



APPLICATION FOR CERTIFICATION OF CHICKEN OPERATIONS

TO BE COMPLETED IN FULL

| GENERAL INFORMATION | | | |
|---|---|-------------------|------------------------|
| PRODUCER NAME | | | |
| FARM NAME | | | |
| FARM ADDRESS | MAILING ADDRESS (if different) | | |
| ORGANIZATIONAL STRUCTURE (ISO §8.2.2.) | <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> S-Corporation <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Other (please specify) _____ | | |
| ON FARM CONTACT | | | |
| TELEPHONE NO: | FAX NO: | MOBILE NO: | EMAIL: |
| <i>OTHER CONTACT</i> | | | |
| <i>TELEPHONE NO:</i> | <i>FAX NO:</i> | <i>MOBILE NO:</i> | <i>EMAIL:</i> |
| MEMBER OF POOLED PRODUCT OPERATION/ PRODUCER GROUP? <input type="checkbox"/> Yes <input type="checkbox"/> No | NAME OF POOLED PRODUCT OPERATION/ PRODUCER GROUP: | | |
| List brand name(s) product is sold under | | | |
| TOTAL FLOOR SPACE (ft ²) | BARN | FREE-RANGE | BOTH |
| | | | TOTAL NUMBER OF HOUSES |
| <i>OTHER ADDRESSES USED FOR RAISING BIRDS</i> <i>(or separate postal address)</i> | 1 | | 2 |
| <i>FLOOR SPACE (ft²)</i> | | | |
| <i>NUMBER OF HOUSES (ACRES)</i> | | | |
| <i>TYPE OF UNIT</i> | | | |
| <i>MILES FROM MAIN UNIT</i> | | | |
| <i>MANAGED AS MAIN UNIT</i> | YES NO | | YES NO |

For more locations, provide the same details as above for other sites on a separate attached piece of paper.

| | | | |
|---|--|----------------------|-----------------|
| Total bird no. | | Birds sold per annum | |
| Name and address of processor <i>(complete attached information sheet)</i> | | | Miles from farm |
| Name and address of hatchery | | | |

FARM QUESTIONNAIRE: CHICKENS

1) FLOCK BIOSECURITY POLICY

- a. Is an all-in, all-out production system used? Y N
- b. Is there any certification of the health status of the incoming chicks? Y N
- If yes, which certification? _____
- c. Do vehicles entering farm premises have access restricted to specific areas of farm? Y N
- d. Are visitors required to wear boots and other protective clothing? Y N
- e. Is visitor access restricted to specific areas of the farm, pending owner/manager approval? Y N
- f. Are all persons who work on farm informed of biosecurity measures? Y N
- g. Are dirty work routines used that minimize disease transfer between houses? Y N
- h. Are sick birds segregated from the rest of the flock? Y N

If yes, where?

2) FEED AND WATER

Feed Suppliers

Name:

Address:

Telephone No.:

Mills Used:

Name:

Address:

Telephone No.:

Mills Used:

Name:

Address:

Telephone No.:

Mills Used:

Is feed free from all avian- or mammalian derived protein?
(except eggs and egg products) Y N

Is feed free from growth promoters and sub-therapeutic antibiotics? Y N

Are feed ingredient tags available for at least one year? Y N

Are basic rations for each grouping of animals available for at least one year? Y N

Does supplier carry out any tests and/or safeguards on raw materials or finished feed? Y N

**Feed records retention – keep a representative ingredient tag for each ingredient used.
Replace old tags with current tags as rations change.**

Are feeders filled manually or automatically? _____

How often are feeders cleaned? _____

Are chickens kept on pasture? Y N

If yes, is animal access to poisonous plants prevented? Y N

Commodity Feed Area

Is feed kept covered? Y N

Are storage areas cleaned between loads of feed? Y N

What is the amount of feeding space **per bird**? _____

What type of feeders are used? _____

Water

What type of waterers do the birds have access to? _____

How many waterers of each type are in each house/pen of birds? _____

How often are waterers checked? _____

Is daily water consumption recorded? Y N

How often are waterers cleaned? _____

Are waterers disinfected? Y N

If yes, what is used: _____

Are any water filtration/purification systems used? Y N

If yes, please list: _____

What is the primary water source for the farm? _____

Is an emergency or backup water source available? Y N
(e.g. 2nd well, pond, local water company, etc.)

3) LITTER (IF USED)

Is litter used? Y N

If yes: What type? _____

Where is it stored? _____

Is litter area cleaned between loads of litter? Y N

Supplier of litter _____

4) FACILITIES

Describe your housing and other facilities :

| | | | |
|---------------|--|--|--|
| Number | | | |
| Size | | | |
| Stocking rate | | | |
| Type | | | |
| Flooring | | | |
| Manure system | | | |

Describe any animal handling aides used (for moving birds in/out of the house or catching them).

For animals housed indoors, describe facility ventilation systems.

How often are poultry checked each day? _____

Is protection for all animals provided during inclement weather? Y N
(extreme temperatures, storms)

If yes, describe

For outdoor birds, is protection from predators (dogs, coyotes, hawks etc.) provided? Y N

Cleaning and Disinfection Policies

List the compounds/products/methods used on farm to clean/disinfect:

Buildings and Equipment – *List Cleaning/Disinfecting Procedures*

Buildings

- preparation
- cleaning method
- disinfection
- resting (drying)
- drains

Equipment

- preparation
- cleaning method
- disinfection
- resting (drying)

5) WASTE MANAGEMENT POLICY

a. How is litter disposed of (*check all that apply*):

- Composting
- Spread on land: How much acreage is available? _____
- Hauled off the property
- Other (list): _____

b. How is medical waste (needles, scalpel blades, medicine containers, syringes, etc.) disposed of?

Are sharps containers used? Y N
(May include leak-proof, puncture resistant container, such as empty coffee tin, or similar)

6) PEST CONTROL POLICY

Indicate methods/products used to control rodents, birds and flies

a. Rodents

| | | |
|----------------------|---|---|
| traps | Y | N |
| bait | Y | N |
| limit access | Y | N |
| covered feed storage | Y | N |

b. Birds

| | | |
|----------------------------|---|---|
| bait | Y | N |
| limit access | Y | N |
| covered feed storage | Y | N |
| noise or visual deterrents | Y | N |

c. Flies

| | | |
|--|---|---|
| bait | Y | N |
| environmental control (e.g. frequent cleaning) | Y | N |

other: _____

7) ANIMAL HEALTH PROCEDURES

Vaccination Program

Chicks

| Age | Vaccinating for | Age | Vaccinating for |
|-----|-----------------|-----|-----------------|
| | | | |
| | | | |
| | | | |

Do you have a Coccidia Prevention Program?

Y N

If yes, describe:

If no, why not?

Do you have an External Parasite Control Program?

Y N

If yes, describe:

If no, why not?

8) CASUALTY STOCK POLICY

a. Emergency Euthanasia Plan

| EUTHANASIA METHODS | | |
|--------------------|-----------------------------|--------------------------------|
| Age of Birds | Euthanasia Method of Choice | Alternative Euthanasia Methods |
| | | |
| | | |
| | | |
| | | |

| INDIVIDUALS TRAINED AND APPROVED TO PERFORM EUTHANASIA ON FARM | | |
|--|-------------------------|---------------|
| Name | Trained and Approved By | Approval Date |
| | | |
| | | |
| | | |
| | | |

Producers should keep a copy of the “*AVMA Guidelines for Euthanasia*” with their flock plans (available at <http://www.certifiedhumane.org/documents>).

b. Carcass Disposal Policy

Method of carcass disposal (if rendering company or dead hauler used list name and number):

Method used to restrict access/viewing of the public to carcasses present on farm/ranch:

Method used to reduce fly and odor nuisance:

9) ANIMAL RELATED EMERGENCY ACTION PLANS

Are emergency contact numbers accessible to all persons who work on farm? Y N

Are all persons who work on farm made aware of procedures to follow in an emergency? Y N

Emergency Contacts: _____

Phone Numbers: _____

Are local emergency services numbers posted by phones (Fire Dept., etc.)? Y N

List Local Fire Dept.: _____

Phone Number: _____

Normal stock water supplies: _____

Emergency stock water supplies: _____

Emergency water supply phone number: _____

Normal power sources: _____

Emergency power supplies: _____

Emergency power supply phone number: _____

Veterinarian name: _____

Veterinarian phone number: _____

10) RECORDS

All animal health records must be retained for at least 1 year.

The following information **must be available** on farm. Examples of forms can be found on the HFAC website (www.certifiedhumane.org)

| | Are records available? | |
|--|------------------------|---|
| Flock mortality by group/house and causes (if available) | Y | N |
| Culling rate and reasons | Y | N |
| Medication records (reason for Rx, drug used, withdrawal dates) | Y | N |
| Record of feedstuff used (see Section 2 Flock Nutrition Plan) | Y | N |
| Stocking rates | Y | N |
| Movement records (bought, sold dates) | Y | N |
| Production data (feed consumption, water consumption if possible) | Y | N |
| Equipment and maintenance checks | Y | N |
| Any special training for staff | Y | N |
| Record of actions taken on complaints about the operation's compliance with HFAC standards (ISO §15) | Y | N |

11) EMPLOYEE TRAINING

List personnel who perform routine on farm procedures and their training. Examples of types of training: Animal handling, Beak trimming, Common diseases/treatments, Recognition of lameness or injury, Recognition of abnormal behavior, Inspection of automatic equipment.

| ASSIGNMENT AND TRAINING OF PERSONNEL: PERFORMING ROUTINE ON-FARM PROCEDURES | | | |
|--|------------------|------------|---------------|
| Employee | Type of Training | Trained By | Training Date |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

PRODUCER AGREEMENTS

I/we _____, the duly authorized representative(s) of the operation described in this application, hereby affirm that all information supplied in this document and any attachments is true and accurate.

I affirm that I have read and understood the Humane Farm Animal Care (HFAC) standards applicable to my operation. I affirm my commitment to abide the HFAC certification polices, procedures and standards (§8.2.1.b.). No prohibited products or practices have been used, applied, or otherwise allowed to compromise the integrity of the products sold by me. I understand that failure to comply with the standards or giving false information may result in revocation of the certification of my operation.

I understand that the operation will be inspected annually and may also be subject to unannounced inspection and/or sampling for residues at any time. If the operation is a member of a Producer Group, I understand that the Internal Control System of the Producer Group will inspect the operation at least annually and that Humane Farm Animal Care may also conduct inspections of the operation. I agree to report any significant changes to the Farm Questionnaire to HFAC and to supply any information needed for evaluation of products to be certified (§8.2.1.b.).

I understand that submission of this application does not guarantee or imply certification. I give permission for HFAC, staff, committee members or field inspectors to visit my farm and examine fields, buildings, animals, files, documents and records, including but not limited to financial data and tax returns. I understand and agree that no HFAC staff member, board member, committee member, inspector, consultant, subcontractor, or volunteer shall be held liable or responsible for any amount in excess of the certification fees paid. I give my permission for HFAC to use subcontractors to perform tasks released to the process of certification (ISO §4.4.c.).

I give permission for HFAC to release information from my file to other recognized certification organizations for purposes of document review. I understand that HFAC will obtain confidentiality statement from the requesting certifier before releasing any information.

All information provided in this application will be held in strict confidence and will be used by the inspector, office staff and certification committee members for certification purposed only. The above individuals have disclosed potential conflicts of interest and are bound by confidentiality agreements. HFAC has my permission to obtain information, documents, or materials related to certification, suspension of certification, or revocation of certification from other certifiers.

Signature Authorized Representative of the Producer (ISO §8.2.1)

Date

PLEASE ENSURE THAT A POULTRY PROCESSOR INFORMATION FORM IS COMPLETED, SIGNED AND SUBMITTED WITH THIS APPLICATION. FAILURE TO PROVIDE THIS INFORMATION MAY CAUSE DELAY IN SCHEDULING YOUR INSPECTION.

Application Instructions

Please complete and return the following to Humane Farm Animal Care, PO Box 727, Herndon, VA. 20172 :

1. Application
2. Processor Information
3. Processing Fee of \$75.00

Completion of the Application provides HFAC with the following information:

1. **Animal Health Plan** (this should be regularly reviewed in conjunction with a veterinarian).
2. **Bio-security Policy** (to limit the introduction and/or spread of disease onto and within the production unit).
3. **Nutrition Plan:** Covers all stages of production. What is fed and to which group. In conjunction with regular body condition scoring/weighting to monitor outcome of nutritional management. Safe, hygienic storage of all foodstuffs, the potential to trace back to source.
4. **Casualty Stock Management Policy:** to safeguard the welfare of any sick or injured animal requiring humane destruction on-farm and to protect the health interests of the consuming public. Detailed guidelines are available as follows: Practical Euthanasia of Cattle – American Association of Bovine Practitioners; The Emergency Euthanasia of Sheep and Goats – California Department of Food and Agriculture and Veterinary Medicine Extension, U.C. Davis; On Farm Euthanasia of Swine – Options for the Producer – National Pork Producers and the American Association of Swine Practitioners; Euthanasia of Poultry – UC Davis Center for Animal Welfare. It is recommended that farm casualty policy adopt the relevant guidelines.
5. **Disposal of Fallen Stock Policy:** to ensure the safe, hygienic and legal disposal of animal carcasses. The plan must cover stock dying as a result of natural causes or following on-farm casualty slaughter, and includes fetal material. It must be done in such a way as to not endanger other livestock or humans; such material must not be accessible to dogs and predators. The method must encourage rapid decomposition and destruction of infectious agents and not result in fly or odor nuisance: A number of options are available:
 - a. Disposal off farm via dead hauler, rendering company, licensed landfill site, licensed incinerator.
 - b. On farm burial or composting, if legal.
6. **Cleaning and Disinfection Policy:** cleaning and disinfection routines, including chemicals used to assist in the reduction of transmission of infectious agents. This plan must be an integral part of the Bio-Security Policy. The plan should consider:
 - a. Building and equipment;
 - b. Livestock, people, pests and moveable equipment;
 - c. Feed and water.

7. **Pest Control Policy:** Manage levels of potentially harmful vermin and pests (rodents, birds and flies) in order to keep to a minimum and avoid the risk of disease spreading to humans and animals, damage to buildings and services, and contamination and spoilage of feed.
8. **Farm Waste Management Policy:** Waste materials must be removed from animals accommodation on a regular basis and disposed of properly. Waste materials of any nature must not be a risk to animal health or compromise the control of pets and vermin. The plan will also include the management of clinical and pharmaceutical waste.
9. **Emergency Action Plan:** Instructions to staff in the case of fire, flood, freeze or drought. Provision of references for emergency services. Emergency water and feed supplies and necessary equipment.
10. **Stock-person Competency demonstrated,** and if possible validated, in husbandry methods (castration/disbudding, etc.) records of all staff with the responsibility for livestock, identifying livestock experience and any formal/informal training completed.
11. **Records:** Records periodically examined by vet/and or others (as an aid to management) provide the verification that objectives of the plan are being met or to prompt adjustments to the plans to ensure that objectives are realized in the future.

You must be in the position to show the Certified Humane Inspector the following at his/her visit to the Unit:

Death and reasons for

Culling rates and reasons for (when known)

Medicine records including reason for use and withdrawal/safe sale date

Feed and feed ingredient records for previous year

Record of vital automatic equipment maintenance checks

List of routine farm maintenance checks

Training and/or experience of all staff involved in the livestock enterprises

Demonstrate safe, hygienic, well-maintained buildings/environment, handling equipment and automatic equipment.