



PRODUCER GROUP APPLICATION FORM

Definitions of Terms:

Producer Group (PG): A close-knit group of producers that uses similar production practices, markets their products in common, and is managed by an Internal Control System.

Internal Control System (ICS): The system used by a Producer Group to provide oversight of the group member's activities and compliance with HFAC certification standards and policies. An ICS performs many functions for the members of the PG including inspecting production operations, monitoring non-conformances, and keeping records. The ICS is inspected at least once annually by HFAC.

Instructions:

Complete the form below and attach:

1. A written plan of how the implementation and management of the ICS ensures compliance with all HFAC procedures including:

a.) Description and/or diagram of how the Internal Control System is managed, including who does what job(s) and how often each task is done;

b.) Description and/or diagram showing how product flows from producers to market, indicating all the movements and handling activities (and locations) involved;

c.) Description of the inspection procedures of the ICS for operators in the producer group and new operators.

d.) *Are complaints to operators recorded in a Complaints Log? How are non-conformances monitored and what procedures are used for corrective actions?*

2. *Copies of forms used by the ICS:*

a. *Inspection checklist*

b. *Corrective actions monitoring form*

c. *Copy of contract or agreement signed by producer with ICS.*

3. *A completed HFAC "Universal Application" for **each** (where relevant) feedyard, slaughter, processing, handling and/or manufacturing operation involved in the production of certified product.*

If you have any questions, contact the Humane Farm Animal Care office.

Phone: 703-435-3883

Mail: Humane Farm Animal Care, PO Box 82, Middleburg, VA 20118

Email: info@certifiedhumane.org

DATE: _____



PRODUCER GROUP APPLICATION FORM

Name of Producer Group			
BUSINESS ADDRESS (physical and mailing)			
TELEPHONE NO:	FAX NO:	MOBILE NO:	EMAIL:
Name of Internal Control System Manager			
ORGANIZATIONAL STRUCTURE	<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) _____		
SPECIES OF ANIMALS	<input type="checkbox"/> Goats <input type="checkbox"/> Beef Cattle <input type="checkbox"/> Dairy Cows <input type="checkbox"/> Sheep <input type="checkbox"/> Pigs <input type="checkbox"/> Young Dairy Beef <input type="checkbox"/> Chickens (Broilers) <input type="checkbox"/> Layers <input type="checkbox"/> Turkeys		
NUMBER OF ANIMALS TO BE CERTIFIED			
NAME AND PHYSICAL ADDRESS OF PROCESSOR – Attach completed Universal Application Form			
Member of other quality assurance program(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name Of Quality Assurance Program(s):		

Producer Group Member List – FARMS/RANCHES

***Instructions:** You must also attach a sample of the documentation you use: to conduct your own inspections of your producer members, as well as a description/sample of your corrective action plans. Also attach a sample of the agreement your members sign to show their agreement to follow the requirements needed for certification that also reflects your policy for admitting and approving new members; if no such agreement form exists, give an explanation of how such agreement is otherwise assured.*

This format can be used to document approved sites
(includes ranches, farms, breeding sites, etc.) used throughout the breeding and growing stages of production.
If necessary, use additional sheets. If Feedyards are used to finish animals, please list them on the next page.

You may substitute your own form which includes the same information as below,
but **please indicate that a separate list is attached.**

Producer Name	Producer ID (used during transportation, processing, shipping, storage etc)	Contact information including name, address, phone number	Date of entry into Producer Group	Most recent inspection date	# of animals/product produced (use most relevant interval for your group; wk, mth, yr)	Frequency of products supplied to producer group (flock/herd by flock/herd basis, rolling contract, supply to group sporadically, etc)

Producer Group Member List – FEEDYARDS

Instructions: YOU MUST ATTACH AN HFAC 'UNIVERSAL APPLICATION' FORM COMPLETED FOR THE SECTIONS ON FEEDYARDS AND SUBMITTED FOR EACH OPERATION LISTED BELOW. Each operation will be inspected by HFAC personnel.

This format must document all approved sites used in the finishing stage of production. If necessary, use additional sheets. You may substitute your own form which includes the same information as below, but **please indicate in the table below that a separate list is attached**. If your operations do not include feedyards, **please write "none" in the table below**.

Operation Name	Producer ID (used during transportation, processing, shipping, storage etc)	Contact information including name, address, phone number	Date of entry into Producer Group	Most recent evaluation date	# of animals/product produced (use most relevant interval for your group; wk, mth, yr)	frequency of products supplied to producer group	Universal Application completed Y/N

Processing and Handling Operations

Instructions: YOU MUST ATTACH AN HFAC "UNIVERSAL APPLICATION" FORM COMPLETED FOR THE SECTIONS ON SLAUGHTER/PROCESSING, PACKING, AND HANDLING FOR EACH OPERATION LISTED BELOW. Each operation will be inspected by HFAC personnel.

This format is used to follow product flow throughout all stages of production.

Please ensure that EVERY facility involved in the production of certified product from farm to market is included.

You may substitute your own form which includes the same information as below, but **please indicate that a separate list is attached.**

You must list all processing locations where animals or product are sold, even if the processor is not under your company's direct management.

Operation Name	Contact Name	Contact information including address, phone number	Operation Type <i>(slaughter, processor, manufacturer, packing, storage etc)</i>	Type of product produced (where relevant)	Frequency of products supplied to producer group	Universal Application completed Y/N

PRODUCER GROUP AGREEMENT

I/we _____, the authorized manager of the internal control system 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) criteria and policies applicable to the certification of producer groups. I affirm my commitment to abide by 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 the Producer Group. 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 Internal Control System will be inspected annually and may also be subject to unannounced inspection and/or inventory auditing at any time. Farms, production sites, processing and handling operations listed on the application form are also subject to inspection. I agree to report any significant changes to the Internal Control System to HFAC and to supply any information needed for evaluation of products to be certified.

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. 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.

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 of Authorized Internal Control System Manager

Date