



**TODAY'S DATE:**  
\_\_\_\_\_

**Certificate EXPIRATION DATE:** \_\_\_\_\_  
\*It is your responsibility to submit app at least 120 days before certificate expires.

**PULLET OPERATOR APPLICATION**  
**SUPPLIER TO:** \_\_\_\_\_

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

<b>ON-FARM CONTACT</b>					
<b>MAIN FARM ADDRESS</b>			<b>MAILING ADDRESS (if different)</b>		
<b>COUNTY</b>					
<b>ORGANIZATIONAL STRUCTURE</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</b>	<b>MOBILE UNIT PASTURE</b>	<b>TOTAL NUMBER OF HOUSES</b>	
		<b>(check all that apply)</b>			
Does Producer also have caged pullet houses?		<input type="checkbox"/> Yes <input type="checkbox"/> No		<b>If yes, please complete the following 2 lines:</b>	
Address of caged pullet houses?					
Are caged pullets 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		<b>If yes, please complete the following line:</b>	
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>Pullets sold per annum:</b>	
Are pullets beak trimmed at hatchery or when they are at your facilities?		<b>Miles from pullet farm:</b>	
Name, phone number, and address of hatchery:			
Age when pullets are sent to laying barns:		<b>Miles from pullet farm:</b>	Are haulers trained in emergency care? <i>YES</i> <i>NO</i>
Member of other quality assurance or certification program(s)? <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 ft <sup>2</sup> available to birds)			
Feeders - circular, single or double sided linear?			
Feeder Space (total linear feet)			
Drinkers - bells or nipples?			
Drinkers (total number)			
Litter Area (total ft <sup>2</sup> )			
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)			
Litter Area (%)			
Perching (in/bird)			
Elevated Perching (%)			

For pullets the drinkers and feeders should be approximately 1/2 the size of the regular hen requirement:

Stocking Density:  $(\text{Total floor space in ft}^2 - \text{nest space in ft}^2) \div \text{number of birds in the house} = \text{number of ft}^2/\text{bird}$

Required Perch Space:  $\text{Number of birds in the house} \times 3 \text{ inches} \div 6 \text{ inches/foot} = \text{Required linear feet of perch space}$

Required Elevated Perch Space:  $\text{required linear feet of perch space} \times 0.2 = \text{Required linear feet of elevated perch space}$

Actual Perch Space:  $\text{actual linear feet of perch space} \times 6 \text{ in/foot} \div \text{number of birds in the house} = \text{actual in. perch space/bird}$   
 % of Elevated Perch Space:  $\text{actual linear feet of elevated perch space} \div \text{required linear feet of total perch space} = \% \text{ elevated}$

## 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

**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

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. 2<sup>nd</sup> well, pond, local water company, etc.)

### 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? Y N  
(extreme temperatures, storms)

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  
Other: \_\_\_\_\_

Y N

**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? /or on your premises Y    N

What method is used? Hot Blade                  Infrared

Who does the trimming?

**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		
Individuals Trained and Approved to Perform Euthanasia on Farm		
Name	Trained and Approved By	Date

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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	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. 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.

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.

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*

\_\_\_\_\_  
*Date*

## Application Instructions

1. **Complete both the Universal Application for Egg Processing and the attached Application for Certification of Laying Hen Operations.**
  - a. *Applications are to be completed in their ENTIRETY.*
2. **Submit the two applications**
3. **Submit a diagram** of the facilities on a separate piece of paper that includes:
  - i. Dimensions of each building
  - ii. Equipment used (feeders, drinkers, nest boxes, perching, ventilation, etc.)
  - iii. Target air quality/temperature parameters
  - iv. Lighting regimen for each building
  - v. Information about outdoor access, if applicable to your operation
4. **Submit the Application Fee of \$75.00 to Humane Farm Animal Care.**
  - a. [email the application fee]
  - b. Mail to Humane Farm Animal Care, P.O. Box 82, Middleburg, VA 20118

*Completion of the Application provides HFAC an overview of your facility and management, so it is important that you do your best to **fill out the entire application**. A thoroughly completed application will:*

1. **Avoid delays** in your certification.
2. **Reduce the amount of time taken to conduct an inspection.**

### **BEFORE YOU PROCEED**

**At the inspection, you must be prepared to show the HFAC Inspector the following at his/her visit to the Unit:**

- Death/mortality records and reasons for mortality (when known)
- Culling records and reasons for culling
- Medicine records retained for 1 year (including reason for use, drug used, and withdrawal/safe sale date)
- Stocking rates
- Feed and feed ingredient records for previous year
- Movement records (bought and sold dates)
- Production data (feed consumption, water consumption if possible)
- 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.
- Emergency contacts
- Record of actions taken on complaints about the operation's compliance with HFAC standards
- Amount of time kept outdoors/indoors (for birds with outdoor access)