



TODAY'S DATE:

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

APPLICATION FOR CERTIFICATION OF TURKEY OPERATIONS

| GENERAL INFORMATION | | |
|---|---|--|
| PRODUCER NAME | | |
| FARM NAME | | |
| PHYSICAL ADDRESS | MAILING ADDRESS (if different) | |
| COUNTY | | |
| 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) _____ | |
| ON FARM CONTACT: | | |
| TELEPHONE NO: | WEB ADDRESS/WEBSITE: | MOBILE NO: |
| FAX NO: | | EMAIL: |
| OTHER CONTACT: | | |
| TELEPHONE NO: | FAX NO: | MOBILE NO: |
| | | EMAIL: |
| List brand name(s) product is sold under: | | |
| TOTAL FLOOR SPACE (ft²) | PRODUCTION SYSTEM (check one): | TOTAL NUMBER OF HOUSES |
| | <input type="checkbox"/> BARN <input type="checkbox"/> FREE-RANGE <input type="checkbox"/> BOTH | |
| OTHER ADDRESSES USED FOR RAISING BIRDS | 1 | 2 |
| <i>(or separate postal address)</i> | | |
| FLOOR SPACE (ft²) | | |
| NUMBER OF HOUSES | | |
| TYPE OF UNIT | | |
| MILES FROM MAIN UNIT | | |
| MANAGED IN SAME WAY AS MAIN UNIT? | <input type="checkbox"/> YES / <input type="checkbox"/> NO | <input type="checkbox"/> YES / <input type="checkbox"/> NO |

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 Physical Address of Processor (Must file Universal Application with HFAC for processor) | | Miles from farm: | Are haulers trained in emergency care? YES NO |
| Name and Physical Address of Hatchery | | | |
| Name and Physical Address of Poulter Supplier/Location where poults are raised | | | |

FARM QUESTIONNAIRE: TURKEYS

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. Do vehicles entering farm premises have access restricted to specific areas of farm? Y N
- d. Are visitors required to wear boots and other protective clothing? Y N
- e. Is visitor access restricted to specific areas of the farm, pending owner/manager approval? Y N
- f. Are all persons who work on farm informed of biosecurity measures? Y N
- g. Are work routines used that minimize disease transfer between houses? Y N
- h. Are sick birds segregated from the rest of the flock? Y N
If yes, where? _____
If no, what is the farm's procedure for sick birds? _____

2) FEED AND WATER

Feed Suppliers

Name:

Address:

Telephone No.:

Mills Used:

Name:

Address:

Telephone No.:

Mills Used:

Name:

Address:

Telephone No.:

Mills Used:

Is feed free from all avian- or mammalian derived protein?
(except eggs and egg products) Y N

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

Are feed ingredient tags available for at least one year? Y N

Are basic rations for each grouping of animals available for at least one year? Y N

Does supplier carry out any tests and/or safeguards on raw materials or
finished feed? Y N

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

Are feeders filled manually or automatically? _____

How often are feeders cleaned? _____

Do turkeys have access to the outdoors? Y N

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

Commodity Feed Area

Is feed kept covered? Y N

Are storage areas cleaned between loads of feed? Y N

What type of feeder is used? _____

Water

What type of waterers do the birds have access to? _____

How many waterers of each type are in each house/pen of birds? _____

How often are waterers checked? _____

Is daily water consumption recorded? Y N

How often are waterers cleaned? _____

Are waterers disinfected? Y N

If yes, what is used: _____

Are any water filtration/purification systems used? Y N

If yes, please list: _____

What is the primary water source for the farm? _____

Is an emergency or backup water source available? Y N
(e.g. 2nd well, pond, local water company, etc.)

3) LITTER

Is litter used? Y N

If yes: What type? _____

Where is it stored? _____

Is litter area cleaned between loads of litter? Y N

Supplier of litter _____

4) FACILITIES

Describe your housing and other facilities:

| | | | |
|----------------------|--|--|--|
| House Number | | | |
| Size | | | |
| Stocking rate | | | |
| Type | | | |
| Flooring | | | |
| Manure system | | | |

Describe any animal handling aides used (for moving birds in/out of house or catching or treating them).

When animals are housed indoors, describe facility ventilation systems.

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 outdoor birds, is protection from predators (dogs, coyotes, hawks etc.) provided? Y N

Cleaning and Disinfection Policies

List the compounds/products/methods used on farm to clean/disinfect:

Buildings and Equipment – *List cleaning/disinfecting procedures*

Buildings

Preparation:

Cleaning method:

Disinfection:

Resting (drying):

Drains:

Equipment

Preparation:

Cleaning method:

Disinfection:

Resting (drying):

5) WASTE MANAGEMENT POLICY

a. How is litter disposed of? (*Check all that apply*)

- Composting
- Spread on land: How much acreage is available? _____
- Hauled off the property
- Other (list): _____

b. How is medical waste (needles, scalpel blades, medicine containers, syringes, etc.) disposed of?

Are sharps containers used? Y N

*(may include leak-proof, puncture resistant container, such as empty coffee tin, or similar)

6) PEST CONTROL POLICY

List methods/products used to control rodents, wild birds, and flies (check all that apply):

(a) Rodents

- Traps
- Bait
- Limited access to barn
- Covered Feed Storage
- Other (please describe): _____

(b) Wild Birds

- Bait
- Limited access to barn
- Covered Feed Storage
- Noise or Visual Deterrents
- Other (please describe): _____

(c) Flies

- Bait
- Environmental Control (e.g., frequent cleaning)
- Other (please describe): _____

7) ANIMAL HEALTH PROCEDURES

Vaccination Program

Poults

| Age (in days) | Product |
|---------------|---------|
| | |
| | |
| | |
| | |
| | |

Adults

| Age (in days) | Product |
|---------------|---------|
| | |
| | |
| | |
| | |
| | |

Beak Trimming Program

Age at which poult beaks are trimmed: _____

Method of beak trimming used: _____

Where is the procedure performed? (e.g., hatchery, brooder farm) _____

Do you have a Coccidia 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? _____

8) CASUALTY STOCK POLICY

a. Emergency Euthanasia Plan

| EUTHANASIA METHODS | | |
|--------------------|-----------------------------|--------------------------------|
| Age of Birds | Euthanasia Method of Choice | Alternative Euthanasia Methods |
| Poults | | |
| Adults | | |

| INDIVIDUALS TRAINED AND APPROVED TO PERFORM EUTHANASIA ON FARM | | |
|--|-------------------------|------|
| 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>).

b. Carcass Disposal Policy

Method of carcass disposal (if rendering company or dead hauler used list name and number):

Method used to restrict access/viewing of the public to carcasses present on farm/ranch:

Method used to reduce fly and odor nuisance:

9) 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 available on the farm (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: _____

Veterinarian name: _____

Veterinarian phone number: _____

10) RECORDS

All animal health records must be retained for at least 1 year.

The following information **must be available** on farm. Examples of forms can be found on the HFAC website (www.certifiedhumane.org).

Are records available?

| | | |
|--|----------------------------|----------------------------|
| Flock mortality by group/house and causes (if available) | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| Culling rate and reasons | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| Medication records (reason for Rx, drug used, withdrawal dates) | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| Record of feedstuff used (see Section 2 Flock Nutrition Plan) | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| Stocking rates | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| Movement records (bought, sold dates) | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| Production data (feed consumption, water consumption if possible) | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| Equipment and maintenance checks | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| Any special training for staff | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| Record of actions taken on complaints about the operation's compliance with HFAC standards | <input type="checkbox"/> Y | <input type="checkbox"/> N |

11) CARETAKER TRAINING

List personnel (or family members, if farm is family-owned and –operated) who perform routine on farm procedures and their training. 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.

| Employee | 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 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 and/or sampling for residues at any time. 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 related 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 purposes 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

PLEASE ENSURE THAT A UNIVERSAL APPLICATION FORM FOR THE PROCESSING LOCATION IS COMPLETED, SIGNED, AND SUBMITTED WITH THIS APPLICATION. FAILURE TO PROVIDE THIS INFORMATION MAY CAUSE DELAY IN SCHEDULING YOUR INSPECTION.

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)