



# SUPPLIER APPLICATION TO POOLED PRODUCT OPERATOR: \_\_\_\_\_ FOR LAYING HEN OPERATIONS/PULLET OPERATORS

TO BE COMPLETED IN FULL

**SUPPLIER/FARM NAME:** \_\_\_\_\_

<b>ON-FARM CONTACT</b>			
<b>MAIN FARM ADDRESS</b>		<b>MAILING ADDRESS (if different)</b>	
<b>ORGANIZATIONAL STRUCTURE (ISO §8.2.2.)</b>		<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) _____	
<b>TELEPHONE NO:</b>		<b>FAX NO:</b>	<b>MOBILE NO:</b>
			<b>EMAIL:</b>
<b>OTHER CONTACT</b>			
<b>TELEPHONE NO:</b>		<b>FAX NO:</b>	<b>MOBILE NO:</b>
			<b>EMAIL:</b>
<b>TOTAL FLOOR SPACE (ft<sup>2</sup>)</b>		<b>FIXED HOUSING FREE-RANGE (check all that apply)</b>	<b>MOBILE UNIT PASTURE</b>
			<b>TOTAL NUMBER OF HOUSES</b>
Does Producer also have caged egg production?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please complete the following 2 lines:	
Address of caged egg production:			
Are caged eggs brown or white?	<input type="checkbox"/> Brown <input type="checkbox"/> White	Is there a plan to convert caged production to cage-free?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are other addresses used for raising birds?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please complete the following line:	
Are these addresses managed the same as the main unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please fill out an additional copy of page 2 and attach it to this application. If no, please fill out a separate application for these additional locations.	

<b>Total bird number</b>		<b>Eggs sold per annum</b>	
<b>Name and address of egg processor:</b> <i>Complete processor information sheet</i>			<b>Miles from farm:</b>
<b>Name, phone number, and address of hatchery:</b>			
<b>Name, phone number, and address of pullet supplier:</b>			
<b>Age when pullets are sent to laying barns:</b>			
<b>Member of other quality assurance or certification program(s)?</b>			
<input type="checkbox"/> Organic <input type="checkbox"/> UEP <input type="checkbox"/> Other: _____			

## OPERATION & FACILITIES

For each location you use to raise birds, you must submit a diagram of the facilities showing the dimensions of each building, the equipment used (feeders, drinkers, nest boxes, perching, ventilation, etc), the target air quality/temperature parameters, and the lighting regimen for each building. **If birds have any type of access to the outdoors, include that information on the diagram.** Please submit this on a separate sheet of paper attached to this application.

If these houses are at a **different address** than the main unit, please indicate the address below:

Farm Name & Address		
Contact Person:		Phone Number:

**Complete the following chart for EACH HOUSE/BARN. Use additional pages for more houses.**

	House __	House __	House __
Housing Type - single level, raised slats, aviary?			
Bird Age (in weeks)			
Bird Breed and brown or white?			
Initial Bird Number			
Current Bird Number			
Floor Space (total ft2 available to birds)			
Feeders - circular, single or double sided linear?			
Feeder Space (total linear feet)			
Drinkers - bells or nipples?			
Drinkers (total number)			
Nest Boxes - individual or colony?			
- Colony (total ft2)			
- Individual (total # of boxes)			
Litter Area (total ft2)			
Perch type - slats, A-frame, other?			
Perching (total linear feet)			
Total Elevated Perching – See E24b of LH Standards (total linear feet)			
Manure System (pit, belt, etc)			
Total Outdoor Space (available to birds)			

### FOR HFAC OFFICE USE ONLY:

Stocking Density			
Feeder Space (in/bird)			
Drinkers (birds/drinker)			
Nest Boxes - Colony (ft2/100 birds)			
Nest Boxes- Individual (# birds/box)			
Litter Area (%)			
Perching (in/bird)			
Elevated Perching (%)			

# FARM QUESTIONNAIRE: LAYING HENS

## 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 the 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:

Is feed free from all avian- or mammalian derived protein and any other animal by-products (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
Do you induce molting?	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

**Water**

How often are waterers checked? \_\_\_\_\_

Is daily water consumption recorded?	Y	N
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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? (e.g. 2 <sup>nd</sup> well, pond, local water company, etc.)	Y	N
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### 3) LITTER

Is litter area available? Y N  
What type of litter is used? \_\_\_\_\_  
Where is litter stored? \_\_\_\_\_  
Is litter area cleaned between loads of litter? Y N  
Supplier of litter \_\_\_\_\_

### 4) FACILITIES

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

When animals are housed indoors, describe facility ventilation systems.

How often are birds checked each day? \_\_\_\_\_

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

If yes, describe:

#### **For birds with access to the outdoors:**

Is protection from predators (dogs, coyotes, hawks etc.) provided? Y N

Are there sufficient shaded areas for hens to rest without crowding together? Y N  
If yes, describe:

Are mobile housing units used? Y N  
If yes, describe the dimensions and include a facility sketch:

Is there adequate vegetation covering the outdoor area? Y N  
If there is not adequate vegetation, do you have alternative ground cover such as:  
Straw Y N  
Mulch Y N  
Sand Y N  
Other: \_\_\_\_\_

**Cleaning and Disinfection Policies**

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

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**Buildings and Equipment** (List cleaning/disinfecting procedures)

Buildings

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

Equipment

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

**5) ENVIRONMENTAL IMPACT 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?

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

c. **For free-range systems:**

- 1) Is there no less than 20% of the range used for rotation? Y    N
- 2) How often is the range rotated? Must submit range rotation plan with this application, which should include how long birds are on range sections before being rotated.

- 3) Describe management of the outdoor area – how are poached, muddy or worn areas prevented or dealt with?
- 4) What else is done to prevent contamination of the outdoor area?
- 5) How long do birds have access to the range area?
- 6) Is there adequate vegetative cover? If so, what type?
- 7) If there is not adequate vegetation, do you have alternative ground cover such as:
 

Straw	Y	N
Mulch	Y	N
Sand	Y	N
Other: _____		

**d. For pasture systems:**

- 1) Do birds have access to pasture 12 months per year? Y      N
- 2) How many pasture sections are available for rotational purposes?
- 3) What size are the pasture sections? (Cannot use less than 20% of pasture at any time)
- 4) How often is the pasture rotated? Must submit pasture rotation plan with this application, which should include how long birds are on pasture sections before being rotated.
- 5) How are any poached, muddy or worn areas dealt with?
- 6) Is there adequate vegetative cover? If so, what type?
- 7) If there is not adequate vegetation, do you have alternative ground cover such as:
 

Straw	Y	N
Mulch	Y	N
Sand	Y	N
Other: _____		

**6) PEST CONTROL POLICY**

List 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 (eg frequent cleaning)	Y	N
other:		

**7) ANIMAL HEALTH PROCEDURES**

*Name and phone number of Veterinarian that you contact for health related questions (such as, feed company, extension, vaccine company, breeder):* \_\_\_\_\_

**Vaccination Program**

**Chicks**

Age	Product		Age	Product

**Pullets**

Age	Product		Age	Product



**Adults**

Age	Product		Age	Product

**Beak Trimming Program**

Age at which chick beaks are trimmed: \_\_\_\_\_

Is this done at the hatchery? Y    N

What method is used? Hot Blade Infrared

**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
Chicks		
Pullets		
Adults		
Individuals Trained and Approved to Perform Euthanasia on Farm		
Name	Trained and Approved By	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 who work on farm? Y    N

Are 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: \_\_\_\_\_

**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](http://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 of 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
Amount of time kept outdoors/indoors (for pastured birds)	Y	N

**11) EMPLOYEE TRAINING**

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

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 policies, 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 not being able to sell my products to a Pooled Product Operator that is Certified Humane®.

I understand that the operation will be inspected annually and may also be subject to unannounced inspection. If the operation is a supplier to Safeway, Costco, or another company that has authorized HFAC to conduct an inspection at the operation on their behalf, I grant permission to HFAC to share inspection results with said company. I agree to report any significant changes to the Farm Questionnaire to you in order for you to notify HFAC and to supply any information needed for evaluation of products to be certified (§8.2.1.b.).

I give permission for HFAC, staff, committee members or field inspectors to visit my farm and examine fields, buildings, animals, files, documents and records. 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 related to the process of certification (ISO §4.4.c.).

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 purposes 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*

# Application Instructions

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

1. Application
2. 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 Environmental Impact 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.