

BC Certified Organic Program

Kootenay Organic Growers Society

Organic Poultry Farm Plan and Inspection Report

→Confidential when completed←

This form is to be used for **initial applications** for organic certification of poultry farms. Poultry farms that grow any of their own feed, or any farm crops, other than pasture, must also complete an Organic Crop Initial Farm Plan. Use the accompanying guide to help complete this form. This form should be completed on computer, or with an ink pen. Unless otherwise marked, columns on the right are reserved for the Verification Officer - do write in these boxes. Check all boxes that apply to what you have done in last 12 months or plan to do in the next 12 months. Answer all questions, including N/A (not applicable) Items marked with an * indicate a regulated product or practice - consult your standard for annotations. If you run out of room, use the space at the bottom of the form.

Section A General Information

| | | |
|--|---|---------------------|
| 1. Applicant Name: | 2. Farm Name: | 3. Date yyyy/mm/dd: |
| 4. Mailing Address | 5. Physical location (Give directions for the Verification officer) | |
| 6. Tel: | 7. Fax | Office use: File # |
| 8. Email address: | | Date received: |
| 9. Managers name and telephone number(if different from above): | | Date reviewed: |
| | | Reviewed by: |
| 10. Have you ever been denied certification? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, by what certification Body? | VO only: Name of Verification Officer: Date of inspection: | |
| 11. How long have you owned or managed this farm? | Time arrived: Time departed: | |
| 12. Do you own and understand the current version of the BC Certified Organic Management Standards? Yes <input type="checkbox"/> No <input type="checkbox"/> | VO only: | |
| 13. Do you think that any of your products will be sold in or form part of a production chain that will ultimately be sold in? US <input type="checkbox"/> Quebec <input type="checkbox"/> UK <input type="checkbox"/> Other: | | |
| 14. How many years have you raised poultry? | 15. How many years have you raised poultry organically? | |
| 16. Are parts of your operation non-organic (not in the certification program) Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, for your own consumption i.e. a few vegetables or pigs? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify type and amount: | | |

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| <ul style="list-style-type: none"> Diagrams and dimensions all barns, and pasture or run areas on property Interior layout of barns including dimensions. Map of directions to farm from nearest community | |
| Map is attached <input type="checkbox"/> Map has been sent by: Post <input type="checkbox"/> Email <input type="checkbox"/> Courier <input type="checkbox"/> | |

Section B Basic Land Base Information

| 23. I am also submitting an Organic Crop Farm Plan Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, skip section B | | | | | |
|--|---------|----------|------------------------------------|-----------------------------------|------------------------------------|
| 24. Describe your the total land base owned/managed (organic, wild, non-organic), specify if acres or ha: | | | | | VO only: |
| Number of acres/ha farmed (including pasture, etc.) | | | | | |
| Farmed acres/ha for certification | | | | | |
| Wild areas that will be managed organically | | | | | |
| Wild areas not in the certification program | | | | | |
| Residential areas | | | | | |
| Farmed areas not in the certification program | | | | | |
| Total Number of acres/ha owned and/or managed | | | | | |
| 25. Field Identification Table - Complete the following table to identify all your fields: | | | | | |
| Site name | Field # | Acres/ha | Location and lot # (legal address) | How long owned or managed by you? | Applying for Certification? Y or N |
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| <p>30. Describe the adjoining land use for all areas bordering your property:</p> | |
| <p>31. Do you have any concerns regarding neighbouring land use that could affect the health or organic certification or your poultry? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, specify your concerns:</p> | |
| <p>32. What additional safeguards do you use to prevent accidental contamination? None <input type="checkbox"/> Written notification to: Highways departments <input type="checkbox"/> Electric utilities <input type="checkbox"/> Railways <input type="checkbox"/> Adjoining landowners <input type="checkbox"/> Regional districts <input type="checkbox"/> Municipalities <input type="checkbox"/> Gas line companies <input type="checkbox"/> No spray signs <input type="checkbox"/> Neighbours <input type="checkbox"/> Other:</p> | |
| <p>33. Have you imported soil? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when and from where:</p> | |
| <p>34. Have you applied sewage or septage (including composted sewage - bio-solids) to fields? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, indicate which fields and what dates:</p> | |
| <p>35. Does the construction of your production buildings contain treated wood? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how is this material isolated from contact with production? When was the treated wood installed?</p> | |
| <p>36. Type (if any) of fence posts: cedar <input type="checkbox"/> Other untreated soft or hardwood <input type="checkbox"/> steel <input type="checkbox"/> CCA treated <input type="checkbox"/> last installation date: CCA treated stockpile (numbers): Is stockpile kept covered? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | |

Section C Organic Poultry Management Plan - COABC Section 9

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| <p>37. Production Cycle - Describe your poultry management system through one full production cycle (hatching to slaughter or sale) for every species of bird you plan to sell as certified organic.</p> | |
| <p>38. Where do you plan to get your birds? Hatched on-farm <input type="checkbox"/></p> <p>Hatchery <input type="checkbox"/> Specify:</p> <p>Pullet farm <input type="checkbox"/> Specify:</p> <p>What is the age of purchased pullets?</p> | |
| <p>39. If you hatch your own chicks, does your rearing arrangement comply with BC Organic Management standards 9.3 for brooding chicks? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> | |
| <p>40. What vaccinations are used? None <input type="checkbox"/></p> | |
| <p>41. Normal age at slaughter for meat poultry:</p> <p>Normal age at laying for laying flocks:</p> | |
| <p>42. How long are laying flocks normally kept after laying starts? N/A <input type="checkbox"/></p> | |

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|--|---------------------------|-----------------|
| | | |
| <p>46. Planned number of flock placements per year. Include numbers of birds per flock.</p> <p>flocks/year:</p> <p>birds/year:</p> | | |
| <p>47. Planned time for resting housing between placements in one housing area:</p> | | |
| <p>48. What type of lighting in animal housing? Natural light <input type="checkbox"/> Electric lights <input type="checkbox"/></p> <p>Is day length regulated using artificial light? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, what is that maximum light period you will use?</p> | | |
| <p>49. What type of bedding do you plan to use? Straw <input type="checkbox"/> Shavings <input type="checkbox"/> Sawdust <input type="checkbox"/></p> <p>Hog fuel <input type="checkbox"/> Newspaper <input type="checkbox"/></p> <p>Other:</p> | | |
| <p>50. How do ensure the bedding you use is not contaminated with prohibited materials?</p> | | |
| <p>51. How often are housing units' cleaned/scraped? Monthly <input type="checkbox"/> Before every new flock <input type="checkbox"/></p> <p>Other:</p> | | |
| <p>52. Do you use a cleaner/sanitiser? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, specify: Water, power-washer <input type="checkbox"/> Chlorine bleach* <input type="checkbox"/> Hydrated lime* <input type="checkbox"/></p> <p>Agricultural lime <input type="checkbox"/> Hydrogen peroxide <input type="checkbox"/> Soap* <input type="checkbox"/> Iodine <input type="checkbox"/> Copper sulphate <input type="checkbox"/> Lye <input type="checkbox"/></p> <p>Other:</p> | | |
| <p>53. Does your farm comply with all requirements of COABC Management Standards Section 9.3 - Housing and Living Conditions? Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/></p> <p>If no, or unsure, describe what areas are not in compliance and how you plan to remedy the situation:</p> | | |
| <p>OUTDOOR ACCESS - COABC Section 9.3</p> | | |
| <p>54. Does each poultry flock have an outdoor run area? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Include these areas, showing adjoining land use, on your map, and complete a Run Rotation Plan (#60) for each area.</p> | | |
| <p>55. How many birds per year do you have per acre (or square feet) of runs? Complete the following table for each type of bird.</p> | | |
| Type of bird | Acreage or sq. ft of runs | Number of birds |

| | | | |
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| Meat chickens (broilers) | | | |
| Laying hens | | | |
| Turkeys | | | |
| Ducks | | | |
| Geese | | | |
| Other: | | | |
| Other: | | | |
| <p>56. At what age are poultry allowed access to the outdoors?</p> <p>Layers:</p> <p>Meat birds:</p> | | | |
| <p>57. How long are poultry indoors (hours per day)?</p> <p>Spring:</p> <p>Summer:</p> <p>Autumn:</p> <p>Winter:</p> | | | |
| <p>58. Is edible pasture provided in the outdoor run areas? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, describe:</p> | | | |
| <p>59. Is there overhead cover (trees, shrubs) in run areas? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, describe:</p> | | | |

60. Describe your run rotation plan as far ahead as possible - including flock use, cover or fodder crops, and fallow periods (estimate time involved in each rotation):

| Run ID # | Rotation Plan |
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FEED 9.1 & 9.2 - COABC 9.1 & 9.2

61. Complete feed ration table:

| Type of poultry | Feed | Average amounts animal/year | Source | Certified organic Y or N |
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62. What is your plan to deal with emergency shortages of feed? No plan

Other:

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| <p> </p> |
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| <p>63. Do you process feed (grind, mix) on farm? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, is the equipment also used to process non-organic feed? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, how do ensure there is no contamination of organic feed from non-organic feed?</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|------|-----------------|----------|----------------|--------------|------|-----------------|----------|----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <p>64. List any feed supplements including vitamins & minerals & amino acids you plan to use: No supplements <input type="checkbox"/></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>65. Does the supplement contain corn, cotton, canola, soybean products, or amino acids? Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/></p> <p>If yes, does label, or manufacturer clearly state that the product is free from GMO's, or that it is, certified organic? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>66. Describe your feed storage locations</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Storage ID #</th> <th style="width:20%;">Feed</th> <th style="width:25%;">Type of storage</th> <th style="width:15%;">Capacity</th> <th style="width:25%;">Status of feed</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> | | | | | Storage ID # | Feed | Type of storage | Capacity | Status of feed | | | | | | | | | | | | | | | | | | | | | | | | | |
| Storage ID # | Feed | Type of storage | Capacity | Status of feed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>67. How do you control rodents in feed storage areas? Good sanitation <input type="checkbox"/> Cats <input type="checkbox"/> Dogs <input type="checkbox"/></p> <p>Metal storage containers <input type="checkbox"/> Rat-proofing buildings <input type="checkbox"/> Traps <input type="checkbox"/> Vitamin D-3* <input type="checkbox"/></p> <p>Not a problem <input type="checkbox"/></p> <p>Other:</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>WATER - COABC sections 9.1, 9.3</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>68. Sources of poultry drinking water: Drilled well <input type="checkbox"/> Shallow well <input type="checkbox"/> Pond/lake <input type="checkbox"/></p> <p>River/creek/spring <input type="checkbox"/> Ditch <input type="checkbox"/> Municipal <input type="checkbox"/></p> <p>Other:</p> <p>If your CB requires it, submit a water test</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>69. Do you add anything to poultry drinking water? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, what material?</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>70. Describe any water contamination problems in your area: No problems <input type="checkbox"/></p> <p>Other:</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>71. If poultry have access to a river, creek, or pond, how do you prevent bank erosion and water contamination? No access <input type="checkbox"/></p> <p>Other:</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Section D Health Management - COABC sections 9.6, 9.7

| 72. DISEASE AND PEST CONTROL PROGRAM - Indicate your plan to prevent or treat these common poultry pests and diseases | | |
|--|---|----------|
| Disease/pest | Planned prevention and/or treatment strategy for organic production | VO only: |
| Diarrhoea diseases (Coccidiosis, Salmonellosis) | | |
| External parasites (Northern Fowl Mite, Darklin Beetle) | | |
| Foot problems (Marek) | | |
| Internal parasites (round worms, etc.) | | |
| Poisoning or toxins (noxious weeds, mouldy feed) | | |
| Reproductive disorders (infertility) | | |
| Respiratory diseases (pneumonia) | | |
| Skin or feather problems (parasites) | | |
| Trauma (cuts, puncture wounds) | | |
| Nutrition problems | | |
| Flies | | |
| Predators problems? (hawks, feral cats, racoons/skunks, foxes, dogs, coyotes, other: | | |
| 73. Identify the major components of your Poultry Health Management Plan: Selective breeding <input type="checkbox"/> Raise own replacement stock <input type="checkbox"/> Access to outdoors <input type="checkbox"/> | | |

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| Isolation for purchased/diseased animals <input type="checkbox"/> Culling <input type="checkbox"/> Vaccinations <input type="checkbox"/> Good sanitation <input type="checkbox"/> Dry bedding <input type="checkbox"/> Good ventilation in housing <input type="checkbox"/> Good quality feed <input type="checkbox"/> Pasture rotation <input type="checkbox"/> Nutritional supplements <input type="checkbox"/> Probiotics <input type="checkbox"/> Good water quality <input type="checkbox"/> other: | |
| 74. Surgical practices: Debeaking* Yes <input type="checkbox"/> No <input type="checkbox"/> Detoeing* Yes <input type="checkbox"/> No <input type="checkbox"/> Other: If you use surgical practices provide details of age of chick and methods used: | |

Section E Manure and Waste Management - COABC 3.1, 3.9, 3.10, 9.9.

| | |
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| 75. Do you sell raw manure? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what percentage of total volume do you sell? | |
| 76. Do you compost manure? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, do you sell compost? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what percentage of compost volume do you sell? | |
| 77. On-farm composting: In vessel <input type="checkbox"/> Windrows <input type="checkbox"/> Static pile <input type="checkbox"/> Aerated pile <input type="checkbox"/> Sectioned bins <input type="checkbox"/> I turn my compost <input type="checkbox"/> I don't turn my compost <input type="checkbox"/> N/A <input type="checkbox"/> Other: How often do you turn compost? Ageing time: | |
| 78. Do you monitor the temperature of your compost? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> If yes, does it get hot? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 79. How do you dispose of mortalities? Municipal dump <input type="checkbox"/> Bury on property* <input type="checkbox"/> Compost <input type="checkbox"/> Other: Does your plan for disposal of mortalities comply with the Code of Agricultural Practice for Waste Management? Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> | |
| 80. Are your manure storage facilities designed so that rain does not cause runoff, leaching, or other types of pollution? Yes <input type="checkbox"/> No <input type="checkbox"/> Not a problem in my climate <input type="checkbox"/> N/A <input type="checkbox"/> If no, how will you remedy the situation? | |
| 81. How many acres/hectares will you use for manure <input type="checkbox"/> or compost <input type="checkbox"/> application? N/A <input type="checkbox"/> Is this landbase sufficient for manure produced on farm, according to Section 3.9 of the Certified Organic Management Standards? Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> N/A <input type="checkbox"/> | |
| 82. Have you completed an Environmental Farm Plan? Yes <input type="checkbox"/> No <input type="checkbox"/> Please send information <input type="checkbox"/> | |

Section F Egg Handling, Slaughter and Transport - COABC section 9.10, 11.

| EGG HANDLING | |
|--|--|
| 83. Facilities that handle organic eggs must be inspected and certified to verify that organic integrity is maintained. N/A, do not produce eggs <input type="checkbox"/> - skip this section. | |
| 84. Where are your eggs washed? On-farm <input type="checkbox"/> Off-farm <input type="checkbox"/> Eggs are sold unwashed <input type="checkbox"/> | |
| 85. Where are your eggs graded? On-farm <input type="checkbox"/> Off-farm <input type="checkbox"/> Eggs are sold ungraded <input type="checkbox"/> | |
| 86. If eggs are graded off-farm, provide name and address of facility: Is this operation certified organic? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, inform your certifier to tell them if you wish the facility to be inspected for your eggs only, under your certification. | |
| 87. Do you or the facility have an egg grading licence? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | |
| 88. Are eggs sold only at the farmgate? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 89. If eggs are washed and graded on the farm, in an unlicensed facility, describe how this is done, including how and how often equipment is cleaned: Temperature of egg wash water (if water is used): List any cleaners or sanitisers that are used in egg wash water and on equipment: | |
| SLAUGHTER Do not raise meat birds <input type="checkbox"/> skip this section | |
| 90. Do you plan to slaughter on-farm? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, do you plan to sell certified organic carcass (unprocessed) meat? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, contact your local health authority regarding on-farm slaughter regulations. Be prepared to prove to your CB that you comply with on-farm slaughter regulations as well as organic processing standards. | |
| 91. Do you plan to process (cut, prepare, and wrap) and sell your own certified organic meat on-farm? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, contact your local health authority to determine the regulations for on-farm meat processing. Be prepared to prove to your CB that you comply with meat processing regulations and organic processing standards. | |
| 92. Do you plan to ship animals to a slaughter facility? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what facility? Is this facility (check all that apply) Certified organic? <input type="checkbox"/> Federally inspected? <input type="checkbox"/> Provincially inspected? <input type="checkbox"/> Other, specify: Will slaughter house allow organic inspection? Yes <input type="checkbox"/> No <input type="checkbox"/> Haven't asked them <input type="checkbox"/> (slaughter & meat cutting facilities must be inspected for compliance with organic processing standards. Notify your certifier at least 3 months in advance of slaughter in a non-certified organic facility, so inspection may be arranged) | |
| 93. Do you plan to have poultry products processed at an independent facility? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, will you retain ownership of the processed products? Yes <input type="checkbox"/> No <input type="checkbox"/> | |

| | |
|--|--|
| Is this facility certified organic? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| <p>94. Will you be storing organic poultry products? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, where? On-farm <input type="checkbox"/> Off-farm <input type="checkbox"/></p> <p>If storing off-farm, request and complete an Independent Storage Facility Form from your CB.</p> | |
| TRANSPORTATION | |
| <p>95. Are you able to load and transport of birds in a humane manner? Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/></p> <p>Describe any concerns you may have regarding loading and transport:</p> | |
| <p>96. Will you retain ownership of your birds during transport? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>If yes, how will you ensure your birds are transported in a humane and organically secure manner? I will transport them myself <input type="checkbox"/> Transport agreement with carrier <input type="checkbox"/></p> <p>Other:</p> | |
| 97. Duration of transport (loading to unloading): | |
| <p>98. Where are birds kept at slaughter facility or auction mart? N/A <input type="checkbox"/></p> <p>For how many hours?</p> | |
| 99. Have you arranged for organic feed in case organic birds have to be kept longer than 24 hours before slaughter? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | |
| <p>100. How will you transport organic eggs? N/A <input type="checkbox"/> Own vehicle <input type="checkbox"/></p> <p>Co-operative marketing/trucking <input type="checkbox"/> Common carrier <input type="checkbox"/></p> <p>Other:</p> | |
| <p>101. Will you retain ownership of organic eggs during shipping? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>If yes, how will you ensure that your eggs are transported in an organically secure manner? I transport them myself <input type="checkbox"/> Transport agreement with carrier <input type="checkbox"/></p> <p>Carrier is a certified handler <input type="checkbox"/></p> <p>Other:</p> | |
| <p>102. Will you be labelling your product? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>What kind of labels? Printed boxes <input type="checkbox"/> Printed bags <input type="checkbox"/> Bin or bag tags <input type="checkbox"/></p> <p>Box labels <input type="checkbox"/> Stickers on product <input type="checkbox"/> Stickers on containers <input type="checkbox"/></p> <p>Other:</p> <p>Are you aware that labels for transitional or certified organic product must be submitted to your CB for approval before use? Yes <input type="checkbox"/> No <input type="checkbox"/></p> | |

Section H Notes and Affirmations

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

109. Applicant Notes

110. **OPERATOR AFFIRMATION** - I affirm that all statements made in this application are true and correct. No prohibited products have been applied to any of the organically managed pasture or barn areas since _____(date), nor to any birds I plan to sell as organic. I understand that my operation may be subject to unannounced inspection and/or sampling for residues at any time. I understand that records of any non-organic portion are subject to inspection. 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 will result in 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

111. VO notes & summary:

112. 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 Kootenay Organic Growers Society.

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: