredient information to the OSP or send it to Oregon Tilth. The full ingredient information must be reviewed and approved by OTCO prior to use.
 Please note that a written/typed list of ingredients from a label is not acceptable

Other (specify):

4) How is the health of animals evaluated?

Body condition scoring

Physical characteristics

Testing | What testing is done?

Production

Visual assessment

Behavior

Other



| Livestock Health (continued) | | | |
|--|--|--|--|
| 6) Please list the disease or ailment concerns in your area or within your herd / flock: | | | |
| 7) Where are health materials stored on the farm? | | | |
| 8) Who is responsible for administering health treatments? | | | |
| 9) How are those responsible for feeding or administering health treatments trained with regard to the organic regulation? | | | |
| 10) Is a veterinarian part of your health management program? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please provide their name/contact information: | | | |
| If yes, are they familiar with treating organic livestock and/or the organic regulation requirements? | | | |
| 11) Which of the following physical alterations are performed, with what method, and at what age are they performed? <i>*Reminder: please remember that physical alterations must be done for the benefit of the animal, and in a way that minimizes pain and stress.</i> | | | |
| Alteration: | Method: | Age Performed: | Pain prevention method or pain management agent used? |
| <input type="checkbox"/> Dehorning | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Castration | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Hoof/Toe Trimming | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Beak Trimming | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Tooth Filing | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Primary feather clipping | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Other: | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11a) If yes was chosen above for pain prevention methods are used, please describe those practices: | | | |
| 11b) If yes was chosen above for pain management agents, please list materials used or attach labels/ingredient information if available: | | | |
| Brand Name | Manufacturer | Ingredient Information*: | |
| | | <input type="checkbox"/> Attached <input type="checkbox"/> Mailed/faxed/emailed to OTCO | |
| | | <input type="checkbox"/> Attached <input type="checkbox"/> Mailed/faxed/emailed to OTCO | |
| | | <input type="checkbox"/> Attached <input type="checkbox"/> Mailed/faxed/emailed to OTCO | |
| | | <input type="checkbox"/> Attached <input type="checkbox"/> Mailed/faxed/emailed to OTCO | |
| | | <input type="checkbox"/> Attached <input type="checkbox"/> Mailed/faxed/emailed to OTCO | |
| *Please attach full ingredient information to the OSP or send it to Oregon Tilth. The full ingredient information must be reviewed and approved by OTCO prior to use. Please note that a written/typed list of ingredients from a label is not acceptable | | | |
| 12) What is the average culling rate for your herd / flock per year? | | | |
| 13) What are the reasons animals are culled from your herd / flock? | | | |
| 14) What is the average death rate for your herd / flock per year? | | | |
| 15) By what method are carcasses disposed? | | | |
| <input type="checkbox"/> Burial | <input type="checkbox"/> Incineration | | |
| <input type="checkbox"/> Composting | <input type="checkbox"/> Removed from farm through professional services | | |
| <input type="checkbox"/> Other: | | | |



SECTION 6: Livestock Living Conditions

§205.239(a) The producer of an organic livestock operation must establish and maintain year-round livestock living conditions which accommodate the health and natural behavior of animals, including:

(1) Year-round access for all animals to the outdoors, shade, shelter, exercise areas, fresh air, clean water for drinking, and direct sunlight, suitable to the species, its stage of life, the climate, and the environment: Except, That, animals may be temporarily denied access to the outdoors in accordance with §§ 205.239(b) and (c). Yards, feeding pads, and feedlots may be used to provide ruminants with access to the outdoors during the non-grazing season and supplemental feeding during the grazing season. Yards, feeding pads, and feedlots shall be large enough to allow all ruminant livestock occupying the yard, feeding pad, or feedlot to feed simultaneously without crowding and without competition for food. Continuous total confinement of ruminants in yards, feeding pads, and feedlots is prohibited.

(2) For all ruminants, management on pasture and daily grazing throughout the grazing season(s) to meet the requirements of § 205.237, except as provided for in paragraphs (b), (c), and (d) of this section.

(3) Appropriate clean, dry bedding. When roughages are used as bedding, they shall have been organically produced in accordance with this part by an operation certified under this part, except as provided in § 205.236(a)(2)(i), and, if applicable, organically handled by operations certified to the NOP.

(4) Shelter designed to allow for:

- (i) Natural maintenance, comfort behaviors, and opportunity to exercise;
- (ii) Temperature level, ventilation, and air circulation suitable to the species; and
- (iii) Reduction of potential for livestock injury;

(5) The use of yards, feeding pads, feedlots and laneways that shall be well-drained, kept in good condition (including frequent removal of wastes), and managed to prevent runoff of wastes and contaminated waters to adjoining or nearby surface water and across property boundaries.

| |
|--|
| 1) Please select the reasons* that animals are temporarily confined: |
| <input type="checkbox"/> Inclement weather |
| <input type="checkbox"/> Animal's stage of life (*note: lactation is not a stage of life that warrants confinement) |
| <input type="checkbox"/> Conditions under which the health, safety or wellbeing of the animal could be jeopardized |
| <input type="checkbox"/> Risk to soil or water quality |
| <input type="checkbox"/> Preventive healthcare procedures or for the treatment of illness or injury |
| <input type="checkbox"/> Sorting or shipping animals and livestock sales |
| <input type="checkbox"/> Breeding |
| <input type="checkbox"/> Youth projects or competitions (fairs, shows, etc) |
| <input type="checkbox"/> Dry off/end of lactation |
| <input type="checkbox"/> Parturition |
| <input type="checkbox"/> Shearing |
| <input type="checkbox"/> Finishing |
| <input type="checkbox"/> Other (please specify): |
| 2) Please elaborate on the conditions or situations of any of the confinement periods selected above: (i.e. weather conditions, why a animal's health or safety may be at risk, etc) |
| !! *Please note that Oregon Tilth must approve all temporary confinement allowances |
| <i>**Please note that temporary confinement situations must be documented and often have a specific time limit or restrictions that must be observed.</i> |



| Livestock Living Conditions (continued) | | | | |
|---|--|--|--------------------------|---|
| 4) Are outdoor access areas managed to provide forage and/or plant life? <input type="checkbox"/> Yes* <input type="checkbox"/> No** | | | | |
| *If yes, please be sure these areas are identified in your Class O-Crop OSP. | | | | |
| **If no, what is available as ground cover? | | | | |
| **If no, how are outdoor conditions maintained to reduce pest or disease issues? | | | | |
| **If no, (for Poultry/Fowl only) please provide the following information and then it is not necessary to complete a Class O-Crop OSP. | | | | |
| Outdoor Access Area Size: | Briefly Describe the outdoor access area: | Land History & map for this area is: <input type="checkbox"/> Attached <input type="checkbox"/> Mailed/emailed/faxed to OTCO | | |
| 5) Please complete the following table for each indoor housing/confinement area utilized. Please be sure that the housing/confinement area for each production group is listed. | | | | |
| Housing/Confinement Area ID | Size of housing/confinement area (include size unit) | Production Group/s housed here: | Number of animals housed | Purpose: (feeding, winter housing, nesting, temp. confinement, etc) |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 6) Please choose all of the following that apply to the living conditions provided for all production groups: | | | | |
| <input type="checkbox"/> Animals have room to perform natural maintenance (grooming, removing, or dealing with pests, etc.) | | | | |
| <input type="checkbox"/> Animals have adequate room to perform comfort behaviors (laying down & chewing cud, roosting, scratching, rooting, bathing, etc.) | | | | |
| <input type="checkbox"/> Animals have adequate room to fully stretch limbs | | | | |
| <input type="checkbox"/> Animals have adequate room to stand up completely | | | | |
| <input type="checkbox"/> Animals have adequate room to move about freely | | | | |
| <input type="checkbox"/> Animals have adequate room to lay down completely | | | | |
| <input type="checkbox"/> Animals have enough space so that when eating or being fed they do not compete | | | | |
| <input type="checkbox"/> Animals have the opportunity to exercise | | | | |
| <input type="checkbox"/> Controlled temperature level. | | | | |
| How are temperature levels controlled? | | | | |
| What system is used to control temperatures? | | | | |
| <input type="checkbox"/> Adequate ventilation. | | | | |
| How is the ventilation controlled? | | | | |
| What system is used to control ventilation? | | | | |
| <input type="checkbox"/> Adequate air circulation suitable to the species | | | | |
| How is air circulation controlled? | | | | |
| What system is used to control air circulation? | | | | |
| <input type="checkbox"/> Safe environment that reduces the potential for livestock injury | | | | |
| <input type="checkbox"/> Pen or shelter with roof and some walls | | | | |
| <input type="checkbox"/> Open-air pen | | | | |
| <input type="checkbox"/> Mobile housing | | | | |
| <input type="checkbox"/> Other | | | | |



| Living Conditions (continued) | | | |
|---|---------------------------|---|--|
| 7) What type of bedding/litter is provided In confinement areas? | | | |
| Bedding/litter type: | Source of bedding/litter: | Amount used per year: | Certified Organic: |
| | | | <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 |
| <i>! Please note that if roughage is used as bedding, it must be organic.</i> | | | |
| 8) Typically, how often is the bedding/litter changed or replaced? | | | |
| 9) How is the bedding disposed of after removal from the confinement area? | | | |
| 10) (<i>Poultry & Fowl Only</i>) What nesting material is provided and how often is that material changed, replaced, or replenished? | | | |
| 11) If artificial lighting is used in temporary confinement please list how many hours per day per season lighting is provided: | | | |
| 11a) If artificial lighting is used in temporary confinement are lights dimmed before being turned off to mimic natural light? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 12) What methods are used for pest management control? | | | |
| <input type="checkbox"/> Mechanical traps | | | |
| <input type="checkbox"/> Predators | | | |
| <input type="checkbox"/> Cleanliness | | | |
| <input type="checkbox"/> Materials* (please list below or attach labels/ingredient information) | | | |
| <input type="checkbox"/> Other | | | |
| *Brand | Manufacturer | Ingredient information*: | |
| | | <input type="checkbox"/> Attached | |
| | | <input type="checkbox"/> Mailed/faxed/emailed to OTCO | |
| | | <input type="checkbox"/> Attached | |
| | | <input type="checkbox"/> Mailed/faxed/emailed to OTCO | |
| | | <input type="checkbox"/> Attached | |
| | | <input type="checkbox"/> Mailed/faxed/emailed to OTCO | |
| | | <input type="checkbox"/> Attached | |
| | | <input type="checkbox"/> Mailed/faxed/emailed to OTCO | |
| | | <input type="checkbox"/> Attached | |
| | | <input type="checkbox"/> Mailed/faxed/emailed to OTCO | |
| *Please attach full ingredient information for each product to the OSP or send it to Oregon Tilth. The full ingredient information must be reviewed and approved by OTCO prior to use. Please note that a written/typed list of ingredients from a label is not acceptable | | | |



| Living Conditions (continued) | | |
|---|----------|--|
| 13) What methods are used for predator control? | | |
| <input type="checkbox"/> Fencing | | |
| <input type="checkbox"/> Netting | | |
| <input type="checkbox"/> Guard animals | | |
| <input type="checkbox"/> Hazing tactics | | |
| <input type="checkbox"/> Other: | | |
| Manure Management | | |
| 14) Is manure management monitored by County, State, Federal Agency, or other organization? | | |
| <input type="checkbox"/> Yes* <input type="checkbox"/> No | | |
| *If yes: What agency or organization? | | |
| *If yes: What program or license requires it? | | |
| *If yes, Are you audited/inspected for that plan? | | |
| 15) Estimate quantity of manure generated & managed per year from the entire operation: | | |
| Type | Quantity | Quantity Units |
| Solid | | |
| Liquid or slurry | | |
| Other | | |
| 16) What type of containment system is used for the solid manure and what is the holding capacity? | | |
| 17) What type of containment system is used for liquid manure or slurry and what is the holding capacity? | | |
| 18) Is the manure used in a compost production system? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, does that production system incorporate the NOP compost standards or NOSB Compost Task Force Recommendations? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19) If manure is used on farm, how many acres are available for it to be spread on? | | |
| 20) Please check all of the following that are used within your manure management system to prevent contamination of crops, water, and/or soil from excessive nutrients, heavy metals, or pathogenic organisms and that demonstrate recycling of nutrients? | | |
| <input type="checkbox"/> Regular soil tests of application areas | | |
| <input type="checkbox"/> Rotation of acreage in which manure is spread (if applicable, please briefly describe the rotation): | | |
| <input type="checkbox"/> Barriers to prevent run off of stored manures | | |
| <input type="checkbox"/> Dilution of liquids during application | | |
| <input type="checkbox"/> Manures are used in a composting or vermicomposting system | | |
| <input type="checkbox"/> Other: | | |



| Pasture (continued) | | | | |
|---|--|-----------------------|--|---|
| 3) What are the months of your typical forage-growing season? | | | | |
| 4) What dates* are you typically able to graze? (example: May 1 – Oct 15. Please note these dates are an estimate and do not have to be consecutive) | | | | |
| 5) How many days per year are you able to graze? (days do not have to be consecutive) | | | | |
| 6) Please describe your grazing methods or program: | | | | |
| 7) What method is used to calculate dry matter demand (DMD) for each production group: | | | | |
| Production Group: | | DMD Calculation Used: | | DMD: |
| Production Group: | | DMD Calculation Used: | | DMD: |
| Production Group: | | DMD Calculation Used: | | DMD: |
| Production Group: | | DMD Calculation Used: | | DMD: |
| Production Group: | | DMD Calculation Used: | | DMD: |
| 8) What method is used to calculate dry matter intake (DMI) for each production group | | | | |
| Production Group: | | DMI Calculation Used: | | |
| Production Group: | | DMI Calculation Used: | | |
| Production Group: | | DMI Calculation Used: | | |
| Production Group: | | DMI Calculation Used: | | |
| Production Group: | | DMI Calculation Used: | | |
| <i>! Please note that any changes in your pasture plan must be submitted in writing and reviewed by Oregon Tilth prior to implementation.</i> | | | | |
| 9) How is the quality of pasture monitored? | | | | |
| 10) Is silage/haylage/baylage production part of the grazing plan | | | | <input type="checkbox"/> Yes* <input type="checkbox"/> No |
| *If yes, please describe how production is managed to ensure pasture access requirements are met: | | | | |



Section 8: Production

| PRODUCTION: | | | | |
|--|---------------------------------------|--|---------------------------|--|
| Milk: | | | | <input type="checkbox"/> Milk Not Produced |
| 1) Please describe your milking equipment and holding system: | | | | |
| 2) If milk is being produced please list the materials that are being used for cleanliness and control in the milk parlor: | | | | |
| Brand Name | Manufacturer | Purpose for use | How used in parlor | Ingredient Information*: |
| | | | | <input type="checkbox"/> Attached <input type="checkbox"/> Mailed/faxed/emailed to OTCO |
| | | | | <input type="checkbox"/> Attached <input type="checkbox"/> Mailed/faxed/emailed to OTCO |
| | | | | <input type="checkbox"/> Attached <input type="checkbox"/> Mailed/faxed/emailed to OTCO |
| | | | | <input type="checkbox"/> Attached <input type="checkbox"/> Mailed/faxed/emailed to OTCO |
| | | | | <input type="checkbox"/> Attached <input type="checkbox"/> Mailed/faxed/emailed to OTCO |
| | | | | <input type="checkbox"/> Attached <input type="checkbox"/> Mailed/faxed/emailed to OTCO |
| *Please attach full ingredient information for each product to the OSP or send it to Oregon Tilth. The full ingredient information must be reviewed and approved by OTCO prior to use. Please note that a written/typed list of ingredients from a label is not acceptable. | | | | |
| 3) How is contamination or commingling of sanitizers with milk prevented? | | | | |
| 4) How is wastewater from the milking facility handled? | | | | |
| 5) If milk is being produced, please list the following: | | | | |
| Agencies that conduct inspections | Frequency of those inspections | Rating or evaluation from last inspection | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 6) If milk is being pasteurized and bottled on farm, from only on-farm animals, please describe the equipment used, storage, and other post-milking activities: | | | | |
| 7) Is milk being further processed on farm for off-farm sales or is off-farm milk being processed? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| *If yes, please complete a Handling Organic System Plan and include it with this application. | | | | |
| 8) Please list how often milk is picked up and where milk tickets/receipts are stored: | | | | |



| | |
|---|--|
| Production (continued) | |
| Livestock for Slaughter | <input type="checkbox"/> Slaughter not requested |
| Reminder: §205.236(b) the following are prohibited... | |
| (2) Breeder or dairy stock that has not been under continuous organic management since the last third of gestation may not be sold, labeled, or represented as organic slaughter stock. | |
| (c) The producer of an organic livestock operation must maintain records sufficient to preserve the identity of all organically managed animals and edible and non-edible animal products produced on the operation. | |
| 1) If animals are being raised for meat, are they slaughtered and processed on farm? | <input type="checkbox"/> Yes** <input type="checkbox"/> No |
| <i>*Please remember that only animals born from dams that were managed organically during the last third of gestation and were then managed organically from birth are eligible to be sold for organic slaughter.</i> | |
| <i>*Poultry only: Please remember that only animals under organic management from the second day of life are eligible for organic slaughter.</i> | |
| **If yes, but only whole cuts or quarters/carcasses are being processed, please describe all slaughter activities, including materials used, storage, packaging, and provide a copy of your label: | |
| **If yes, and whole cuts and further processed products are being produced, please complete a Handling Organic System Plan and include it with this application. | |

| | |
|--|---|
| 2) What method of loading and transportation is used to move animals to slaughter? | |
| 3) What time of day are birds moved or transported? (for poultry & fowl only) | |
| 4) How far are animals transported to slaughter? | |
| 5) How long does the transport typically take? _____ | Hours |
| 6) If over 12 hours in transportation are the animals rested and fed? | <input type="checkbox"/> Yes* <input type="checkbox"/> No** |
| *If yes, then please provide the following: | |
| Where are they rested? | |
| How is organic feed provided? | |
| Is grazing available? (ruminants only) | |
| How is clean water provided? | |
| **If no, please describe the reasons why feed and rest are not provided: | |
| 7) Do you retain ownership through slaughter and receive the retail cuts and/or by-products to market? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please provide the certificate of the slaughter facility _____ | <input type="checkbox"/> Attached |
| If yes, please provide the label that is used on the retail cuts/by-products _____ | <input type="checkbox"/> Attached |
| If yes, please describe how cuts are handled post slaughter: | |
| If yes, please describe how sales are recorded: | |
| For Ruminant slaughter stock: | |
| 8) Are ruminants finished in a yard, pad, or feedlot? | <input type="checkbox"/> Yes <input type="checkbox"/> No* |
| *If No, please skip the following questions and move to the next section | |
| 9) Can all animals eat simultaneously without competing? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10) Are animals given access to pasture during the grazing season when in a finishing program? | <input type="checkbox"/> Yes <input type="checkbox"/> No |



| Production (continued) | | |
|---|--------------|--|
| EGGS | | <input type="checkbox"/> Eggs Not Produced |
| 11) How are eggs collected? | | |
| 12) How often are eggs collected? | | |
| 13) Are eggs washed after collection? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please describe washing/handling process: | | |
| If yes, and cleaning or sanitizing materials are being used please provide: | | |
| Brand Name | Manufacturer | Ingredient Information*: |
| | | <input type="checkbox"/> Attached <input type="checkbox"/> Mailed/faxed/emailed to OTCO |
| | | <input type="checkbox"/> Attached <input type="checkbox"/> Mailed/faxed/emailed to OTCO |
| | | <input type="checkbox"/> Attached <input type="checkbox"/> Mailed/faxed/emailed to OTCO |
| | | <input type="checkbox"/> Attached <input type="checkbox"/> Mailed/faxed/emailed to OTCO |
| Please attach full ingredient information for each product to the OSP or send it to Oregon Tilth. The full ingredient information must be reviewed and approved by OTCO prior to use. Please note that a written/typed list of ingredients from a label is not acceptable. | | |
| 14) How are eggs packaged? | | |
| 15) Where are eggs stored on farm? | | |
| 16) Are any eggs stored off-site? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| * If yes, please complete an Independent Storage Information Sheet (ISIS form) available at www.tilth.org or from the Oregon Tilth office (503-378-0690). | | |
| 17) If eggs are sold as retail or direct, please provide Oregon Tilth with a copy of the label to be used prior to use. | | |

| Production (continued) | | |
|--|--|--|
| 18) If non-meat, non-egg, or non-fiber products are sold or further processed as organic, please describe the post-harvest handling. | | |
| 19) If fiber byproducts are further processed (fiber, leather, feathers, etc) and represented as organic, please complete a Fiber (Class OFT) Organic System Plan and submit it with this application or provide the certificate of the tanner/manufacturer. | | |
| Labels | | <input type="checkbox"/> N/A – No labels used |
| 20) Please submit all labels to OTCO for review and approval prior to use. | | <input type="checkbox"/> Labels Attached <input type="checkbox"/> Labels Mailed/faxed/emailed to OTCO |
| 21) Do you use or plan to use the USDA organic seal on product labels or market information? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 22) Do you use or plan to use the Oregon Tilth seal on product labels or marketing information? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Other Information: |
|--|
| If there are aspects or production practices of your operation that have not been adequately addressed in the Sections of this Organic System Plan, please describe them below: |
| |



SECTION 9 §205.103: Recordkeeping

§ 205.103 Recordkeeping by certified operations.

- (a) A certified operation must maintain records concerning the production, harvesting, and handling of agricultural products that are or that are intended to be sold, labeled, or represented as “100 percent organic,” “organic,” or “made with organic (specified ingredients or food group(s)).” (b) Such records must:
- (1) Be adapted to the particular business that the certified operation is conducting;
 - (2) Fully disclose all activities and transactions of the certified operation in sufficient detail as to be readily understood and audited;
 - (3) Be maintained for not less than 5 years beyond their creation; and
 - (4) Be sufficient to demonstrate compliance with the Act and the regulations in this part.
- (c) The certified operation must make such records available for inspection and copying during normal business hours by authorized representatives of the Secretary, the applicable State program’s governing State official, and the certifying agent.

| 1) Please mark all the records that are currently maintained: | |
|---|---|
| <input type="checkbox"/> | Documentation of purchased animals-organic status, age at purchase, management history and identification.* |
| <input type="checkbox"/> | Health treatments: Identification of animal or group treated, date of treatment, treatment given.* |
| <input type="checkbox"/> | Purchased feed and supplements: Receipts, organic certificates, content information, bill of lading, etc.* |
| <input type="checkbox"/> | Harvested/on-farm feed production or inventory |
| <input type="checkbox"/> | Sales.* |
| <input type="checkbox"/> | Temporary Confinement |
| <input type="checkbox"/> | Animal Identification.* |
| <input type="checkbox"/> | DMD, DMI, and rations |
| <input type="checkbox"/> | Production: Quantities, dates, etc. * |
| <input type="checkbox"/> | Material ingredient information. * |
| <input type="checkbox"/> | Veterinarian services: Dates, treatments or services rendered, animals treated, supplies invoiced, etc. * |
| <input type="checkbox"/> | Complaint management.* |
| <input type="checkbox"/> | Ration: Amounts purchased, stored, fed, contents, etc.* |
| <input type="checkbox"/> | Grazing |
| <input type="checkbox"/> | Breeding records. |
| <input type="checkbox"/> | Birthing/hatching records. |
| <input type="checkbox"/> | Feed storage. |
| <input type="checkbox"/> | Feed inventory. |
| <input type="checkbox"/> | Culling and/or death loss. |
| <input type="checkbox"/> | Shipping/Transportation. |
| <input type="checkbox"/> | Other (please specify): |
| *This type of record keeping is required to demonstrate compliance. If you don't have this in place currently, please develop a system to capture this information and present it to the inspector. | |

| Other Information: |
|--|
| If there are aspects or production practices of your operation that have not been adequately addressed in the Sections of this Organic System Plan, please describe them below: |
| |



SECTION 10: Oregon Tilth Programs

| MEMBERSHIP |
|---|
| <p>The Oregon Tilth Certified Organic Program is not a membership-based program – it provides certification services to both members and non-members of Oregon Tilth. A certified operator may choose to be a member of Oregon Tilth for no additional charge, but membership is not required for certification. The benefits of Oregon Tilth membership include the following:</p> <ul style="list-style-type: none">• A subscription to the In Good Tilth (IGT) magazine• Free classified ads in the newsletter• Discounts to Oregon Tilth events |
| <p>Please choose one of the options below indicating your interest in Oregon Tilth membership:</p> <p><input type="checkbox"/> I wish to be a member of Oregon Tilth, Inc.</p> <p><input type="checkbox"/> I do not wish to be a member of Oregon Tilth, Inc.</p> |
| In Good Tilth (IGT) Magazine |
| <p>I would like to receive my free In Good Tilth subscription:</p> <p><input type="checkbox"/> Electronically-through my email</p> <p><input type="checkbox"/> Mail</p> <p><input type="checkbox"/> I do not wish to have a subscription at this time</p> |
| OREGON TILTH DIRECTORY |
| <p>The Oregon Tilth Producer Search is a complete listing of OTCO producers, processors, handlers, restaurants, and retailers posted on our website. Your certificate information will appear in Oregon Tilth's producer search, and that listing will match your certificate, as this is public information. The following information will appear in your listing: business name, address, website (if applicable), certified acreage, and marketable products. Brand names, varieties or proprietary information will not be listed.</p> |
| CERTIFICATION SERVICES |
| <p>Oregon Tilth Certified Organic is committed to providing quality certification service. Visit our website at www.tilth.org for program updates. Please comment below on the areas where OTCO is succeeding in providing quality service as well as points you feel may still need improvement. Comments may also be submitted via email to organic@tilth.org.</p> |

| ORGANIC SYSTEM PLAN COMPLETE? |
|--|
| <p>Please remember to submit the following to Oregon Tilth:</p> <p><input type="checkbox"/> Completed Organic System Plan(s)</p> <p><input type="checkbox"/> Signed Affirmation Page (last page of this form)</p> <p><input type="checkbox"/> Completed Contract & Trade Use Agreement (new applicants only)</p> <p><input type="checkbox"/> Certification and Inspection Deposit</p> <p><input type="checkbox"/> Attachments (maps, materials ingredient information, ISIS form, etc)</p> |



SECTION 11: Affirmations

The undersigned agrees to the following:

- ✓ I/We affirm that all certification applications are an accurate account and full representation of all materials and methods used in the production or handling of certified organic products included in this or supplemental applications.
- ✓ I/We shall maintain copies of all applications as legal records.
- ✓ I/We understand and accept that any willful misrepresentation on any of the forms submitted to Oregon Tilth will require revocation of the relevant organic certification initiated by this application. Under these circumstances, I/we agree to return the original certificate to Oregon Tilth on request.
- ✓ I/We further understand and accept that any willful misrepresentation may give cause to Oregon Tilth to seek damages for any loss they may sustain as a result of any willful misrepresentations made.
- ✓ I/We agree to maintain records as required by Oregon Tilth.
- ✓ I/We have read the OTCO Program Manuals, and agree to report any significant changes pertaining to the information herein and to continue to manage any crop that is designated organic in accordance with the standards and procedures.
- ✓ I/We consent to Oregon Tilth’s decision to subcontract work related to certification (e.g. testing or inspection) to an external body or person and hereby understand Oregon Tilth shall take full responsibility for such subcontracted work, including confidentiality, and maintain its responsibility for granting, maintaining, suspending or revoking certification.
- ✓ I/We agree that all forms submitted in the future in connection with certification by Oregon Tilth shall be submitted subject to these same affirmations, and I/we hereby so affirm.
- ✓ I/We affirm that the undersigned is a duly appointed agent of the applicant and as such is empowered to make appropriate decisions relevant to this application and to act as the contact person for the organization, unless otherwise specified.
- ✓ I/We are 18 years old or older.

Upon signing this application, the operator / owner agrees that Oregon Tilth will have access to all facilities and records that provide information about the operation, and constitute compliance with organic standards. This application must be signed in order for OTCO to proceed with the certification process.

Signature(s)

Date

Name(s)

Date

Signature(s)

Date

Name(s)

Date

