| OQPC 2: Shrimp Hatchery | Regulation (EU) 2018/848, Annex II, Part III |
| --- | --- |
| A. HATCHERY GENERAL DESCRIPTION1. Please confirm species used:
2. Please provide a simple flow chart or brief narrative of your shrimp hatchery operating from maturation to postlarvae sale, including average time in each phase: [ ]  **Attached**

     1. How long is your production cycle (days from fertilized eggs to postlarvae sale):
2. How old are the postlarvae when sold (days)?
3. Total number of organic postlarvae produce per year:       estimation in metric tonnes:      .

*If production is above 20 metric tonnes per year, please present an environmental assessment.* [ ]  **Attached**1. Provide a complete map for each hatchery facility depicting **all** hatchery production areas showing clearly non-organic, in-transition (if applicable), and organic units (e.g., maturation, spawning, postlarvae rooms, and nursery area(s) if applicable), including non-production areas (e.g., broodstock feed preparation, postlarvae microalgae/zooplankton growing areas, storage, water treatment, pumping station(s), quarantine, office(s), etc.). [ ]  **Attached**
2. Please describe or attach your sustainable management plan [ ]  **Attached**

     1. Please attach health care management plan [ ]  **Attached**
2. Do you run a nursery inside your Hatchery facility?

2018/848 Art 3: *Nursery means a place where an intermediate aquaculture production system is applied between the hatchery and grow-out stages*. [ ]  Yes [ ]  NoIf yes, complete **Section F**. 1. Have all your personnel possess/been trained in basic knowledge regarding animal health and welfare? [ ]  Yes [ ]  No
2. Do you maintain records of personnel training? [ ]  Yes [ ]  No
 |
| B. HATCHERY PRODUCTION AREAS **(Conversion: Regulation (EU) 2018/848, Annex II, Part III, 3.1.1)**Organic

|  |  |  |  |
| --- | --- | --- | --- |
| **Production rooms** | **Maturation**  | **Spawning**  | **Postlarvae**  |
| # units/tanks |       |       |       |
| Tanks can be drained, cleaned, and disinfected?  | [ ]  Yes [ ]  No       | [ ]  Yes [ ]  No       | [ ]  Yes [ ]  No       |
| Last disinfection date |       |       |       |
| Months under organic management |       |       |       |

 |
| C. MATURATION AREA**Broodstock origin** (2018/848 Annex II Part III, 3.1.2)1. How many broodstock do you handle per production cycle?
2. Please provide proof of organic origin of broodstock [ ]  **Attached**

*If you are using wild-caught or non-organic broodstock:*1. Provide copy of authorization for collecting wild animals from authority (e.g., MAGAP, Ecuador) [ ]  **Attached**
2. How long has your wild-caught or non-organic broodstock have been under organic management?

Please provide evidence. [ ]  **Attached**      |
| 1. Are you requesting a derogation from point 3.1.2.1(a) of Regulation (EU) 2018/848 Annex II Part III to renew/restock with non-organic aquaculture animals? [ ]  Yes [ ]  No

If yes, submit documentary evidence demonstrating that there is not an organic source of the species for renewal or restocking:      **Broodstock nutrition** (2018/848 Annex II Part III)1. Do you provide feed(s) that meets species-specific nutritional requirements? [ ]  Yes [ ]  No
2. Do you provide a feeding regime that guarantees animal health and welfare, high quality shrimp, and low environmental impact?

[ ]  Yes [ ]  No1. Described feed provided per day (2021/1165 Annex III):
2. List all feeds and sources below. Attach organic and/or sustainable fisheries certificate(s), labels, non GMO1 declaration as applicable (see Annex I).

|  |  |  |  |
| --- | --- | --- | --- |
| **Feed type/name** | **Name of the manufacturer or fishery entity** | **Supplier (if different than manufacturer)** | **Is the supplier certified organic?** |
|       |       |       | [ ]  Yes [ ]  Certificate attached | [ ]  No [ ]  Declaration (Annex II) attached  |
|       |       |       | [ ]  Yes [ ]  Certificate attached | [ ]  No [ ]  Declaration (Annex II) attached  |
|       |       |       | [ ]  Yes [ ]  Certificate attached | [ ]  No [ ]  Declaration (Annex II) attached  |
|       |       |       | [ ]  Yes [ ]  Certificate attached | [ ]  No [ ]  Declaration (Annex II) attached  |
|       |       |       | [ ]  Yes [ ]  Certificate attached | [ ]  No [ ]  Declaration (Annex II) attached  |

1 GMO = genetically modified organism **Feed Additives and Supplements** (2018/848: Article 24, 2021/1165 Annex III)1. List all feed additives and supplements used (e.g., vitamins, trace elements, minerals). Attach label, SDS, non GMO1 declaration as applicable (see Annex I)

|  |  |  |
| --- | --- | --- |
| **Product Name as it Appears on Label** | **Manufacturer** | **Function** |
|       |       |       |
|       |       |       |
|       |       |       |
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|       |       |       |
|       |       |       |

 |
| **Broodstock Feed Storage**1. Complete the table below to describe how all feed **(both organic and conventional)** used by your operation is stored and be sure to show feed storage units on Hatchery maps.
 |
| **Storage Unit code** | **Description** | **Capacity** | **Location**  | **Use (check all that apply)** |
|       |       |       |       | [ ]  Organic/Sustainable fishery[ ]  Non-organic source |
|       |       |       |       | [ ]  Organic/Sustainable fishery[ ]  Non-organic source |
|       |       |       |       | [ ]  Organic/Sustainable fishery[ ]  Non-organic source |
|       |        |       |       | [ ]  Organic/Sustainable fishery[ ]  Non-organic source |
|       |       |       |       | [ ]  Organic/Sustainable fishery[ ]  Non-organic source |
| **Maturation Housing & Husbandry Practices** (2018/848 Annex II Part III, 3.1.5)1. Describe how many tanks and size per tank used per production cycle:
2. Does your system offer water quality and temperature ranges, light conditions and sufficient space to guarantee the welfare of the animals according to the species requirements? [ ]  Yes [ ]  No
3. How is water quality maintained and monitored? Attach diagram of closed recirculation system [ ]  **Attached**
4. Do you keep records of water quality? [ ]  Yes [ ]  No
5. Is any water artificial heating or cooling system used? [ ]  Yes [ ]  No; If yes, describe:
6. Describe lighting conditions and regime:
7. How frequently are tanks cleaned and disinfected?
8. List below all inputs used for cleaning and disinfection of ponds, cages, tanks, raceways, buildings, or installations. [ ]  None

**Equipment and Facility Cleaners/Sanitizers** (2018/848 Article 24; 2021/1165 Annex IV). Attach labels and SDS. [ ]  **Attached**

|  |  |  |  |
| --- | --- | --- | --- |
| **Product Name as it Appears on Label** | **Manufacturer** | **Reason for use** | **Frequency of use** |
|       |       |       |       |
|       |       |       |       |
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 |
| **Maturation Health Care/Veterinary Treatments, Animal Welfare** (2018/848 Annex II Part III, 3.1.4)1. Do you use ablation or any other physical alteration in the broodstock? [ ]  Yes [ ]  No
2. Do you use hormones, hormone-derivates substances? [ ]  Yes [ ]  No
 |
| 1. What preventive health care measures are practiced?

[ ]  Adequate quality/quantity of feed [ ]  Nutritional supplements/probiotics [ ]  Collecting uneaten feed, dead animals[ ]  Clean water [ ]  Other, specify:      1. How do you monitor the effectiveness of preventative health care practices, and how often are you monitoring?

     1. Mortality rate per cycle:
2. Have you used or do you plan to use any homeopathic preparation with plant, animal or mineral substances? [ ]  Yes [ ]  No

If yes, are homeopathic preparations used only when the above preventive measures have proven insufficient? [ ]  Yes [ ]  No1. Have you used, or do you plan to use, any plants and/or their extracts? [ ]  Yes [ ]  No

If yes, are these used only when preventive measures and homeopathic preparations described above have proven insufficient? [ ]  Yes [ ]  No1. Have you used, or do you plan to use, any other substances different from homeopathic preparation, or plants and their extracts, such as authorized probiotics, natural immunostimulants, trace elements, metals? [ ]  Yes [ ]  No

If yes, are these substances used only when preventive measures, homeopathic preparations and plants/plant extracts have proven insufficient? [ ]  Yes [ ]  No1. Have any animals been treated with chemically synthesized allopathic veterinary products, including antibiotics, when organic methods have failed? [ ]  Yes [ ]  No

If yes, how are animals treated with these medications identified and segregated from organic stock?      1. Are treatments with chemically synthetized allopathic veterinary products, including antibiotics, ever withheld from a sick animal to preserve its organic status? [ ]  Yes [ ]  No
2. Does your operation use any allopathic veterinary treatment and parasite treatment that require a withdrawal period?

[ ]  Yes [ ]  No1. Have any chemically synthesized allopathic veterinary products, including antibiotics, and parasiticides used under the responsibility of a veterinarian? [ ]  Yes [ ]  No
2. Have any animals received parasites treatments when preventive measures and organic methods have failed? [ ]  Yes [ ]  No
3. How and when do you declare/plan to declare the use of any veterinary medicinal products to the control authority?

     1. List any stock that has been treated with chemically synthesized allopathic veterinary products including antibiotics and parasiticides and list the treatments in the table below. [ ]  Not applicable, no animals have been treated with chemically synthetized allopathic veterinary products, (including antibiotics), nor parasite treatments.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Treated stock**  | **Product name** | **Manufacturer** | **Condition treated** | **Treatment dates (start – end)** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
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1. List all treatments, including homeopathic preparation, plants, plant extracts, authorized probiotics, natural immunostimulants, trace elements, metals, in the table below. [ ]  None

**Maturation Healthcare and Veterinary Treatment Inputs.** Attach labels and SDS

|  |  |  |
| --- | --- | --- |
| **Product Name as it Appears on Label** | **Manufacturer** | **Condition Treated** |
|       |       |       |
|       |       |       |
|       |       |       |
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|       |       |       |

 |
| D. SPAWNING AREA1. How do you transport females to spawning area from maturation?
2. What is the eclosion rate?

**Spawning Housing & Husbandry Practices** (2018/848 Annex II Part III, 3.1.5)1. Describe how many tanks and size per tank:
2. Does your system offer water quality and temperature ranges, light conditions and sufficient space to guarantee the welfare of the animals according to the species requirements? [ ]  Yes [ ]  No
3. How is water quality maintained and monitored? Attach diagram of closed recirculation system [ ]  **Attached**

      1. Do you keep records of water quality? [ ]  Yes [ ]  No
2. Are any water artificial heating or cooling systems used? [ ]  Yes [ ]  No
3. Describe lighting conditions and regime:
4. How frequently tanks are cleaned and disinfected?
5. List all inputs used for cleaning and disinfection of ponds, cages, tanks, raceways, building or installations below. [ ]  None

**Equipment and Facility Cleaners/Sanitizers** (2018/848 Article 24; 2021/1165 Annex IV). Attach labels and SDS.

|  |  |  |  |
| --- | --- | --- | --- |
| **Product Name as it Appears on Label** | **Manufacturer** | **Reason for use** | **Frequency of use** |
|       |       |       |       |
|       |       |       |       |
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 |
| **Spawning** **Health Care/Veterinary Treatments** (2018/848 Annex II Part III, 3.1.4)1. What preventive health care measures are practiced?

[ ]  Clean water [ ]  Collecting dead animals [ ]  Other, specify:      1. How do you monitor the effectiveness of preventative health care practices, and how often are you monitoring?
 |
| E. POSTLARVAE REARING AREA1. Number of tanks/ units used:
2. Density per tank:
3. Mortality rate:
4. Average time animals spend in this area (from nauplii to PL):

**Postlarvae Nutrition**1. Do you provide feed(s) that meets species-specific nutritional requirements? [ ]  Yes [ ]  No
2. Do you provide a feeding regime that guarantees animal health and welfare, shrimp quality, and minimizes environmental impact? [ ]  Yes [ ]  No
3. Describe the feeding regime per shrimp development stage:

|  |
| --- |
| ***ZOEA*** |
| **Feed (e.g., microalgae, rotifer, etc.)** | **Source (own production, organic, other)** | **Total number of days** |
|       |       |       |
|       |       |       |
|       |       |       |
| ***MYSIS*** |
| **Feed (e.g., microalgae, rotifer, etc.)** | **Source (own production, organic, other)** | **Total number of days** |
|       |       |       |
|       |       |       |
|       |       |       |
| **POSTLARVAE** |
| **Feed (e.g., microalgae, rotifer, etc.)** | **Source (own production, organic, other)** | **Total number of days** |
|       |       |       |
|       |       |       |
|       |       |       |

**Feed Additives and Supplements** (2018/848, Article 24. 2021/1165 Annex III)1. List all feed additives and supplements used (e.g., vitamin, provitamin, trace elements, minerals). Attach label, SDS non GMO1 declaration as applicable (see Annex I)

|  |  |  |
| --- | --- | --- |
| **Product Name as it Appears on Label** | **Manufacturer** | **Function/stage when used** |
|       |       |       |
|       |       |       |
|       |       |       |
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|       |       |       |

 |
| **Postlarvae Feed Storage**1. Complete the table below to describe how all feed **(both organic and conventional)** used by your operation is stored and be sure to show feed storage units in Hatchery maps.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Storage Unit code** | **Description** | **Capacity** | **Location**  | **Use (check all that apply)** |
|       |       |       |       | [ ]  Organic [ ]  Non-organic source |
|       |       |       |       | [ ]  Organic [ ]  Non-organic source |
|       |       |       |       | [ ]  Organic [ ]  Non-organic source |
|       |       |       |       | [ ]  Organic [ ]  Non-organic source |
|       |       |       |       | [ ]  Organic [ ]  Non-organic source |

**Postlarvae rearing Housing & Husbandry Practices** (2018/848 Annex II Part III, 3.1.5)1. Does your system offer water quality and temperature ranges, light conditions and sufficient space to guarantee the welfare of the animals according with the species requirements? [ ]  Yes [ ]  No
2. How is water quality maintained and monitored? Attach diagram of closed recirculation system [ ]  **Attached**

     1. Do you keep records of water quality? [ ]  Yes [ ]  No
2. Is any water artificial heating or cooling system used? [ ]  Yes [ ]  No
3. Described lighting conditions and regime
4. How frequently tanks are cleaned and disinfected?
5. List all inputs used for cleaning and disinfection of ponds, cages, tanks, raceways, building or installationsbelow. [ ]  None

**Equipment and Facility Cleaners/Sanitizers** (2018/848 Article 24; 2021/1165 Annex IV). Attach labels and SDS.

|  |  |  |  |
| --- | --- | --- | --- |
| **Product Name as it Appears On Label** | **Manufacturer** | **Reason for use** | **Frequency of use** |
|       |       |       |       |
|       |       |       |       |
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 |
| **Postlarvae Rearing** **Health Care/Veterinary Treatments** (2018/848 Annex II Part III, 3.1.4)1. What preventive health care measures are practiced?

[ ]  Adequate quality/quantity of feed [ ]  Nutritional supplements/probiotics [ ]  Collecting uneaten feed, dead animals[ ]  Clean water [ ]  Other, specify:      1. How do you monitor the effectiveness of preventative health care practices, and how often are you monitoring?
2. Mortality rate per cycle:
3. Have you used or do you plan to use any homeopathic preparation with plant, animal or mineral substances? [ ]  Yes [ ]  No

If yes, are homeopathic preparations used only when preventive measures described above have proven insufficient? [ ]  Yes [ ]  No1. Have you used or do you plan to use any plants and/or their extracts? [ ]  Yes [ ]  No

If yes, are these used only when preventive measures and homeopathic preparations described above have proven insufficient? [ ]  Yes [ ]  No.1. Have you used or do you plan to use any other substances different from homeopathic preparation, plants and their extract, such as authorized probiotics, natural immunostimulants, trace elements, metals? [ ]  Yes [ ]  No

If yes, are these substances used only when preventive measures, homeopathic preparations and plants/plant extracts have proven insufficient? [ ]  Yes [ ]  No1. Have any animals been treated with chemically synthesized allopathic veterinary products, including antibiotics, when organic methods have failed? [ ]  Yes [ ]  No

If yes, how are animals treated with these medications identified and segregated from organic stock?      1. Are treatments with chemically synthetized allopathic veterinary products, including antibiotics, ever withheld from a sick animal to preserve its organic status? [ ]  Yes [ ]  No
2. Does your operation use any allopathic veterinary treatment and parasite treatment that require a withdrawal period?

[ ]  Yes [ ]  No1. Have any chemically synthesized allopathic veterinary products, including antibiotics, and parasiticides used under the responsibility of a veterinarian? [ ]  Yes [ ]  No
2. Have any animals received parasites treatments when preventive measures and organic methods have failed? [ ]  Yes [ ]  No
3. How and when do you plan to declare any use of veterinary medicinal products to the control authority?

     1. List any stock that has been treated with chemically synthesized allopathic veterinary products, including antibiotics and antiparasitics, and list the treatments in the table below. [ ]  Not applicable, no animals have been treated with chemically synthetized allopathic veterinary products (including antibiotics), nor parasite treatments

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Treated stock**  | **Product name** | **Manufacturer** | **Condition treated** | **Treatment date** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

 |
| 14. List all Veterinary treatments including homeopathic preparation, plants, plant extracts, authorized probiotics, natural immunostimulants, trace elements, metals. in table below. [ ]  None**Postlarvae rearing Healthcare and Veterinary Treatment Inputs.** Attach labels & SDS

|  |  |  |
| --- | --- | --- |
| **Product Name as it Appears on Label** | **Manufacturer** | **Condition Treated** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

 |
| F. HATCHERY NURSERY AREA [ ]  NOT APPLICABLE1. Describe type of rearing unit used (raceway, tanks, etc.):      2. Number of tanks/ units used:      3. Density per tank:      4. Mortality rate:      5. Average time animals spend in this area:      **Nutrition** 1. Do you provide feed(s) that meets species-specific nutritional requirements? [ ]  Yes [ ]  No
2. Do you provide a feeding regime that guarantees animal health and welfare, shrimp high quality, and low environmental impact?

[ ]  Yes [ ]  No1. List of feed used during nursery in the table below (2021/1165 Annex III). Attach certificates, labels, non GMO1 declaration as applicable (see Annex I)

|  |  |  |  |
| --- | --- | --- | --- |
| **Feed name** | **Manufacturer** (attach organic certificate) | **Supplier** (if different than manufacturer) | **Is the supplier certified organic?** |
|       |       |       | [ ]  Yes: Attach certificate.[ ]  No: Attach Declaration (Annex II) |
|       |       |       | [ ]  Yes: Attach certificate.[ ]  No: Attach Declaration (Annex II) |
|       |       |       | [ ]  Yes: Attach certificate.[ ]  No: Attach Declaration (Annex II) |
|       |       |       | [ ]  Yes: Attach certificate.[ ]  No: Attach Declaration (Annex II) |
|       |       |       | [ ]  Yes: Attach certificate.[ ]  No: Attach Declaration (Annex II) |
|       |       |       | [ ]  Yes: Attach certificate.[ ]  No: Attach Declaration (Annex II) |

 |
| **Nursery Feed Additives and Supplements** (2018/848: Article 24, 2021/1165: Annex III)1. List all feed additives and supplements used in nursery (e.g., vitamins, trace elements, minerals). Attach labels, SDS, non GMO1 declaration as applicable (see Annex I) [ ]  **Attached**

|  |  |  |
| --- | --- | --- |
| **Product Name as it Appears on Label** | **Manufacturer** | **Function** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

 |
| **Nursery feed storage unit**1. Complete the table below to describe how all feed **(both organic and conventional)** used by your operation is stored and be sure to show feed storage units in Hatchery maps.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Storage Unit code** | **Description** | **Capacity** | **Location**  | **Use (check all that apply)** |
|       |       |       |       | [ ]  Organic [ ]  Non-organic source |
|       |       |       |       | [ ]  Organic [ ]  Non-organic source |
|       |       |       |       | [ ]  Organic [ ]  Non-organic source |

 |
| **Nursery Housing & Husbandry Practices** (2018/848 Annex II Part III, 3.1.5)1. Does your system offer water quality and temperature ranges, light conditions and sufficient space to guarantee the welfare of the animals according to the species requirements? [ ]  Yes [ ]  No
2. How is water quality maintained and monitored? Attach diagram of closed recirculation system [ ]  **Attached**

     1. Do you keep records of water quality? [ ]  Yes [ ]  No
2. Is any water artificial heating or cooling system used? [ ]  Yes [ ]  No
3. Described lighting conditions and regime
4. How frequently raceways/tanks are cleaned and disinfected?
5. List all inputs used for cleaning and disinfection of ponds, cages, tanks, raceways, building or installations below. [ ]  None

**Equipment and Facility Cleaners/Sanitizers used in Nursery systems** (2018/848 Article 24; 2021/1165 Annex IV). Attach labels and SDS. [ ]  **Attached**

|  |  |  |  |
| --- | --- | --- | --- |
| **Product Name as it Appears on Label** | **Manufacturer** | **Reason for use** | **Frequency of use** |
|       |       |       |       |
|       |       |       |       |
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 |
| **Nursery Health Care/Veterinary Treatments** (2018/848 Annex II Part III)1. What preventive health care measures are practiced?

[ ]  Adequate quality/quantity of feed [ ]  Nutritional supplements/probiotics [ ]  Collecting uneaten feed, dead animals[ ]  Clean water [ ]  Other, specify:      1. How do you monitor the effectiveness of preventative health care practices, and how often are you monitoring?
2. Mortality rate per cycle:
3. Have you used or do you plan to use any homeopathic preparation with plant, animal or mineral substances? [ ]  Yes [ ]  No

If yes, are homeopathic preparations used only when preventive measures described above have proven insufficient? [ ]  Yes [ ]  No1. Have you used or do you plan to use any plants and/or their extracts? [ ]  Yes [ ]  No

If yes, are these used only when preventive measures and homeopathic preparations described above have proven insufficient? [ ]  Yes [ ]  No.1. Have you used or do you plan to use any other substances different from homeopathic preparation, plants and their extract, such as authorized probiotics, natural immunostimulants, trace elements, metals? [ ]  Yes [ ]  No

If yes, are these substances used only when preventive measures, homeopathic preparations and plants/plant extracts have proven insufficient? [ ]  Yes [ ]  No1. Have any animals been treated with chemically synthesized allopathic veterinary products, including antibiotics, when organic methods have failed? [ ]  Yes [ ]  No

If yes, how are animals treated with these medications identified and segregated from organic stock?      1. Are treatments with chemically synthetized allopathic veterinary products, including antibiotics, ever withheld from a sick animal to preserve its organic status? [ ]  Yes [ ]  No
2. Does your operation use any allopathic veterinary treatment and parasite treatment that require a withdrawal period?

[ ]  Yes [ ]  No1. Have any chemically synthesized allopathic veterinary products, including antibiotics, and parasiticides used under the responsibility of a veterinarian? [ ]  Yes [ ]  No
2. Have any animals received parasites treatments when preventive measures and organic methods have failed? [ ]  Yes [ ]  No
3. How and when do you plan to declare any use of veterinary medicinal products to the control authority?

     1. List any stock that has been treated with chemically synthesized allopathic veterinary products including antibiotics and antiparasitics and list the treatments in the table below. [ ]  Not applicable, no animals have been treated with chemically synthetized allopathic veterinary products (including antibiotics), nor parasite treatments.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Treated stock**  | **Product name** | **Manufacturer** | **Condition treated** | **Treatment date** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

 |
| 1. List all in Veterinary treatments including homeopathic preparation, plants, plant extracts, authorized probiotics, natural immunostimulants, trace elements, metals. in table below. [ ]  None

**Nursery Healthcare and Veterinary Treatment Inputs.** Attach labels and SDS.

|  |  |  |
| --- | --- | --- |
| **Product Name as it Appears on Label** | **Manufacturer** | **Condition Treated** |
|       |       |       |
|       |       |       |
|       |       |       |
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 |
| G. HATCHERY PESTS AND PREDATORS1. Are insect or rodent pests a problem in any of your areas of the hatchery? [ ]  Yes [ ]  No

If yes, describe your control methods: [ ]  Insect traps [ ]  Insect zappers [ ]  Fly tape [ ] Rodent traps [ ]  Rodent baits [ ]  Other      1. Are predators a problem in any of the areas of your hatchery? [ ]  Yes [ ]  No

If yes, describe your control methods:      1. How do you monitor the effectiveness of preventative pest and predator control practices, and how often are you monitoring?
2. Are inputs used to control pests or predators only when physical and mechanical controls fail?

[ ]  Yes [ ]  No [ ]  N/A (none used)1. Please list all pest/predator control below:
 |
| **Pest and Predator Control Inputs**List all inputs used to control pests and predators on the livestock operation. [ ]  None

|  |  |  |  |
| --- | --- | --- | --- |
| **Product Name as it Appears on Label** | **Manufacturer** | **Pest or Predator Controlled** | **Where/how it is applied** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

1. Are all baits placed in tamper proof containers to prevent contact with aquatic animals and water?

[ ]  Yes [ ]  No [ ]  N/A (none used) If yes, please show the location of all bait stations on the map.  |
| **Other Hatchery Production Inputs (e.g., water additives)**List all other hatchery production inputs used in organic production. [ ]  None

|  |  |  |
| --- | --- | --- |
| **Product Name as it Appears on Label** | **Manufacturer** | **Reason for Use** |
|       |       |       |
|       |       |       |
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|       |       |       |

 |
| H. PLANKTON PRODUCTION (2018/848 Articles 9, 10, 11, 15, 24, Annex II Part III)Phytoplankton 1. Please list all phytoplankton species used below:

|  |  |  |  |
| --- | --- | --- | --- |
| **Common name** | **Species** | **Source of original strain** (original stock used for upscale production) | **Has this species been produced from GMOs and/or by GMOs?** (Attach Annex I) |
|       |       |       | [ ]  Yes [ ]  No |
|       |       |       | [ ]  Yes [ ]  No |
|       |       |       | [ ]  Yes [ ]  No |
|       |       |       | [ ]  Yes [ ]  No |
|       |       |       | [ ]  Yes [ ]  No |
|       |       |       | [ ]  Yes [ ]  No |

1. Describe all inputs used per each phytoplankton (including stock maintenance) in the table below (add additional pages as need it). Attach labels and non GMO declaration (Annex I), as applicable.

|  |
| --- |
| **Phytoplankton Species:**       |
| **Purpose (e.g., nutrient)** | **Input common name** | **Input commercial name** | **Manufacturer**  | **Source (mineral, animal, plant)** |
|       |       |       |       |       |
|       |       |       |       |       |
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|  |
| --- |
| **Phytoplankton Species:**       |
| **Purpose (e.g., nutrient)** | **Input common name** | **Input commercial name** | **Manufacturer**  | **Source (mineral, animal, plant)** |
|       |       |       |       |       |
|       |       |       |       |       |
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|  |
| --- |
| **Phytoplankton Species:**       |
| **Purpose (e.g., nutrient)** | **Input common name** | **Input commercial name** | **Manufacturer**  | **Source (mineral, animal, plant)** |
|       |       |       |       |       |
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 |
| **Housing & Husbandry Practices**List all inputs used for cleaning and disinfection of ponds, cages, tanks, raceways, building or installations below. [ ]  None**Equipment and Facility Cleaners/Sanitizers** (2018/848 Article 24; 2021/1165 Annex IV). Attach labels and SDS

|  |  |  |  |
| --- | --- | --- | --- |
| **Product Name as it Appears on Label** | **Manufacturer** | **Reason for use** | **Frequency of use** |
|       |       |       |       |
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 |
| 1. Do you monitor water quality on intake water and effluents? [ ]  Yes [ ]  No
2. Do you keep records of water quality from intake water and effluent? [ ]  Yes [ ]  No
 |
| Zooplankton (2018/848, Annex II Part III. 3)1. Please complete the table below listing all zooplankton species used for shrimp larvae. Attach non-GMO declaration (Annex I),

|  |  |  |  |
| --- | --- | --- | --- |
| **Common name** | **Species** | **Source of initial stock** | **Has this species been produced from GMOs and/or by GMOs?** |
| [ ]  Rotifers |       | [ ]  Commercial: Product name:       Manufacturer:       | [ ]  Own culture. How many months under your management:       | [ ]  Yes [ ]  No |
| [ ]  Other, describe:       |
| [ ]  Artemia cyst |       | [ ]  Commercial: Product name:       Manufacturer:       | [ ]  Own culture. How many months under your management:       | [ ]  Yes [ ]  No |
| [ ]  Other, describe:       |
| [ ]  Copepods |       | [ ]  Commercial: Product name:       Manufacturer:       | [ ]  Own culture. How many months under your management:       | [ ]  Yes [ ]  No |
| [ ]  Other, describe:       |
| [ ]  Other:        |       | [ ]  Commercial: Product name:       Manufacturer:       | [ ]  Own culture. How many months under your management:       | [ ]  Yes [ ]  No |
| [ ]  Other, describe:       |
| [ ] Other:       |       | [ ]  Commercial: Product name:       Manufacturer:       | [ ]  Own culture. How many months under your management:       | [ ]  Yes [ ]  No |
| [ ]  Other, describe:       |

 |
| 1. Describe all inputs (e.g., yeast, vitamins, emulsifier) used per each zooplankton species culture in the table below (add additional pages as need it). Attach labels for all commercial inputs and non GMO1 declaration, as applicable (see Annex I)

|  |
| --- |
| **Zooplankton Species:**       |
| **Purpose (e.g., feed)** | **Input common name** | **Input commercial name** | **Manufacturer**  | **Source (mineral, animal, plant)** |
|       |       |       |       |       |
|       |       |       |       |       |
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|       |       |       |       |       |
| **Zooplankton Species:**       |
| **Purpose (e.g., feed)** | **Input common name** | **Input commercial name** | **Manufacturer**  | **Source (mineral, animal, plant)** |
|       |       |       |       |       |
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| **Zooplankton Species:**       |
| **Purpose (e.g., feed)** | **Input common name** | **Input commercial name** | **Manufacturer**  | **Source (mineral, animal, plant)** |
|       |       |       |       |       |
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 |
| **Housing & Husbandry Practices** (2018/848 Annex II Part III, 3.1.5)1. Indicate the type of culture system used (e.g., recirculation, flow-through, etc.):
2. Do you keep records of water quality for each zooplankton culture? [ ]  Yes [ ]  No
3. How frequently raceways/tanks are cleaned and disinfected?
4. List all inputs used for cleaning and disinfection of ponds, cages, tanks, raceways, building or installations below. [ ]  None

**Equipment and Facility Cleaners/Sanitizers** (2018/848 Article 24; 2021/1165 Annex IV). Attach labels and SDS.

|  |  |  |  |
| --- | --- | --- | --- |
| **Product Name as it Appears on Label** | **Manufacturer** | **Reason for use** | **Frequency of use** |
|       |       |       |       |
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