

CSI Organic Livestock Poultry System Plan

PLEASE ANSWER EACH QUESTION. IF A SECTION DOES NOT APPLY TO YOUR OPERATION, PLEASE INDICATE “Not Applicable”. DO NOT LEAVE ANY PART OF THE SYSTEM PLAN BLANK.

If your operation includes land used for livestock feed (crops and/or pasture), please ensure that you have completed the CSI Farm Crop System Plan (ORG_FAR_04).

Please attach the following:

- *The completed ORG_FAR_25_General Production System Plan.*
- *A current farm map(s) detailing: all livestock housing, all feed storage locations and capacity, fields, and pasture.*
- *Listing of all animals (using CSI forms or your own records).*
- *Feed and feed supplement information, including daily ration sheets (using CSI forms or your own records).*

Use additional sheets if necessary.

SECTION 1: GENERAL INFORMATION	
Applicant (Legal Name):	Date:
SECTION 2: GENERAL LIVESTOCK INFORMATION	
<p>Type of livestock poultry to be certified organic:</p> <p> <input type="checkbox"/> Poultry – Layers <input type="checkbox"/> Poultry – Broilers <input type="checkbox"/> Poultry – Pullets <input type="checkbox"/> Turkeys <input type="checkbox"/> Geese <input type="checkbox"/> Other _____ </p> <p>Please indicate the categories of livestock you are raising <u>conventionally</u> on your farm: <input type="checkbox"/> Not applicable</p> <p> <input type="checkbox"/> Dairy cows <input type="checkbox"/> Beef cattle <input type="checkbox"/> Pigs <input type="checkbox"/> Sheep <input type="checkbox"/> Goats <input type="checkbox"/> Poultry – Layers <input type="checkbox"/> Poultry – Broilers <input type="checkbox"/> Poultry – Pullets <input type="checkbox"/> Turkeys <input type="checkbox"/> Geese <input type="checkbox"/> Other _____ </p> <p>Please provide a copy of the last flock information reporting form.</p> <p>Documentation verifying the date that organic management was commenced for the animals must be maintained (using CSI forms or your own records)</p> <ul style="list-style-type: none"> • ORG_LIV_07 Health Treatment Record • ORG_LIV_10_Poultry Density Worksheet 	
<p>Livestock products requested for certification and estimates of production per year:</p> <p> <input type="checkbox"/> Eggs _____ <input type="checkbox"/> Turkey/Geese for slaughter _____ <input type="checkbox"/> Spent hens for slaughter _____ <input type="checkbox"/> Laying hens _____ <input type="checkbox"/> Chickens for slaughter _____ <input type="checkbox"/> Other _____ </p>	
<p>Please provide a brief description of your identification system for your birds (describing flock #, lot #, type and location of tags, etc.).</p>	
<p>Are you inspected by other municipal, provincial, or federal agencies or departments? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

If yes, please list which agencies and the frequency of visits:

Is your manure management monitored by municipal or provincial agencies?

Yes No

If yes, please **describe the monitoring program**:

You must demonstrate your commitment to animal welfare. When an animal welfare issue is identified, a corrective action plan must be developed. Documented and demonstrated improvements in animal welfare practices shall be made available upon request.

Please describe any animal welfare issues on your farm.

SECTION 3: LIVESTOCK/POULTRY ORIGIN INFORMATION

Do you raise all slaughter animals on farm?

Yes No Not Applicable

If no, where have you sourced animals from?

Have you submitted ORG_LIV_07 Health Treatment Record?

Yes No Not Applicable

Do you raise your own chicks/replacement egg layers on-farm?

Yes No Not Applicable

If no, where do you source your chicks or pullets?

Please **describe the reproduction techniques** used for the livestock in your operation.

Not Applicable

DAY OLD CHICKS:

Not Applicable

Describe your management plan for raising chicks (heating, space allowed, etc.).

SECTION 4: LIVESTOCK FEED AND FEED SUPPLEMENTS

A. Livestock / Poultry Feed

Please complete the CSI Livestock/Poultry Feed Record (ORG_LIV_05A_Livestock/Poultry Feed and Supplements Record) with information regarding the livestock/poultry feed or provide your own feed records with this application. Include feeds grown on-farm and pasture. *Please use additional sheets if necessary.*

Please **submit labels** (or full ingredient lists if not indicated on label) for each purchased product. This information must also be available to the inspector for any products used after the submission of the system plan. Please note that a guaranteed analysis is not sufficient; **ingredients must be listed.**

Do you process feed (mix, grind, roast, extrude, etc.) on-farm? Yes No

Are you feeding your animals any T3 feed or putting them on T3 pasture that is part of your farm unit? Yes No

If yes, please ensure that this T3 feed or pasture has been clearly identified on your feed record.

B. Feed Supplements and Additives:

No supplements used

List all feed supplements and additives, including silage inoculants, preservatives, vitamins, amino acids, minerals, etc. used on the CSI Livestock Feed and Supplements Record (ORG_LIV_05A) or provide your own records indicating the equivalent information.

C. Feed Storage:

Please complete the CSI Feed Storage Record form (ORG_LIV_06_Feed Storage) or provide your own equivalent records for feed storage or ensure that all the feed storage locations.

Do you store any feed off-farm? Yes No

If yes, please ensure those storage locations are listed on your feed storage record and describe how you prevent commingling and contamination of that feed stored off-site.

How do you control rodents in organic feed storage areas? No rodent problems

How do you control insects in organic feed storage areas? No insect problems

D. Feed Supply:

Do you have enough feed on-hand or access to certified organic feed for the number of animals on the farm? Yes No

What is your plan for emergency feed supplies?

Please ensure that CSI is notified if you must implement an emergency feed plan.

Please **describe your methods** for evaluating the effectiveness of your livestock feed program.

What improvements, if any, do you plan to make to your feed program?

E. Bedding Material

What type of bedding material is being used?

If you have purchased non-organic bedding material, do you have an affidavit from the vendor on file indicating that the bedding material did not have any prohibited substances applied to it for at least 60 days prior to harvest (for crops) or that it does not contain or has not been treated with prohibited substances (minerals, cellulose, sawdust, and wood shavings)?

Yes No

SECTION 5: WATER

What are your sources of water for livestock/poultry use?

on-site well municipal river/creek/pond spring other: _____

Describe any water contamination problems in your region:

No contamination problems

The main source of livestock drinking water shall be tested according to livestock drinking water quality guidelines and procedures outlined in the relevant Code of Practice and quality programs mandated by industry associations.

Please attach water analysis results.

Attached

If water quality is not acceptable, describe the remedial action taken.

If livestock/poultry have access to a river, creek, or pond, how do you prevent bank erosion?

No access

Please **describe the water delivery system** for the livestock, and if any additives are added to the water, please submit all information regarding the additives for review by CSI.

SECTION 6: LIVESTOCK HEALTH CARE

A. General Information:

Identify the general components of your animal health management program:

<input type="checkbox"/> selective breeding	<input type="checkbox"/> raise own replacement stock	<input type="checkbox"/> isolation for purchased/diseased animals
<input type="checkbox"/> culling	<input type="checkbox"/> vaccinations	<input type="checkbox"/> good sanitation
<input type="checkbox"/> free access to outdoors / exercise areas		<input type="checkbox"/> dry and comfortable bedding
<input type="checkbox"/> good ventilation in housing	<input type="checkbox"/> good quality feed / proper nutrition	<input type="checkbox"/> good pasture rotation / sanitation
<input type="checkbox"/> nutritional supplements	<input type="checkbox"/> good sanitation / hygiene	
<input type="checkbox"/> regular manure clean-out	<input type="checkbox"/> pro-biotics	<input type="checkbox"/> other: _____

B. Disease/Health Problems: **No problems**

Please submit the **CSI Livestock Health Treatment Record form (ORG_LIV_07_Health Treatment Record)** or comparable records which list all animal health incidents over the last 12 months and their treatment.

Please indicate the name and phone number of your veterinarian:

C. Fly Control: **Not a problem**

Please describe your preventive strategy to manage flies:

If you used any products as fly control, please list them below and have the label information available for the inspector to review.

D. Parasite Control:

Not a problem

Please describe below your plan for minimizing internal parasite problems in your livestock, beginning with preventive measures such as pasture management and fecal monitoring, as well as emergency measures to be taken in the event of an outbreak.

If the preventive measures fail due to climatic conditions or other uncontrollable factors, you may use parasiticides, provided you adhere to the restrictions described in the standard and **document their use on the CSI Health Treatment Record (ORG_LIV_07)**.

E. Predator Control:

Not a problem

Check which predators you have problems with:

rodents hawks feral cats raccoons/skunks, etc. dogs foxes coyotes other _____

Please describe your control methods for the pest problems indicated above:

If you use poison baits, please list the products below, and ensure you have submitted labels to CSI for review. **None used**

G. Surgical Practices:

None used

Please indicate the surgical practices used in your operation.

SURGICAL PRACTICE	Type and stage/age of animal	Reason for Use
Beak trimming / De-toeing		
Other:		

If alterations are made, what methods are used to minimize suffering (e. g. performing at an early age, permitted anesthetics, etc.)?

Please **describe how animals treated** with a prohibited product are segregated or otherwise identified as ineligible for organic production, in accordance with the provisions of the standard.

SECTION 7: LIVING CONDITIONS

A. General Housing Conditions:

Describe the housing for each type of animal on your operation in the table below or complete the ORG_LIV_09_Livestock Density Worksheet.

FACILITY IDENTIFICATION / DESCRIPTION	TYPE OF ANIMAL	SIZE OF HOUSING	NO. OF ANIMAL UNITS HOUSED INDOORS	CONSTRUCTION (CONCRETE, SLATTED, ETC.)	SOURCE OF LIGHT AND DAYLENGTH

Note: Housing, pens, runs, equipment, and utensils shall be properly cleaned and disinfected to prevent cross-infection and build-up of disease-carrying organisms.

How often is housing cleaned out?

How is the housing cleaned?

Are ammonia levels monitored?

Yes No

If levels exceed 25 ppm please describe the remedial action taken.

List any sanitation or cleaning products used:

Note: Please have containers for cleaning products or labels available for inspector.

B. Temporary Confinement

Are animals belonging to a herd or flock ever kept individually and/or subjected to temporary confinement?

Yes No

If yes, please describe how the necessity for temporary confinement is determined, and please attach copies of the records showing which animals or flocks were temporarily confined, and for how long.

C. Poultry Housing

Does each flock have access to the outdoors as described above? Yes No

Do broiler chickens have access to the outdoors by 25 days of age? Yes No

Are there sufficient exits that allow for more than one bird to pass through the pophole at a time and are popholes evenly distributed along the line of access to the outdoor range? Yes

Do barns allow for natural light with window area no less than 1% of total ground-floor area? Yes

Are poultry houses emptied, cleaned, and disinfected, and runs left empty to allow for vegetation to grow back between flocks? Yes

Do poultry have effective outdoor overhead cover (for shade and protection from avian predators) distributed throughout the range area of barn-raised birds? Yes No

If the answer is **No**, please describe your plan to ensure that this overhead cover represent at least 10% of the minimum required range area (as outlined in 32.310 Table 5 of 6.13.13) by December 2025. Roof overhangs over pasture may account for up to 50% of the required overhead cover if they are functional. Your plan must be submitted by December 2023.

Do barn raised layers have access to an enriched verandah as described in 32.310 section 6.13.13? Yes No N/A

If the answer is **No**, operators are granted an exemption that permits the use of existing infrastructure until December 2030. Please describe your plan for the new construction or renovation. Your plan must be submitted by December 2025.

Please complete and submit the ORG_LIV_10_Poultry Density Worksheet with your system plan.

D. Stocking Rates

Please list the stocking rate for all animals requested for certification.

TYPE OF ANIMAL AND STAGE OF PRODUCTION (e.g., broiler chickens, layer chickens, Pullets, etc.)	INDOOR FACILITY IDENTIFICATION	INDOOR DENSITY	OUTDOOR DENSITY	PASTURE DENSITY If applicable (# PER ACRE OR HECTARE)

SECTION 8: TRANSPORTATION & SLAUGHTER

Do you slaughter your own animals?

Yes No

Describe the method of slaughter if it is conducted on-farm:

*If yes, you must also submit **the CSI On-farm Processing Form (ORG_FAR_11)** as an appendix to your livestock system plan.*

If no, and your slaughter and processing is contracted, please complete the questions below, as applicable.

Please provide the name, address, and phone number of facility where your animals are slaughtered (if using a contracted facility):

Contact person _____

Does the facility have an attestation of compliance under COR for the organic slaughter activity?

Yes No

Where and how are animals kept after delivery to slaughter facility, prior to slaughter?

Please ensure you have a current attestation of compliance on file for the slaughter facility; if the slaughter facility does not hold an attestation of compliance, it must be inspected annually by CSI under a contractual arrangement established with the slaughter facility. Please also submit a completed CSI Organic Processor System Plan for the slaughter facility, detailing how the facility will maintain organic integrity of your meat products.

Please describe the transportation arrangements in place if animals are moved off-farm for slaughter and processing.

Do you have an animal identification method in place during transportation to ensure organic animals can be adequately tracked?

Yes No

If yes, please describe.

Is clean transportation provided?

Yes No

Please describe the transportation methods that are used for each animal type.

How are animals loaded?

Do the methods of transportation provide adequate ventilation and comfortable headspace so that the animal is able to stand in a natural position? Yes No

For poultry, how many animals are loaded per cage?

How long does transportation take?

Are animals provided with food and/or water in transit? Yes No

SECTION 9: EGG PRODUCTION

Not Applicable

Egg Production

Name, address, and phone number of facility where eggs are washed, graded, and packed: On-farm

Contact person

Is the facility certified organic to the applicable standard? Yes No

Please **describe your egg-handling techniques**, including any cleaning, materials used for cleaning, shell coatings, and packaging.

Please **submit any labels** for products used to conduct the above-described activities. All such products must be approved by CSI prior to use.

Please **describe the type of records** that are maintained to document egg production. If a lot number is used, please explain the numbering system.

SECTION 10: MANURE MANAGEMENT

Please describe how manure is managed in your operation.

Note: Manure storage and handling facilities, including composting facilities, shall be designed, constructed, and operated to prevent contamination of ground water and surface water.

List any ingredients/additives used in manure management (e.g., bedding, lime, etc.)

Please submit a copy of the completed system plan with all the appropriate attachments to:

**Seeds Canada dba Centre for Systems Integration
85 Albert Street, Suite 1100
Ottawa, Ontario
K1P 6A4**

Phone: 1-800-516-3300

Email: info@seeds-canada.ca