

TODAY'S DATE:

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



APPLICATION FOR CERTIFICATION OF CHICKEN OPERATIONS

GENERAL INFORMATION

PRODUCER NAME

FARM NAME

PHYSICAL ADDRESS

MAILING ADDRESS (if different)

**LEGAL STATUS/
ORGANIZATIONAL
STRUCTURE**

Sole Proprietor
 S-Corporation
 Limited Liability Corporation
 Corporation
 Non-Profit Organization
 Other (please specify) _____

ON FARM CONTACT:

TELEPHONE NO:
FAX NO:

WEB ADDRESS/WEBSITE:

MOBILE NO:
EMAIL:

OTHER CONTACT:

TELEPHONE NO:

FAX NO:

MOBILE NO:
EMAIL:

List brand name(s) product is sold under:

TOTAL FLOOR SPACE (ft²)
 BARN
 FREE-RANGE
 BOTH
 TOTAL NUMBER OF HOUSES
(check one)

OTHER ADDRESSES USED FOR RAISING BIRDS <i>(or separate postal address)</i>	1	2
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FLOOR SPACE (ft²)

NUMBER OF HOUSES (ACRES)

TYPE OF UNIT

MILES FROM MAIN UNIT

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

Total number of birds to be certified	Birds sold per annum
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Name and address of processor
(complete Universal Application form)

Miles from farm

Are haulers trained in emergency care?
YES NO

Name and physical 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. Is a sign-in sheet used to track visitors? Y N

d. Is visitor access restricted to specific areas of the farm, pending owner/manager approval? Y N

Explain: _____

e. Are all persons who work on the farm informed of biosecurity measures? Y N

f. Are there any biosecurity protocols for workers moving between houses? Y N

g. Are sick birds segregated from the rest of the flock? Y N

What is done with sick and/or injured birds?

2) FEED AND WATER

Feed Suppliers/Mills Used

Name of Supplier:

Address:

Telephone No.:

Name(s) of Mill(s) Used (if different than feed supplier):

Name of Supplier:

Address:

Telephone No.:

Name(s) of Mill(s) Used (if different than feed supplier):

Name of Supplier:

Address:

Telephone No.:

Name(s) of Mill(s) Used (if different than feed supplier):

Is feed free from all avian- or mammalian derived protein and any other animal by-products (except eggs, egg products, and fish meal)? Y N

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

Keep a representative ingredient tag for each feed used. Replace old tags with current tags as rations change.

Do chickens have access to the outdoors? Y N

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

3) LITTER (IF USED)

Is litter used? Y N

If yes: What type? _____

Supplier of litter _____

4) FACILITIES

Describe your housing and other facilities:

House Number	House _____	House _____	House _____
Floor space (sq ft)			
Stocking rate			
Type			
Flooring			
Type of Feeders Used			
Type of Drinkers Used			
Number of Drinkers			
Manure System			

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

If yes, describe: _____

Describe how pest/predator protection is ensured:

5) ENVIRONMENTAL IMPACT POLICY

a. For free-range systems ONLY:

- 1) Is rotational grazing used to manage contamination, pests, and parasites in the range area? Y N

If yes, how often is the range rotated (how long are birds on the range before being rotated)?
(Must have written plan for rotational grazing available at the farm.)

If no, describe management of the outdoor area – how are poached, muddy or worn areas prevented or dealt with? *(Must have written plan for range management available at the farm.)*

- 2) What else is done to prevent contamination of the outdoor area?

- 3) How long do birds have access to the range area per day? *(Specify hours.)* _____

- 4) How long do birds have access to the range area per year? *(Specify months/seasons.)*

- 5) Is there vegetative cover? Y N
If yes, what type?

If no, what alternative ground cover is used?

- Straw

- Mulch
- Sand
- None
- Other (please specify): _____

b. For pasture systems ONLY:

1) Do birds have access to pasture 12 months per year? Y N
 If no, how long do birds have access to the pasture per year? *(Specify months/seasons.)*

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 have written plan for range management available at the farm.)*

5) How are poached, muddy, or worn areas dealt with?

6) What type of vegetative cover is available?

6) ANIMAL HEALTH PROCEDURES

Name and phone number of Veterinarian that you contact for health-related questions (e.g. extension, vaccine company, breeder, local vet):

Name: _____ **Phone:** _____

Vaccination Program

Chicks

Age	Vaccinating for

Age	Vaccinating for

Do you have a Disease 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?

7) CASUALTY STOCK POLICY

a. Emergency Euthanasia Plan

EUTHANASIA METHODS			
Age of Birds	Euthanasia Method of Choice (day-to-day)	Alternative Euthanasia Method(s)	Mass Depopulation Protocol
Chicks			
Young Birds			
Adults			

INDIVIDUALS WHO 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.

8) 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: _____

9) CARETAKER TRAINING

List personnel (or family members if operation is family-owned and –operated) who perform routine on farm procedures and their training. Records must include full-time caretakers as well as part-time/seasonal/short-term caretakers.

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.

TRAINING OF PERSONNEL PERFORMING ROUTINE ON-FARM PROCEDURES			
Caretaker	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 by the HFAC certification polices, 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 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.

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.

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 Representative of Producer

Date

ALL ATTACHMENTS, INCLUDING DIAGRAM AND UNIVERSAL APPLICATION, ARE REQUIRED WITH SUBMISSION OF APPLICATION. FAILURE TO PROVIDE THIS INFORMATION MAY CAUSE DELAY IN SCHEDULING YOUR INSPECTION.

Application Instructions

1. **Complete** both the **Universal Application** and the attached **Application**.
 - 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, etc.)
 - iii. Target air quality/temperature parameters
 - iv. 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
- Record of vital automatic equipment maintenance checks
- List of routine farm maintenance checks
- Training and/or experience of all staff involved in the poultry 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