| OLP 5: Livestock Living Conditions – Avian/Poultry | | | | | USDA Organic Regulations 205.239 | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **HOUSING/SHELTER** 2. List details for livestock housing in the table below.  **Attached**  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Barn/Shelter Name/#** | **Livestock Production Unit Name/# (as listed on OLP 1)** | **Indoor Space**  **(Square Feet)** | **Maximum number of animals housed at one time** | **Housing Type**  **(Aviary, mobile, slatted/mesh floor, floor litter, other)** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  1. Is poultry housing sufficiently spacious to allow birds to move freely, stretch both wings simultaneously, stand normally, and engage in natural behaviors?  Yes  No 2. 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 your maximum indoor stocking density using one of the methods in the table below (pounds per square fee OR square feet per bird).  |  |  |  | | --- | --- | --- | | **Type of bird (pullet, layer, *broiler*)** | **Pounds per square feet** | **Square feet per bird** | |  |  |  | |  |  |  |  1. Do birds have access to areas in housing for scratching and dust bathing?  Yes  No If no, describe how your operation provides areas for scratching and dust bathing. | | | | | | | |
| 1. If using slatted/mesh floors, does housing include at least 15% solid floor area with sufficient litter for dust bathing without crowding?  Yes  No 2. Describe temperature level, ventilation, and air circulation in housing/shelter: | | | | | | | |
| 1. Describe any other special features of barn/shelter that allow for natural maintenance, comfort behaviors and opportunity to exercise: | | | | | | | |
| 1. Do you monitor ammonia levels at least weekly by taking measurements at the height of the birds’ heads?  Yes  No 2. What practices are used to maintain ammonia levels below 20 ppm? | | | | | | | |
| 1. Describe additional practices and monitoring when levels exceed 20 ppm to reduce ammonia levels and ensure they never exceed 25 ppm. | | | | | | | |
| 1. Do you use artificial light to prolong the day length?  Yes  No. If yes:    1. Is it used only for layers or other fully feathered birds?  Yes  No    2. Do you provide a minimum of 8 hours of continuous darkness per 24-hour period?  Yes  No    3. Do you lower artificial lights gradually?  Yes  No    4. Do you manipulate the artificial light spectrum to increase feed intake and growth rate?  Yes  No 2. Describe bedding(litter) and how it is maintained in a dry condition. If wood products (shavings, sawdust, etc.) are used as bedding, attach documentation that it is free of plywood, particle board and treated lumber.  **Attached** | | | | | | | |
| 1. Are roughages used as bedding?  Yes  No If yes, list bedding as part of your feed ration in **OLP 2** and attach organic certificate. 2. Describe any other special features of barn/shelter that allow for natural maintenance, comfort behaviors and opportunity to exercise: | | | | | | | |
| 1. Describe frequency and method(s) of cleaning livestock housing. List all cleaners and sanitizers on **OLP 4: Livestock Production Inputs**. | | | | | | | |
| 1. Do you apply any pest control substance within livestock housing units?   No  Yes, while livestock are present  Yes, while livestock are NOT present (e.g. between flocks)  If yes, list each substance on **OLP 4: 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. **LAYER DENSITY & PERCHES. *Complete this section only if your operation manages organic layers.*** 2. Describe perches: 3. How much perch space is provided per bird? 4. Can all birds perch at the same time?  Yes  No If no, are birds in aviary housing that allows at least 55% of birds to perch at the same time?  Yes  No | | | | | | | |
| 1. **OUTDOOR ACCESS** 2. Describe the outdoor access area(s) associated with each barn/shelter:  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Barn/Shelter Name/#** | **# of outdoor access areas** | **Dimensions of outdoor access areas (square feet or acreage)** | ***Number exit areas to outdoor access*** | ***Total width of all exit areas (include unit of measurement)*** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | | | | | | | |
| 1. How do you ensure that all birds are able to reach and access the outdoors? | | | | | | | |
| 1. Are there any structures in the outdoor access areas?  Yes  No. If yes, describe and show on maps: | | | | | | | |
| 1. Describe the minimum outdoor space provided for each type of bird, using one of the methods in the table below (pounds per square fee OR square feet per bird).  |  |  |  | | --- | --- | --- | | ***Type of bird (pullet, layer, broiler)*** | ***Pounds per square feet*** | ***Square feet per bird*** | |  |  |  | |  |  |  |  1. What percentage of outdoor space is soil with vegetative cover? 2. How is vegetative cover maintained to prevent harborage for rodents and other pests? 3. At what age do birds first have access to the outdoors? (Specify type of birds if managing multiple types) 4. How many hours per day do animals have access to the outdoors?  |  |  |  |  | | --- | --- | --- | --- | | Winter: | Spring: | Summer: | Fall: |  1. Do you provide outdoor space year-round?  Yes  No. If no, explain. | | | | | | | |
| 1. Do you ever temporarily confine livestock inside shelter/housing?  Yes  No. If yes, complete the table below.  *“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.”*  |  |  |  | | --- | --- | --- | | **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. Did your operation complete and submit the Organic Grower Plan application covering the outdoor access areas associated with this Organic Livestock Plan?  Yes  No. If no, complete the remainder of this section. 2. Are seeds sown for vegetative cover in the outdoor access area?  Yes  No    1. If yes, 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 3. 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 specific adjoining land uses and buffer zones on your operation and show them on maps for livestock production units. Attach additional pages if necessary. Not applicable, no prohibited materials used nearby.  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Parcel/Field** | **Adjoining Land Use** | **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: |  |  |  | |  | organic production  conventional production  uncultivated/natural  other: |  |  |  |  1. What safeguards are used to prevent accidental contamination from non-organic practices on adjoining land? (Show adjoining land uses and buffer zones on maps): | | | | | | | |
| 1. How do you monitor for contamination from adjoining non-organic land uses, and how often do you monitor? | | | | | | | |
| 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** |
|  | |  | |  | | |  |
|  | |  | |  | | |  |
|  | |  | |  | | |  |
|  | |  | |  | | |  |
|  | |  | |  | | |  |
|  | |  | |  | | |  |
|  | |  | |  | | |  |
| *I affirm that the answers given in this affirmation are true and correct.* | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Signature) | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Date) | |