

MARYLAND DEPARTMENT OF AGRICULTURE

FOOD QUALITY ASSURANCE PROGRAM

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| --- |
| For office use only |
| Date received |

50 Harry S. Truman Parkway

**Check one**

**□ New Applicant**

**□ Updating Applicant**

Annapolis, MD 21401

(410) 841-5769 FAX (410) 841-2750

Organic.certification@maryland.gov

**APPLICATION FOR ORGANIC ANIMAL PRODUCTION**

**SCOPE: LIVESTOCK**

**I. General Information**

**No additional fee required – included in $500.00 fee for Crop certification which is nonrefundable after the inspection is conducted.**

**Animal Production cannot be certified without certification of land. A current Crop and Pasture application or annual update must be submitted. Appendix A must be completed to list all inputs (medicines, homeopathic or herbal remedies, sanitizers, pest and predator control, detergents). All applicants must complete the entire application.**

**Today’s Date**

1. Farm Name: Certification Number

2. Contact person regarding application:

3. How many years have you managed livestock? Organically?

4. What type of livestock and poultry are you requesting to be certified?

5. List animals and/or animal products you are marketing/selling or plan to market/sell as certified organic, and how?

6. Aside from animals that may require treatment with NOP prohibited medicines or antibiotics during illness and can no longer be sold as organic, will also you be managing conventional livestock in your system? Yes No

6. a. If yes, what livestock and poultry, what products, and where and how they are being marketed?

7. Are all organic products produced and handled without the use of ionizing radiation, GMO’s, sewer sludge, and/or cloning? If no, explain.

**II. Livestock/Poultry Operation Profile**

*Indicate number of livestock requested for organic certification (O), in transition (T), and under conventional management(C). Slaughter animals cannot be transitional – slaughter animals must be under continuous organic management from the last third of gestation. To convert a herd, dairy animals must be under continuous organic management for twelve months. After the one time herd conversion, dairy animals cannot be transitioned. Poultry must be managed organically from 2 day old chicks. All livestock and poultry on premises must be listed.*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Enter number of animals** | | | | | | | |
| **Type** | **O** | **T** | **C** | **Type** | **O** | **T** | **C** |
| Cows – Total |  |  |  | Goats – Total |  |  |  |
| Meat |  | N/A |  | Meat |  | N/A |  |
| Dairy |  |  |  | Dairy |  |  |  |
| Breeding Stock |  |  |  | Breeding Stock |  |  |  |
| Replacement Stock |  | N/A |  | Replacement Stock |  | N/A |  |
| Hogs/Pigs – Total |  | N/A |  | Chickens-Meat |  | N/A |  |
| Meat |  | N/A |  | Chickens-Layer |  | N/A |  |
| Breeding Stock |  | N/A |  | Turkeys |  | N/A |  |
| Replacement Stock |  | N/A |  | Other Poultry – list type |  | N/A |  |
| Sheep – Total |  |  |  |  |  |  |  |
| Meat |  | N/A |  |  |  |  |  |
| Dairy |  |  |  | Other Livestock – list type |  | N/A |  |
| Breeding Stock |  |  |  |  |  |  |  |
| Replacement Stock |  | N/A |  |  |  |  |  |
| Wool |  | N/A |  |  |  |  |  |

**III. Sources of Animals**

*The NOP Rule requires that certified organic livestock to be sold for slaughter must be organically managed from the last third of gestation until slaughter. Dairy animals must be managed organically for 12 months prior to sale of milk as certified organic. Poultry must be managed organically from 2 day old chicks.*

1. Do you raise organic livestock? Yes No If yes, give specific information on all animals born on farm in the chart below or attach a list of all animals born that includes the information requested in the chart.

|  |  |  |  |
| --- | --- | --- | --- |
| **Animals raised as organic from last third of gestation on farm** | **Dairy (D), Slaughter (S), Other(O)** | **Identification #/Name** | **Date of Birth** |
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2. Do you purchase replacement animals? Yes No If yes, give specific information on all animals purchased in the chart below or attach a list of all purchased animals that includes the information requested in the chart. ***Be prepared to show invoices and organic certificates for purchased animals to inspector****.*

| **Type of Animal Purchased** | **Dairy (D), Slaughter (S), Other(O)** | **Identification #/Name** | **Date of Purchase** | **Projected or Real Birthing Date** | **Purchase Source** | **Certifying Agency** |
| --- | --- | --- | --- | --- | --- | --- |
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Disposition of animals: Continuing applicants should indicate the disposal of any animals listed on previous applications or updates that occurred since the last update on the chart below or on a list attached to the application or update.

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Animal** | **Identification #/Name** | **Date of Purchase or Birth** | **Disposal (ex. Slaughtered, sold live, killed by predators, etc.)** |
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3. If you are requesting certification for poultry or eggs, complete the following chart for all poultry. All poultry must be managed organically from 2 day old chicks. **B*e prepared to show invoices and organic certificates, as applicable, for purchased flocks to inspector.***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of Flock (Meat chickens, layers, turkeys, etc.)** | **Flock Identification #** | **How Many Birds?** | **Date of Purchase or Hatch** | **Age of Birds When Delivered** | **Projected Slaughter or Egg Production Date** | **Purchase Source**  **Or**  **Self Hatched** | **Certifying Agent** |
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Disposition of flock: Continuing applicants should indicate the disposal of any poultry listed on previous applications or updates that occurred since the last update.

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| --- | --- | --- | --- | --- |
| **Type of Flock (Meat chickens, layers, turkeys, etc.)** | **Flock Identification #** | **How Many Birds?** | **Date of Purchase or Self Hatch** | **Disposal**  **(Ex. Slaughtered, sold live, killed by predators, etc.)** |
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**nimal Feed and Feed Supplements**

**V. FEED**

*The NOP Rule requires that certified organic animals be fed 100% certified organic feed. Feed produced by producers exempt from certification cannot be used to feed certified organic animals. Feeding of plastic pellets for roughage, formulas containing urea or manure and feeding of mammalian or poultry slaughter by-products are prohibited. Feed supplements should not contain non-organic protein sources or prohibited materials. The use of animal drugs, including hormones to promote growth is prohibited. A copy of all feed, minerals, and feed supplement labels that you are currently feeding or are considering feeding to your animals need to be included with your application. Be prepared to show all labels and receipts for feed, minerals, and feed supplements to inspector.*

1. **Feed Ration Table. Complete table below for feed used for all organic and transitional animals.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of Animal** | **# of Animals** | **Type of Feed** | | | **Amount of Feed/Unit of Time** | | | **Is the feed Organi c? Certifier?** |
| **Grain** | **Pasture/Hay** | **Other** | **Grain** | **Hay** | **Other** |
| Example  Dairy Cows | 60 | Dairy ration | Alfalfa/grass hay mix |  | 20#/day | 25#//day |  | Yes  MDA |
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**B. Describe purchased feed**

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| --- | --- | --- | --- | --- |
| **Type of Purchased Feed** | **Quantity Purchased/ To Be Purchased** | **Dates Purchased** | **Purchase Source/Brand** | **Certifying Agency** |
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C. **Describe feed produced on farm. Pasture quantity produced can be expressed in acres.**

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| --- | --- | --- | --- | --- |
| **Type of Feed Produced (Pasture, Hay, Grain, etc.)** | **Date of Production** | **Quantity Produced** | **Type of animal and amount fed** | **Certifying Agency** |
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1. **Ruminants:** MDA\_DOC\_054 Ruminant Appendix I and MDA\_DOC\_055 Dry Matter Intake Calculation must be completed and submitted with application.

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

A. If yes, is the equipment also used to process conventional products? Yes No

B. If yes, how is equipment cleaned prior to processing organic feed to prevent contamination?

3. What is your plan for emergency feed supplies?

**Feed Supplements or Additives:**

**A.** No Supplements Used\_\_\_\_\_

List all feed supplements and additives, including silage innoculents, preservatives, vitamins, amino acids, minerals, etc below. Organic Standards require that no genetically modified products (GMOs) be used in organic production systems. Any supplements/additives that contain carriers made with conventionally grown corn, soybeans, cotton products, etc. have the potential to be from genetically modified sources unless the label specifically states such product is free of GMOs. Please include copies of labels with your application and be prepared to show the labels and receipts to the inspector.

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| --- | --- | --- | --- | --- | --- |
| **Feed Supplement/Additive** | **Synthetic Ingredients**  **Yes (Y) or No(N)** | **GMOs?**  **Yes(Y) or No (N)** | **FDA APPROVED**  **Yes(Y) No(N) or N/A** | **Reason for Use** | **Source** |
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1. **Feed Storage: Describe your feed storage locations**

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| **Storage ID #** | **Type of Feed Stored** | **Type of Storage** | **Location of Storage** | **Capacity** | **Organic (O), Buffer (B),Transitional (T), Conventional (C),** |
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1. How do you control pest (rodents, insects, other) problems in organic feed storage areas?

**VI. Water**

**Any additives to water must be listed on Appendix A – Livestock Inputs List**

1. What are your sources of water for livestock use?

on-site well municipal river/creek/pond spring other\_\_\_\_\_\_\_\_\_\_\_\_\_

2. How do you make water available to your animals?

3. Describe any water contamination problems in your region:

4. If you have a river, creek, or pond on your property, how do you prevent access by livestock?

**VII. Housing**

*Organic standards require that animals living conditions provide reasonable freedom of movement, lack of crowding, proper sanitation, fresh air, sunshine, appropriate shelter, and adequate bedding. If animals eat the bedding, organic bedding is required. If your operation includes multiple houses and you need more space, please attach a list identifying each house, square footage, number of animals in each house, and calculate square footage per animal.*

1. What type of housing do you use?

2. Describe sizes (length and width), number of animals per housing unit, and calculate square footage per animal.

3. Describe type of bedding, do animals consumer bedding, is bedding certified organic (Bedding must be listed on Appendix A – Livestock Inputs):

4. How often and how is housing cleaned out?

5. Describe sanitation and or cleaning products used:

6. Describe ventilation systems:

7. List light sources used in animal housing:

8. Is day length regulated using artificial light? Yes No If yes, describe use.

9. Describe outdoor areas used by animals:

10. Describe access to outdoors including pasture for each type of animal being certified including the age access to outdoors allowed, type of outdoor access (pasture, other) and number of hours outdoors in the chart below.

| **Type of Livestock/Poultry** | **Winter** | **Spring** | **Summer** | **Fall** |
| --- | --- | --- | --- | --- |
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**VIII. Animal Health Care**

*Organic standards require a proactive health management program to prevent health problems and potential use of prohibited materials. If prohibited materials are used, the treated animals and/or their products are no longer organic and a system must be maintained to identify organic animals and conventional animals. You may not withhold treatment to a sick animal to maintain its organic status. Records must be kept of all treatments and made available to inspector. New applicants must complete the following. Continuing applicants must indicate any changes from last application for all questions and complete question number 3.* ***All applicants must fully complete Appendix A – Livestock Inputs.***

1. Identify farm’s veterinarian/ animal clinic. Provide name, address and phone number.

2. Identify (circle) the general components of your animal health management program:

selective breeding raise own replacement stock isolation for purchased/diseased animals

culling vaccinations good sanitation access to outdoors

dry bedding good ventilation in housing good quality feed pasture rotation

nutritional supplements probiotics homeopathy herbal remedies

acupuncture other

3. List health or disease problems in the last 12 months. All products used must be included on Appendix A Livestock Inputs list.

4. Fly Control:If flies are a problem in your operation, what do you do to prevent or control them? Any products used must be listed on Appendix A – Livestock Inputs list.

5. Parasite Control:If internal or external parasites are a problem in your operation, what are they and how do you prevent or control them? An products used must be listed on Appendix A – Livestock Inputs list.

**E. Predator Control:**

1) Please circle which predators you have problems with: hawks feral cats raccoons/skunks

dogs foxes coyotes other\_\_\_

2) Describe how you handle predator problems listed by predator (Any products used must be listed on Appendix A – Livestock Inputs):

**F. Surgical Practices:** Describe the surgical practices you use Not Used

|  |  |  |
| --- | --- | --- |
| **Surgical Practice** | **What Age Performed** | **Why Used?** |
| Beak Trimming |  |  |
| Wing Burning |  |  |
| Castration |  |  |
| Horn Removal |  |  |
| Teeth Cutting |  |  |
| Despurring |  |  |
| Other |  |  |
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**IX. Manure Management**

1. Describe manure storage and handling practices.

2. Estimate quantity of manure generated per year: Tons

3. Describe how you manage manure to prevent contamination of crops, soil or water.

4. Do you have a stream, river, etc. close to areas where you pasture livestock? Yes No If yes, how do you restrict access by your livestock to protect water quality?

5. Do you produce crops for human consumption in areas that could be contaminated by manure from your livestock? Yes No If yes, how do you prevent contamination?

**X. Egg Handling**

1**.** Dozens produced per year:

2. Are eggs packed on the farm? Yes No If yes, indicate Maryland registration number.

3. If not packed on the farm, where are the egg packed?

4. How are the eggs cleaned and sanitized? All detergents and sanitizers used must be listed on Appendix A – Livestock Inputs.

**XI. Dairy Products Handling**

1. Indicate the type of milk handling system used (ex. Pipeline, parlor, etc.)

2. How are you licensed? Grade A Grade B other

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

4. All sanitizers, acid washes, detergents must be listed on Appendix A – Livestock Inputs.

5. List somatic cell counts for last six tests

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **SSC** | **Date** | **SSC** | **Date** | **SSC** |
|  |  |  |  |  |  |
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6. All Teat Dips, Udder Washes, etc. must be listed on Appendix A – Livestock Inputs.

7. How often do you change inflations?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. How many animals do you currently milk?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Report production for last six milkings

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| --- | --- | --- | --- | --- | --- |
| **Date** | **Pounds Produced** | **Date** | **Pounds Produced** | **Date** | **Pounds Produced** |
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**XII. Handling for Slaughter**

*The federal and Maryland Poultry Products Inspection Act allows the on farm slaughter of less than 20,000 poultry per year without continuous inspection. This product is still required to meet the requirements of the federal and Maryland Poultry Inspection Acts. Maryland regulations prohibit the sale of uninspected poultry other than directly from the farm to the consumer. Poultry and rabbit producers that fall under the federal exemption must be certified by MDA to sell poultry and rabbit products anywhere except directly to consumer on the farm. In general, the federal and Maryland Meat Inspection Act prohibits the slaughter of cattle, sheep, swine, goats, and equine without continuous inspection by USDA/FSIS. All meat and poultry products must be sold by weight. Unless the meat is packaged with a weight, scales used to weigh meat and poultry must be registered and tested by MDA’s Weight and Measures Section. Organically produced animals must be slaughtered by a certified organic facility to be sold as organic, organically raised, organically produced, etc.*

1. Do you label meat or poultry as organic, organically raised, organically produced, etc.? Yes No If yes, complete the following questions.

2. Does someone else slaughter, process and label your livestock and/or poultry as organic to be returned to you to sell? Yes No If yes, list their name, address and their certifier and USDA plant number

3. Are animals transported to slaughter? Yes No If yes, answer a through d

a. How are animals loaded?

b. Do you use electric prods? Yes No

c. How long does transport to slaughter take?

d. Are animals provided food and water during transport? Yes No

3. If slaughtering animals other than poultry, are you inspected by USDA/FSIS? Yes No

If yes, complete MDA Slaughter application. If no, meat products cannot be certified as they are not in compliance with the Federal Meat Inspection Act.

4. Answer the following questions if you are slaughtering your own poultry for sale as organic (less than 20,000 annually).

a. What method of slaughter is used?

b. All sanitizers, detergents, etc. must be listed on Appendix A – Livestock Inputs.

c. Do you slaughter conventional poultry at the same location? Yes No If yes, what system or records do you have in place to prevent commingling of conventional and organic poultry?

d. How is system purged prior to organic runs after conventional runs, use of sanitizers/detergents not on National list, or use of processing aids not on National list?

**XIII. Animal Identification**

*Organic Standards require individual identification of large animals and “lot” or “flock” identification of small animals*.

1. Describe your identification system:

2. If animals are treated with prohibited materials, how are they identified and/or segregated?

**Checklist for required records:**

Please be prepared to provide the inspector access to the following records or attach to your application as applicable. Use this checklist to be sure that you are maintaining all required record keeping and including the appropriate items as attachments to your application.

**Attach to Application**

Farm Map with additional information requested of animal producers (Animal housing and holding areas, feed storage, manure storage, outdoor areas used by animals). The same farm map can be used for crop certification and animal certification as long as all information is included.

Lists of purchased animals or flocks, if the number exceeds available space in tables provided

All feed, mineral and feed supplement labels or MSDS sheets

Labels for any organic products being sold

Appendix A – Livestock Inputs and MSDS and/or Labels for products

**Available During Inspection**

Documentation of purchased animals

Breeding records

All feed, minerals, and feed supplements labels and receipts

Feed storage and inventory control records

Health records

Animal medicines and remedies and receipts

Somatic cell/plate count

Milk production records

Egg production records

Slaughter records

Sales of animals

Sales (purchase orders, contracts, invoice, cash receipts, cash receipt journal, sales journal)

Shipping/transportation records

Complaint Log

other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**XV. Affirmation& Signature**

# I affirm that all statements made in this application are true and correct. No prohibited materials have been applied to any of my organically managed fields and I have followed the requirements of the National Organic Program for livestock. I understand that the operation may be subject to unannounced inspection and/or sampling for residues at any time as deemed appropriate to ensure compliance with the Organic Foods Production Act of 1990, the National Organic Program Rule and other applicable standards or requirements. I agree to pay all costs and fees associated with this program. I understand that I must notify the MDA Organic Certification program if I intend to make modifications to products, processes or systems which could affect the compliance of the product with the requirements of the applicable standards or regulations and cannot sell or distribute the affected products until approval is received from the MDA Organic Certification Program.

# I understand if I (a) knowingly sell or label a product as organic, except in accordance with the ACT, I shall be subject to civil penalty of not more than $10,000 per violation; (b) make a false statement under the Act to the Secretary, a governing State official, or an accredited certifying agent, I shall be subject to the provisions of section 1001 of Title 18, United States Code.

# I understand that except for operations exempt or excluded in the NOP §205.101, each production or handling operation or specified portion of a production or handling operation that produces or handles crops, livestock, livestock products, or other agricultural products that are intended to be sold, labeled, or represented as “100 percent organic,” “organic,” or “made with organic (specified ingredients or food group(s))” must be certified according to the provisions of subpart E of the NOP and must meet all other applicable requirement of this part and submission of this plan in no way implies granting or continuation of certification by the MDA Organic Certification Program certifying agent.

# .

Applicant’s signature Date

Applicant’s signature Date

No person or operation shall be excluded from participation in or denied the benefits of the National Organic Program due to discrimination because of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, or marital or family status.

Maryland Department of Agriculture



Organic Certification Program

(410) 841-5769 Fax (410) 841-2750

Organic Ruminant Livestock Appendix I

Farm Name:       Date:

Contact:       Title:

Organic livestock producers are required to provide ruminate animals with a feed ration which contains 30% or greater of their Dry Matter Intake (DMI) coming from pasture during the grazing season. Please complete this form to document your intended methods to comply with the National Organic Program’s requirements.

Grazing season- The period of time when pasture is available for grazing, due to natural precipitation or irrigation. Grazing season dates may vary because of mid-summer heat/humidity, significant precipitation events, floods, hurricanes, droughts or winter weather events. Grazing season may be extended by the grazing of residual forage as agreed in the operation's organic system plan. Due to weather, season, or climate, the grazing season may or may not be continuous. Grazing season may range from 120 days to 365 days, but not less than 120 days per year.

**Grazing Season:**

1. When does the grazing season begin in your area?

2. When does the grazing season end in your area?

3. How many days will your livestock have access to pasture this year?

4. At what age will livestock be allowed access to pasture?       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Access to Outdoors:**

1. At what age is livestock allowed access to the outdoors?

2. Reasons for Temporary confinement: NOP§205.239(b) – List the circumstances and number of days for each reason.

| Reason | Circumstances | Days per year |
| --- | --- | --- |
| Inclement Weather | *Example: Storms, extreme heat, snow, ice* |  |
| Stage of Life | *May not use breeding, birthing or lactation as a stage of life* |  |
| Protection of health, safety or well-being | *Examples: Predators* |  |
| Protection of water and soil quality | *Example: Too wet to graze* |  |
| Management | *Example: Treatment, preventive measure, sorting, shipping, youth projects* |  |

3. How will you document the days animals were denied access to pasture?

**Confinement from Pasture:**

| Reason | Allowed Period | Amount of time confined from pasture (should not exceed allowed period) |
| --- | --- | --- |
| Lactation Dry Off | One week |  |
| Pre- Birthing | Three weeks |  |
| Post- Birthing | One week |  |
| Newborns | Up to 6 months |  |
| Shearing | Short periods |  |
| Milking | Short periods |  |
| Finishing of slaughter stock | 1/5 of animals life or 120 days (whichever is less) |  |

**Feed Sources:**

|  |  |  |
| --- | --- | --- |
| Feed Type/Formula Name | Source  If off farm a certificate or label must be supplied. | Percentage  Dry Matter |
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**Feed Supplements or Additives:**

Feed additive*-* A substance added to feed in micro quantities to fulfill a specific nutritional need; i.e., essential nutrients in the form of amino acids, vitamins, and minerals.

Feed supplement- A combination of feed nutrients added to livestock feed to improve the nutrient balance or performance of the total ration and intended to be:

(1) Diluted with other feeds when fed to livestock;

(2) Offered free choice with other parts of the ration if separately available; or

(3) Further diluted and mixed to produce a complete feed.

List of feed supplements and additives, including vitamins, minerals, and silage/hay inoculants.

|  |  |  |
| --- | --- | --- |
| Brand Name and Formulation of Product (ex: Johns Dairy Mineral) | Manufacturer  (ex. John’s Livestock Mineral, Inc.) | Type of Material  (ex. Mineral, vitamin, etc.) |
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**Dry Matter Intake during Grazing Season:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Class or Age Group | Approximate Body Weight | DMI Demand during Grazing Season | DMI Fed during Grazing Season (not pasture) | DMI from Grazing Pasture during Grazing Season |
| Calves/Young Stock  (Weaned up to 6 months) | Lbs. | Lbs/day | Lbs/day  % of total DMI | Lbs/day  % of total DMI |
| Heifers/Pre Breeding  (6 months to breeding) | Lbs. | Lbs/day | Lbs/day  % of total DMI | Lbs/day  % of total DMI |
| Bred Heifers | Lbs. | Lbs/day | Lbs/day  % of total DMI | Lbs/day  % of total DMI |
| Lactating Animals | Lbs. | Lbs/day | Lbs/day  % of total DMI | Lbs/day  % of total DMI |
| Dry Animals | Lbs. | Lbs/day | Lbs/day  % of total DMI | Lbs/day  % of total DMI |
| Slaughter Stock | Lbs. | Lbs/day | Lbs/day  % of total DMI | Lbs/day  % of total DMI |
| Other: | Lbs. | Lbs/day | Lbs/day  % of total DMI | Lbs/day  % of total DMI |
| Other: | Lbs. | Lbs/day | Lbs/day  % of total DMI | Lbs/day  % of total DMI |

APPENDIX II DMI Calculation Worksheets (MDA\_DOC 055) must be submitted to show calculations.

Feed Rations:

|  |  |  |
| --- | --- | --- |
| **Livestock Species and Class** | **Season** | **Daily Ration/ Animal**  **(lbs of each feed and supplements)** |
| *Example: Lactating Dairy Cows* | *Ex: Fall* | *Example: 15lbs Corn Silage, 10lbs Haylage, 10 lbs Pasture, 5 lbs Lactation Feed, and Free Choice Dairy Mineral* |
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**Additional Pasture information:**

1. What type of grazing practice are you using?

If using temporary or cross fencing:

1. How much ungrazed grass is presented to livestock at a time?
2. How often are livestock or fencing moved?
3. At what height is pasture grazed?
4. What forages does pasture consist of?
5. How often are pastures renovated?
6. What is your stocking rate (animals per acre of pasture)?

**Pasture Map requirements:**

* Locations of perimeter and or permanent fence
* Identity of each pasture field.
* Size of each pasture field.
* Buffer and adjoining land use information.
* Sources of shade.
* Sources of Water.

**Record Keeping:** Record Kept Included w/Application

Pasture Map

Feeding Logs

Feed Storage

Feed Processing (grinding, mixing)

Feed Purchasing

Crop Harvest

Pasture Access

Animal Health

DMI Worksheets (MDA\_DOC\_055)

Maryland Department of Agriculture Organic Certification Program



Appendix II

Dry Matter Intake (DMI) Calculation Worksheet

**Directions:** Complete this form to show the dry matter intake of your ruminate livestock during the grazing season. A separate form should be completed for each class of animal and each time the feed ration changes.

|  |  |  |
| --- | --- | --- |
| Operation Name: | | Date: |
| Ration ID: | | Species:  Breed:  Gender: Male  Female  Mixed |
| Time period of use: Spring Summer  (during grazing season) Fall Winter  Dates: # of Days | | Class of Animal:  Calf  Heifer Milking  Dry  Feeder  Slaughter  Other: |
| Approximate # of  Animals in group: | Dry Matter  Demand (lbs) | Source of DMD Calculation  % of body weight  Lbs per day of milk  Other reference: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Feed type:  (other than pasture) | Average # of Lbs fed per animal | X | Dry Matter content of feed source as a % | = | DMI Fed in Lbs. |
| *Example: Hay* | *Example: 15* | X | *Example: 87* | = | *13.1* |
|  |  | X |  | = |  |
|  |  | X |  | = |  |
|  |  | X |  | = |  |
|  |  | X |  | = |  |
|  |  | X |  | = |  |
|  |  | X |  | = |  |
|  |  | x |  | = |  |
| Total DMI Fed from non pasture sources = | | | | |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_ = \_\_\_\_\_\_\_\_\_\_\_ ÷ \_\_\_\_\_\_\_\_\_\_ = \_\_\_\_\_\_\_\_\_\_\_\_ x 100 = \_\_\_\_\_\_\_\_\_\_\_  Dry Matter Total Dry DMI from Dry Matter DMI from % DMI  Demand (Lbs) Matter Fed pasture Demand Pasture from Pasture | | | | | |

**Additional Information:** Dry Matter percentages for specific crops can be provided to you per your request or you may consult your county extension agent or other reliable resource. If dry matter intake from pasture for the grazing season is below 40% all non pasture feed supplies will need to be tested for dry matter percentage by a licensed lab at the operator’s expense. Reminder: to comply with the NOP regulations all ruminate animals will need to consume 30% of dry matter intake from pasture during the grazing season.

**APPENDIX A – Inputs – All medicines, herbal or homeopathic remedies, sanitizers, detergents, bedding, pest and predator control products used or planned for use must be listed. All inputs used in your operation must be listed on this form or a list in a different format that includes all required information. All inputs must be approved by MDA prior to use. If you are using a restricted or prohibited input for a conventional animal put conventional animal and the animal identification number in the NOP compliance column. After MDA has reviewed your inputs, you will receive an approval/disapproval letter. You must include the complete name of the product for MDA to review. If the product is not OMRI approved, you must submit a label or MSDS for MDA to begin the review process.**

**Certification Number**       **Name**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **COMPLETE NAME OF PRODUCT** | **BRAND NAME OR SOURCE** | **STATUS: APPROVED (A) RESTRICTED (R) PROHIBITED (P)** | **IF RESTRICTED OR PROHIBITED, DESCRIBE COMPLIANCE WITH NOP RULE ANNOTATION. IF REQUIRED TO BE CERTIFIED ORGANIC, LIST CERTIFIER** | **CHECK IF GMO**  **(✔)** | **REASON FOR USE** |
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