

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**.
 - a. Email to laura@certifiedhumane.org, or Mail to Humane Farm Animal Care, P.O. Box 82, Middleburg, VA 20118.
3. **Submit a diagram** of the facilities on a separate piece of paper that includes:
 - i. Dimensions of each building used by birds
 - ii. Equipment used (feeders, drinkers, nest boxes, perching, ventilation, etc.)
 - iii. Target air quality/temperature parameters
 - iv. Lighting regimen for each building
 - v. Dimensions of outdoor access, if applicable to your operation
4. **Submit** the Application Fee of \$75.00 to Humane Farm Animal Care.
 - a. Mail to Humane Farm Animal Care, P.O. Box 82, Middleburg, VA 20118.
 - b. Make a payment via the online portal found at certifiedhumane.org.

*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
- Hatchery invoices
- Medicine records retained for 1 year (including reason for use, drug used, and withdrawal/safe sale date)
- Stocking rates
- Feed tags 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 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
- **For birds with outdoor access ONLY:**
 - Amount of time kept outdoors/indoors
 - Range management plan (including rotational grazing plan, if applicable)

TODAY'S DATE:

Certificate EXPIRATION DATE:

*It is your responsibility to submit app 90-120 days before certificate expires.



APPLICATION FOR CERTIFICATION OF LAYING HENS OPERATIONS/PULLET OPERATIONS

Seeking certification: [] As Independent Farm [] Under another company
If under another company, which one? _____

GENERAL INFORMATION

Form with fields for FARM NAME, OWNER NAME, FARM CONTACT NAME, TELEPHONE, WEBSITE, MOBILE, EMAIL, Who is paying application and inspection fees?, Who is paying certification fees?, FARM ADDRESS, MAILING ADDRESS, OTHER CONTACT, FARM'S LEGAL STATUS/ ORGANIZATIONAL STRUCTURE, List brand name(s) product is sold under, Production System/Claims, TOTAL NUMBER OF HOUSES, Total number of birds to be certified, Age when pullets are sent to laying barns, Eggs sold annually, Name, phone number, and physical address of HATCHERY, Name, phone number, and physical address of PULLET SUPPLIER, Are other addresses used for laying hens?, Name & physical address of EGG PROCESSOR, Miles from farm, Member of other quality assurance, commercial vendor approval, or animal welfare certification program(s)?

Does your operation also have CAGED eggs? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If YES, please complete the following shaded boxes:</i>	
For CAGED EGG PRODUCTION ONLY:	
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

OPERATION & FACILITIES

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

	House _____	House _____
IF DIFFERENT THAN MAIN UNIT: *Address		
*Contact Person		
*Phone Number		
Housing Type - single level, raised slats, mobile, aviary?		
Bird Age in weeks (if no birds yet, list age at which birds will be housed)		
Population Date for Current Flock		
Expected Depopulation Date for Current Flock		
Expected Re-population of House		
Bird Breed		
Bird Color		
Number of Birds at Depopulation of Previous Flock		
Initial Bird Number (if no birds yet, list number of birds to be housed)		
Floor Space (total square feet available to birds)		
Feeders - circular, single-sided linear or double-sided linear?		
Feeder Space (total linear feet)		
Drinkers – bells, nipples, or troughs?		
Drinkers (total # of bells/nipples, or total linear feet if troughs)		
Nest Boxes - individual or colony?		
- if Colony , total square feet		
- if Individual , total # of boxes		
Litter Area (total square feet)		
Perch type - slats, A-frame, other (please specify)?		
Perching (total linear feet)		
Total Elevated Perching – see E28 in Laying Hen Standards (total linear feet)		
Manure System – pit, belt, other?		
Total Outdoor Space (total sq ft available to birds)		

FARM QUESTIONNAIRE: LAYING HENS

1) FLOCK BIOSECURITY POLICY

a. Is an all-in, all-out production system used? Y N

b. 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):

Does feed contain avian- or mammalian-derived protein and any other animal by-products? Y N

If yes, please specify which: _____

Does feed contain growth promoters and sub-therapeutic antibiotics? Y N

If yes, please specify which: _____

Do you ever induce molting? Y N

If yes, do you have a no-fast program in place? Y N

What is the primary water source for the farm? _____

What is the emergency or backup water source for the farm? _____

3) LITTER

Is litter area available? Y N

What type of litter is used? _____

Supplier of litter _____

4) FACILITIES

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? Please describe:

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

If yes, describe: _____

How is ground coverage ensured (e.g. vegetation, straw, mulch, sand)? Please describe:

5) ENVIRONMENTAL IMPACT POLICY

a. For free-range systems ONLY:

1) Total size of the range area in square feet (or square meters): _____

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

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

4) Is there vegetative cover? Y N

If YES, what type? _____

b. For pasture systems ONLY:

- 1) Total size of the pasture area in acres: _____
- 2) Is rotational grazing used to manage contamination, pests, and parasites in the range area? Y N
If YES, how many sections is the pasture divided into? _____
- 3) How many months per year do birds have access to pasture? _____

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 (e.g. Coccidia, AI, Coryza) Prevention Program? Y N

If yes, describe: _____

If no, why not? _____

Do you have an External Parasite Control Program/Prevention Plan? Y N

If yes, describe: _____

If no, why not? _____

Vaccination Program

Chicks

Age (in days)	Product

Pullets

Age (in days)	Product

Adults

Age (in days)	Product

For Heritage Breeds Only:

Breed(s) of birds: _____

Age at market: _____

Average Market Weight (specify lbs or kg): _____

Beak Trimming Program

Age at which chick beaks are trimmed (in days): _____

Is this done at the hatchery? Y N

What method is used? Hot Blade Infrared

7) CASUALTY STOCK POLICY

a. Euthanasia Plan (day-to-day euthanasia protocol)

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

INDIVIDUALS WHO PERFORM EUTHANASIA ON FARM (DAY-TO-DAY)

Trainee Name	Trained and Approved By	Date

8) 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 Contact(s): _____

Phone Number(s): _____

Primary water supply source(s): _____

Source for emergency water: _____

Primary power source(s): _____

Emergency power source: _____

9) CARETAKER TRAINING

List personnel (or family members if operation is family-owned and -operated) who perform routine on farm procedures and their training. Include training information for part-time and 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.

Caretaker	Type of Training	Trainer Name	Date

PRODUCER AGREEMENT

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 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 revocation of the certification of my operation.

I understand that the operation will be inspected annually and may also be subject to unannounced inspection at any time. 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 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 related to the process of certification.

I give permission for HFAC to release information from my file for the purpose of accreditation or certification of HFAC for their 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 purpose 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

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