| OLP 05: Livestock Living Conditions – Avian/Poultry | USDA Organic Regulations §205.241 |
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| *Producers of organic poultry must establish and maintain year-round poultry living conditions that accommodate the health and natural behavior of poultry, including year-round access to the outdoors, shade, shelter, exercise areas, fresh air, direct sunlight, clean water for drinking, materials for dust bathing, and adequate outdoor space to escape aggressive behaviors suitable to the species, its stage of life, the climate and environment. Induced molting is prohibited.* | |
| 1. **INDOOR HOUSING/SHELTER**   *Indoor space includes flat areas available to birds (excluding nest boxes) and may include enclosed porches and lean-to type structures (e.g. screened in, roofed) if birds always have access to the space, including during temporary confinement events. If birds do not have continuous access to the porch during temporary confinement events, this space may not be considered indoor space.*   1. Complete the table below for all housing structures provided for avian species/poultry. Attach additional copies if needed.  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Barn/Shelter Name/#** | **Bird Type** | **Max # of birds** | **Housing Type (mobile, aviary, slated/mesh floor, other)** | **Dimensions** | **Stocking Density** *(pounds/sq ft OR sq ft/bird)* | **Exit Areas** *(must be ≥ 1 ft per 360 birds)* | **Flooring** *(must be ≥ 15% of solid floor area in non-mobile houses with slated/mesh floors)* | ***Layer Housing Only*** | | | **Perch** **Space** *(must be ≥ 6 in. per bird)* | **% Birds that can Perch at Same Time** | | *Example:*  *Layer House 1-4* | Layers  Broilers  Pullets  Other.  Describe: | *400* | Mobile  Aviary  Slated/ mesh floor  Other. Describe: | *20’ X 100’*  *Total = 2,000 sq ft* | *5 sq ft per bird* | *3 ft per 360 birds* | N/A | N/A  *9 inches* | N/A  *75%* | |  | Layers  Broilers  Pullets  Other.  Describe: |  | Mobile  Aviary  Slated/ mesh floor  Other. Describe: |  |  |  | N/A | N/A | N/A | |  | Layers  Broilers  Pullets  Other.  Describe: |  | Mobile  Aviary  Slated/ mesh floor  Other. Describe: |  |  |  | N/A | N/A | N/A | |  | Layers  Broilers  Pullets  Other.  Describe: |  | Mobile  Aviary  Slated/ mesh floor  Other. Describe: |  |  |  | N/A | N/A | N/A |  1. Check if you provide year-round access to the following living conditions:   Outdoor access  Shade  Shelter from adverse weather  Direct sunlight  Areas to exercise  Fresh air  Clean drinking water  Materials for dust bathing and scratching  Outdoor space to escape aggressive behaviors  Housing with appropriate, clean, dry bedding/litter  Housing space for all birds to move freely, stretch both wings simultaneously, stand normally, and engage in natural behaviors   1. Does housing include enclosed porches or other screened in/roofed areas?  Yes  No   *If yes, birds must have continuous access, including during temporary confinement, to be counted as indoor space.*   1. Describe temperature level, ventilation, and air circulation in housing/shelter: 2. Describe any other features of housing/shelter that allow for natural maintenance, comfort behaviors and opportunities for exercise: 3. Check all types of bedding/litter used in your poultry housing/shelters:   *All roughage used as bedding must be certified organic.*  Organic roughage (straw, rice hulls, etc.) List suppliers in **OLP 02: Livestock Feed & Water**.  Wood products (shavings or sawdust). Attach documentation that it is free of plywood, particle board or treated lumber. List in **OLP 04: Livestock Production Inputs.**  Other. Please describe:   1. Describe the frequency and methods you use to clean livestock housing. List all cleaners and sanitizers on **OLP 04: Livestock Production Inputs**. | |
| 1. Do you apply any pest control products within the livestock housing units?   Yes, while livestock are present  Yes, while livestock are NOT present (e.g. between flocks)  No  If yes, list each substance on **OLP 04: Livestock Production Inputs**.   1. Is your operation subject to the requirements in [21 CFR part 118 – Production, Storage, and Transportation of Shell Eggs](https://www.ecfr.gov/current/title-21/chapter-I/subchapter-B/part-118)?   Yes  No  If yes, how do you prevent stray poultry, wild birds, cats, and other animals from entering poultry houses? | |
| 1. **AMMONIA MONITORING** 2. Describe practices used to maintain ammonia levels below 20 ppm: 3. Do you monitor ammonia levels by taking measurements from the height of the birds’ heads?  Yes  No    1. How often do you monitor ammonia levels?  Daily  Weekly  Other. Please specify: 4. If ammonia levels exceed 20 ppm, what additional strategies and monitoring do you use to reduce ammonia levels to below 20 ppm and ensure levels do not exceed 25 ppm? | |
| 1. **ARTIFICIAL LIGHTING**   *N/A, I do not use artificial light to prolong the day length in my poultry houses. Skip to Section D.*  *N/A, I do not raise layers or fully feathered birds. Skip to Section D.*   1. How many hours of continuous artificial light do you provide in your poultry houses for layers or other fully feathered birds per 24-hour period?    1. Do you provide a minimum of 8 hours of continuous darkness per 24-hour period?  Yes  No 2. Do you lower artificial lights gradually?  Yes  No 3. Do you manipulate the artificial light spectrum to increase feed intake and growth rate?  Yes  No | |

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| 1. **TEMPORARY CONFINEMENT**   ***Temporary*** *means occurring for a limited time only (e.g., overnight, throughout a storm, during a period of illness, the period of time specified by the Administrator when granting a temporary variance), not permanent or lasting.*   1. Do you ever temporarily confine livestock inside shelter/housing?  Yes. Complete table below.  No. *Skip to Section E.*  |  |  |  | | --- | --- | --- | | **Reason for Confinement (Check all that apply)** | **Describe Conditions in Detail** | **Maximum Duration of Confinement** | | Inclement weather – temperature related | Temperatures below       degrees F  Temperatures above       degrees F |  | | Inclement weather – not related to temperature |  |  | | The animals’ stage of life - broilers | | Weeks of life: | | The animals’ stage of life - pullets | | Weeks of life: | | The animals’ stage of life – other species: | |  | | Nest box training |  |  | | Conditions under which the health, safety or wellbeing of the animal could be jeopardized |  |  | | Risk to soil or water quality |  |  | | Preventative healthcare procedures or for the treatment of illness or injury |  |  | | Sorting or shipping animals and livestock sales |  |  | | 4-H, Future Farmers of America or other youth projects |  |  |  1. How do you document temporary confinement? |
| 1. **OUTDOOR ACCESS** 2. Describe the outdoor access area(s) associated with each barn/shelter:  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Barn/Shelter Name/#** | **Bird Type** *(Layers, broilers, pullets)* | **# of Outdoor Access Areas** | **% Soil/Vegetative** *(≥75% must be soil w vegetation)* | **Square footage or acreage of outdoor access area** | **Quantity of Birds** | **Outdoor Stocking Density***(pounds/sq ft OR sq ft/bird)* | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  1. Do you provide outdoor space year-round?  Yes  No. Explain: 2. How do you ensure that all birds are able to reach and access the outdoors? 3. Are there any structures in the outdoor access areas?  Yes  No. If yes, describe and show on maps: 4. How is vegetative cover maintained to prevent harborage for rodents and other pests? 5. At what age do birds first have access to the outdoors? (Specify type of birds if managing multiple types) 6. How many hours per day do animals have access to the outdoors?   Winter:       Spring:       Summer:       Fall: |
| 1. **OUTDOOR ACCESS AREA MANAGEMENT** 2. Did your operation complete and submit the Organic Grower Plan application covering the outdoor access areas associated with this Organic Livestock Plan?  Yes. *Skip to next OLP*.  No. Complete the remainder of this section. 3. Are seeds sown for vegetative cover in the outdoor access area?  Yes  No. *Skip to Question 3*.    1. Are all seeds, including cover crop seeds, certified organic unless an equivalent organic variety is not commercially available?  Yes  No    2. Are all nonorganic seeds untreated and non-genetically modified?  Yes  No   *Producers must check a minimum of three sources that carry organic seed or planting stock and confirm that they are unable to*  *source organic seed or planting stock in an appropriate form, quality, or quantity for their operation’s needs before purchasing*  *nonorganic varieties. Price cannot be a consideration for determination of commercial availability. Producers must maintain records*  *that document the crop, the names of suppliers contacted, the search method, and whether an equivalent organic variety was*  *available in the form, quality, and quantity needed for the operation. You may use the QCS Seed and Planting Stock Record to*  *document your attempts to source organic varieties.*   1. List all inputs used or planned for use in outside access areas. Attach additional pages if necessary.  None  |  |  |  |  | | --- | --- | --- | --- | | **Product Name as it Appears on Label** | **Manufacturer** | **Location(s) of Use** | **Reason for Use** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |  1. List all parcels/fields that adjoin livestock outdoor access areas and what they are used for. Buffers must be described below and on maps for all areas adjacent to conventional production or other potential sources of contamination. Attach additional pages if necessary.  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Parcel/Field** | **Adjoining Land Uses (check all that apply)** | **Width of Buffer** | **Type of Buffer**  (i.e., cropland, tree line, hedgerows, grass strip) | **If buffer is cropland,** describe how crops are used. | |  | organic production  conventional production  uncultivated/natural  other: |  |  |  | |  | organic production  conventional production  uncultivated/natural  other: |  |  |  | |  | organic production  conventional production  uncultivated/natural  other: |  |  |  | |  | organic production  conventional production  uncultivated/natural  other: |  |  |  |  1. What safeguards are used to prevent accidental contamination from non-organic practices on adjoining land?   *None, adjoining land does not receive applications of prohibited substances*   1. How do you monitor for contamination from adjoining non-organic land?   GMO testing  Photographs  Wind direction/speed data  Visual observation  Pesticide residue testing  Other. Please specify: 2. How often do you conduct monitoring?  Weekly  Monthly  Annually  As needed   Other. Please specify: |

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| 1. Land Use Affirmation | | | | | | |
| **INSTRUCTIONS:** Complete a separate Land Use Affirmation\* for each parcel (or acreage being added to an existing parcel) that is not already certified organic. If you have multiple parcels, make copies or request extra forms from QCS.  \****This form must be completed separately by each person who has had full management control of the parcel during the last 3 years/36 months for organic certification. Make copies as needed.*** | | | | | | |
| **Your Name** |  | | | | | |
| **Parcel Name** |  | | | | | |
| **I am the parcel’s**  (Check one) | Current Owner  Previous Owner  Lessee  Previous Lessee  Manager  Previous Manager  Other (describe): | | | | | |
| I have/had **full management control** of this parcel during the time period from (MM/DD/YYYY)  Until (MM/DD/YYYY)   Present. (Use exact dates). | | | | | | |
| **Last known prohibited substance application.** To the best of my knowledge, (Check one): | | | | | | |
| No substances prohibited in organic production were applied to this parcel during my ownership/management. | | | | | | |
| One or more substances prohibited in organic production were applied during my ownership/management of the parcel. | | | | | | |
| Last prohibited substance (product name): | | | Last application date (MM/DD/YYYY): | | | |
| Using the table below, list **ALL** inputs that have been applied to the land or crops during the time of your management, in the last three years/36 months, including fertilizers, soil amendments, pest/weed/disease control products, treated/pelleted seeds, inoculants, etc.  Additional pages **attached  No inputs applied during my management in the last 3 years/36 months** | | | | | | |
| **Product Name as it Appears on Label** | | **Manufacturer** | | **Last Application Date** | | **Fields where Applied** |
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| *I affirm that the answers given in this affirmation are true and correct.* | | | | | | |
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