

CSI Organic Livestock (other than 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:

- **A 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 to be certified organic:</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"/> Other _____ </p> <p>Please indicate the categories of livestock you are raising <u>conventionally</u> on your farm:</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"/> Not applicable </p> <p> <input type="checkbox"/> Poultry – Pullets <input type="checkbox"/> Turkeys <input type="checkbox"/> Geese <input type="checkbox"/> Other _____ </p> <p>Please submit a livestock inventory that lists all animals on the farm by tag number and organic status.</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_09_Livestock Density Worksheet • ORG_LIV_11_DMI Calculation Worksheet • ORG_LIV_12_Average DMI Calculation for Grazing Season Worksheet 									
<p>Livestock products requested for certification and estimates of production per year:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Milk _____</td> <td><input type="checkbox"/> Beef cattle for slaughter _____</td> </tr> <tr> <td><input type="checkbox"/> Dairy Cattle _____</td> <td><input type="checkbox"/> Hogs for slaughter _____</td> </tr> <tr> <td><input type="checkbox"/> Dairy steer for slaughter _____</td> <td><input type="checkbox"/> Sheep/lambs for slaughter _____</td> </tr> <tr> <td><input type="checkbox"/> Cull cow for slaughter _____</td> <td><input type="checkbox"/> Other _____</td> </tr> </table>		<input type="checkbox"/> Milk _____	<input type="checkbox"/> Beef cattle for slaughter _____	<input type="checkbox"/> Dairy Cattle _____	<input type="checkbox"/> Hogs for slaughter _____	<input type="checkbox"/> Dairy steer for slaughter _____	<input type="checkbox"/> Sheep/lambs for slaughter _____	<input type="checkbox"/> Cull cow for slaughter _____	<input type="checkbox"/> Other _____
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<input type="checkbox"/> Dairy steer for slaughter _____	<input type="checkbox"/> Sheep/lambs for slaughter _____								
<input type="checkbox"/> Cull cow for slaughter _____	<input type="checkbox"/> Other _____								

Please provide a brief **description of your identification system** for your animals (describing lot #, type and location of tags or tattoos on animals, etc.).

Are you inspected by other municipal, provincial, or federal agencies or departments?

☐ Yes ☐ No

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 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 dairy replacement animals on farm?

☐ Yes ☐ No ☐ Not applicable

If no, where have you sourced your replacement dairy cows?

Have breeding stock or dairy replacements been brought into the operation from conventional sources?

☐ Yes ☐ No

Breeding stock (#): _____

Dairy replacements (#): _____

Have purchased breeder stock been gestating?

☐ Yes ☐ No

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

SECTION 4: Livestock Feed and Feed Supplements

A. Livestock 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 complete and have available for the inspector the **Dry Matter Intake (DMI) Calculation Worksheet (ORG_LIV_08A_DMI Calculation)** for each type and class of animal on your farm. A new worksheet must be completed for each ration period.

Please complete and have available for the inspector the **Average DMI Calculation for Grazing Season Worksheet (ORG_LIV_08B_Average DMI)**. This worksheet must be completed for each type and class of animal at the end of the grazing season. The average % DMI of grazed forage during the grazing season must be at least 30% of the total forage intake of sexually mature animals.

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.

Do you use any milk replacers?

☐ Yes ☐ No

If yes, please complete and submit the CSI form Commercial Availability Search Record (ORG_06_Commercial Availability Search), describe the conditions of use, and attach the milk replacer label and certificate of analysis.

Are young animals fed using artificial teats?

☐ Yes ☐ No

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. Access to Pasture for Ruminants

Please **describe the pasture/grazing system** you have implemented for your ruminant animals, including the total amount of pasture available to the animals, and how you record the time spent by the animals on pasture.

Please complete CSI forms ORG_LIV_11_DMI Calculation and ORG_LIV_12_Average DMI for all ruminant herds or flocks on your operation.

Does consumption of grazed forage represent a minimum of 30% of total forage intake?

☐ Yes ☐ No

Does consumption of grazed forage rise above 30% of total forage intake during high forage growth periods?

☐ Yes ☐ No

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

F. Dairy Herd Transitioning

☐ Not Applicable

What date did you begin the transitioning of the herd?

What date do you plan to begin selling certified organic milk?

Please **complete and submit the CSI form New Organic Dairy Herd Feed Record (ORG_LIV_05B_New Dairy Herd Feed)** to record the feed protocol for the herd, including the percentages of organic and conventional feed provided during the first 9 months of the transition year.

G. Dairy Herd Feed

☐ Not Applicable

Are calves, lambs and kids provided colostrum?

☐ Yes ☐ No

Does a minimum of 60% of dry matter in daily rations consist of hay, fodder that is fresh or dried or ensiled?

☐ Yes ☐ No

If ensiled forage is fed to ruminants, does at least 15% of the total dry matter in daily rations consist of long fiber forage that is greater than 10cm (4 in.) in length?

☐ 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. Are water analysis results attached (if applicable)?

☐ **Yes** ☐ **No** ☐ **Not Applicable**

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

If livestock 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. Antibiotic Treatment of Dairy Animals

☐ **Not Applicable**

Have you treated any of your dairy animals with antibiotics in the last 12 months?

☐ **Yes** ☐ **No**

If yes, do you have written instructions from your veterinarian on file indicating the product and treatment method used?

☐ **Yes** ☐ **No**

You must ensure that you have documented the milk withdrawal time of at least 30 days or two times the medication's withdrawal period, whichever is longer, in your production records.

Is the antibiotic use recorded in your own herd health records or on the CSI Livestock Health Treatment Record form (ORG_LIV_07_Health Treatment)?

☐ **Yes** ☐ **No**

If you **are seeking equivalence for your livestock production to the NOP** and have treated any of your animals with antibiotics substances in the last twelve months, please describe the conditions surrounding the treatment and describe how the animal(s) have been removed from your production system.

F. 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
Castration		
Dehorning / Debudding		
Tail docking		
Branding / Ear tagging		
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. Access to Pasture and the Outdoors

Do the animals have access to outdoors, shade, shelter, exercise areas, fresh air and direct sunlight according to the applicable standard? ☐ Yes ☐ No

What outdoor areas other than pasture do animals use?

How do you record your animals' access to the outdoors? Please attach a copy of the record.

If you have dairy calves, do they have access to outdoor exercise when older than 3 months of age (as appropriate to the season)? ☐ Yes ☐ No ☐ Not Applicable

Do all calves over 9 months of age have access to pasture (as appropriate to the season)? ☐ Yes ☐ No ☐ Not Applicable

Do you share pasture for your organic livestock with any conventional livestock? ☐ Yes ☐ No

Please describe how you ensure the conditions specified in the note above are met and recorded:

C. 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.

If you have calves on your operation, please describe how they are housed in the first three months of age.

Please describe the frequency of exercise allowed for your dairy animals during the winter season, if applicable.

D. Housing of Pigs

Please describe the housing conditions for any pigs, sows or piglets kept on your operation.

F. Stocking Rates

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

TYPE OF ANIMAL AND STAGE OF PRODUCTION (e.g., yearling heifers, lactating dairy cows, Beef cows, 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

How long does transportation take?

Are animals provided with food and/or water in transit?

☐ Yes ☐ No

SECTION 9: Dairy Production

☐ Not Applicable

A. Milk Production

What type of milk handling system do you use?

☐ pipeline ☐ automated ☐ hand milking ☐ parlour ☐ tie stalls ☐ stanchions ☐ other _____

How are you licensed? ☐ Grade A ☐ Grade B ☐ other _____

Describe cleaning cycle for milking equipment (water temperature, number of rinses, etc.):

Note: All products must be reviewed and approved by CSI according to the applicable standard before they may be used.

Please submit labels for any products used to clean and sanitize your milk lines.

☐ Attached

How many animals do you currently milk?

Are any non-organic cows milked on your operation?

☐ Yes #

☐ No

If yes, please describe the measures that are taken to ensure organic and non-organic milk is not commingled.

List products used to clean animals:

☐ None used

Teat dips

Udder washes

Other

Please submit all labels, product specification sheets to CSI for teat dips, udder washes, etc. for review.

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
240 Catherine Street, Suite 200
Ottawa, Ontario
K2P 2G8**

Phone: 1-800-516-3300

Fax: 613-236-7000

Email: info@seeds-canada.ca