

**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

Seeking certification:       As Independent Farm       Under another company  
If under another company, which one? \_\_\_\_\_

## GENERAL INFORMATION

FARM NAME:		OWNER:	
FARM CONTACT NAME:			
TELEPHONE:		WEBSITE:	
MOBILE:		EMAIL:	
OFFICE/BILLING CONTACT:		EMAIL:	
FARM ADDRESS (of the barn to be inspected)		MAILING ADDRESS (if different)	
COUNTY (for US producers):			
<i>OTHER CONTACT (include someone who can receive phone calls or messages for you if you do not have phone or email):</i>			
NAME:		EMAIL:	
TELEPHONE:		MOBILE:	
Who is paying certification fees?	NAME:	EMAIL:	
FARM'S LEGAL STATUS/ 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): _____		

List brand name(s) product is sold under:

TOTAL FLOOR SPACE (ft <sup>2</sup> )	<input type="checkbox"/> BARN <input type="checkbox"/> FREE-RANGE <input type="checkbox"/> PASTURE-RAISED <i>(check all that apply)</i>	TOTAL NUMBER OF HOUSES:
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Are other addresses used for raising birds?     Yes     No    *If YES, fill out a separate application for these additional locations.*

*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	
Name and address of processor <i>(complete Universal Application form)</i>		Miles from farm	Are haulers trained in emergency care? <input type="checkbox"/> YES <input type="checkbox"/> NO
Name and physical address of hatchery			
Member of other quality assurance, commercial vendor approval, or animal welfare certification program(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please list:			

# 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.:

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

**Name of Supplier:**

Address:

Telephone No.:

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

**Name of Supplier:**

Address:

Telephone No.:

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

Do chickens have access to the outdoors? Y    N

**3) LITTER**

Is litter area available? Y    N

What type of litter is used? \_\_\_\_\_

Supplier of litter \_\_\_\_\_

**4) FACILITIES**

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

House Number	House _____	House _____	House _____
Floor space (sq ft)			
Stocking rate			
Housing Type			
Flooring			
Type of Feeders Used			
Type of Drinkers Used			
Number of Drinkers			
Manure System			
Total Outdoor Space available to birds (sq ft)			

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

What provisions are available to birds to protect against environmental conditions (i.e. extreme temperatures)? \_\_\_\_\_

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

How is predator protection ensured? \_\_\_\_\_

Are there sufficient shaded areas for hens to rest without crowding together?  Y  N

If yes, describe: \_\_\_\_\_

What protections are provided for birds during inclement weather (i.e. storms)?  
\_\_\_\_\_

**5) ENVIRONMENTAL IMPACT POLICY**

a. **For free-range systems ONLY:**

b. Is rotational grazing used to manage contamination, pests, and parasites in the range area?  Y  N

c. How long do birds have access to the range area per day? (*Specify hours.*) \_\_\_\_\_

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

e. How are poached, muddy, or worn areas dealt with?  
\_\_\_\_\_

f. What type of vegetative cover is available?  
\_\_\_\_\_

g. **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 percentage of the total pasture area is available to birds at all times?  
\_\_\_\_\_

4) How often is the pasture rotated?

\_\_\_\_\_

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:** \_\_\_\_\_

**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?

**Vaccination Program**

Chicks

Age	Vaccinating for

Age	Vaccinating for



## 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.*

<b>TRAINING OF PERSONNEL PERFORMING ROUTINE ON-FARM PROCEDURES</b>			
<b>Caretaker</b>	<b>Type of Training</b>	<b>Trained By</b>	<b>Training Date</b>

## 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 (must have current and previous tags on hand)
- 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 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
- **For birds with outdoor access ONLY:**
  - Amount of time kept outdoors/indoors
  - Range management plan (including rotational grazing plan, if applicable)