

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)



TODAY'S DATE:

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

APPLICATION FOR CERTIFICATION OF LAYING HENS OPERATIONS/PULLET OPERATIONS

TO BE COMPLETED IN FULL

Are you seeking certification as: Independent Farm Under another company's umbrella
If under another company, which one? _____

GENERAL INFORMATION

FARM NAME:		OWNER:	
FARM CONTACT NAME:		WEBSITE:	
TELEPHONE:		MOBILE:	
FAX:		EMAIL:	
OFFICE/BILLING CONTACT:		EMAIL:	
FARM ADDRESS (of the barn to be inspected)		MAILING ADDRESS (if different)	
COUNTY:			
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) _____	
Are you supplying your eggs to another company?		Name of Company(s):	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>OTHER CONTACT NAME (include someone who can receive phone calls or messages for you if you do not have phone or email):</i>			
TELEPHONE:		MOBILE:	
FAX:		EMAIL:	
List brand name(s) product is sold under:			
Production System:		TOTAL NUMBER OF HOUSES:	
<input type="checkbox"/> FIXED HOUSING <input type="checkbox"/> MOBILE UNIT (house or structure on wheels) <input type="checkbox"/> FREE-RANGE <input type="checkbox"/> PASTURE <input type="checkbox"/> AVIARY <i>(check all that apply - please refer to Laying Hen Standards for definitions of free-range & pasture)</i>			
Does Producer also have CAGED egg production?		If YES, please complete the following box.	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Who is paying certification fees?	NAME:	EMAIL:	

For CAGED EGG PRODUCTION ONLY:	
Address of CAGED egg production:	
Are CAGED eggs brown or white?	Is there a plan to convert CAGED production to CAGE-FREE?
<input type="checkbox"/> Brown <input type="checkbox"/> White	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are other addresses used for raising birds? Yes No **If YES, please complete the following line.**

Total number of birds to be certified:	Age when pullets are sent to laying barns:	Eggs sold annually (in dozens):
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Name & physical address of EGG PROCESSOR/location where eggs are PACKED (<i>Complete Universal Application form</i>):	Miles from farm:
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Name, phone number, and physical address of HATCHERY:

Name, phone number, and physical address of PULLET SUPPLIER/location where pullets are RAISED:

Member of other quality assurance, commercial vendor approval, or animal welfare certification program(s)?
 Organic UEP Costco Other (please list)

OPERATION & FACILITIES

For each location you use to house 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, 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, etc.)			
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. 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):

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 you induce molting? *(If yes, must attach a copy of molting protocol used.)* Y N

**Feed records retention – keep a representative ingredient tag for each ingredient used.
Replace old tags with current tags as rations change.**

Do birds have access to the outdoors? Y N

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

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? _____

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

If yes, describe: _____

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: _____

Are mobile housing units used? Y N

If yes, describe the dimensions and submit a facility sketch:

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

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 (in days)	Product

Pullets

Age (in days)	Product

Adults

Age (in days)	Product

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

Do you have a Disease 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? _____

7) CASUALTY STOCK POLICY

a. Emergency 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

Producers should keep a copy of the “AVMA Guidelines for Euthanasia” with their flock plans (available at <http://www.certifiedhumane.org/documents>).

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 Contacts: _____

Phone Numbers: _____

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. 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	Trained By	Training 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.