Application For Certification of Chicken Operations

Application Instructions

1. **Complete** both the **Universal Application** and the attached **Application**.
    a. Complete a **separate application** for each location that birds are raised.
    b. 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 in one of the following ways:
    a. Pay online at https://certifiedhumane.org/make-payments/
    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. A thoroughly completed application will:

*a) **Avoid delays** in your certification and*
*b) **Reduce** the amount of time taken to conduct an **inspection**.*

BEFORE YOU PROCEED, please note the following:

You will be expected to pay monthly certification fees for the Certified Humane® program. See the Fee Schedule in the Policy Manual for more information.

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)

TODAY'S DATE: _____	Certificate EXP 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:**	

Who is paying annual application and inspection fees?	**NAME:**	**EMAIL:**
Who will be paying <u>monthly</u> certification fees?	**NAME:**	**EMAIL:**

FARM ADDRESS (of the barn to be inspected) **COUNTY (for US producers):**	**MAILING ADDRESS (if different)**

OTHER CONTACT (include someone who can receive phone calls or messages for you if you do not have phone or email):	
NAME:	***EMAIL:***
TELEPHONE:	***MOBILE:***

FARM'S LEGAL STATUS/ ORGANIZATIONAL STRUCTURE ☐ Sole Proprietor ☐ S-Corporation ☐ Limited Liability Corporation ☐ Corporation ☐ Non-Profit Organization ☐ Other (please specify): _____

List brand name(s) product is sold under:

TOTAL FLOOR SPACE (ft^2)	☐ BARN ☐ FREE-RANGE ☐ PASTURE-RAISED *(check all that apply)*	**TOTAL NUMBER OF HOUSES:**

Are other addresses used for raising birds? ☐ Y ☐ N ***If YES, fill out a separate application for these additional locations.***

Total number of birds to be certified:	**Birds sold per annum:**	
Name and address of processor: *(complete Universal Application form)*	**Miles from farm**	Are haulers trained in emergency care? ☐ Y ☐ N
Name and physical address of hatchery:		
Member of other quality assurance, commercial vendor approval, or animal welfare certification program(s)? ☐ **Y** ☐ **N** **If YES, please list:**		

FARM QUESTIONNAIRE: CHICKENS

Please provide a narrative of your operation. *What size is your operation? How many locations do you have animals? What processes (e.g., growing, slaughter) occur there?*

_____
_____
_____
_____

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

a) **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):

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

If yes, please specify which: _____

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

If yes, please specify which: _____

d) Do chickens have access to the outdoors? ☐ Y ☐ N

3) LITTER

Is litter area available? ☐ Y ☐ N

If yes, what type of litter is used? _____

4) FACILITIES

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

House Number	House _____	House _____	House _____
Housing Type			
Ventilation System			
Bird Breed			
Initial Number of Birds			
Current Bird Age (days)			
Target Finished Weight per Bird (lbs)			
Floor Space (sq ft)			
Flooring			
Type of Feeders Used			
Type of Drinkers Used			
Number of Drinkers			
Total Outdoor Space available to birds, if applicable			

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

b) **<u>For birds with access to the outdoors:</u>**
How is protection from predators ensured?

_____

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:

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

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

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

_____

Is there vegetative cover? ☐ Y ☐ N

If YES, what type? _____

b) For pasture systems ONLY:

How many months per year do birds have access to pasture?

_____

Total size of the pasture area in acres: _____

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? _____

6) ANIMAL HEALTH PROCEDURES

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

Name: _____ Phone: _____

b) Do you have a Disease Prevention Program? ☐ Y ☐ N

If yes, describe: _____

If no, explain: _____

c) Do you have an External Parasite Control Program? ☐ Y ☐ N

If yes, describe: _____

If no, explain: _____

d) Vaccination Program

Chicks

Age	Vaccination

Age	Vaccination

e) For Heritage Breeds Only:
Breed(s) of birds: _____

Age at market: _____

Average Market Weight (specify lbs or kg): _____

7) CASUALTY STOCK POLICY

Emergency Euthanasia Plan (day-to-day euthanasia protocol)

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 (DAY-TO-DAY)		
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

a) Are emergency contact numbers accessible to all persons who work on farm? ☐ Y ☐ N

b) Are all persons who work on farm made aware of procedures to follow in an emergency? ☐ Y ☐ N

c) Emergency Contacts: _____

Phone Numbers: _____

d) Primary water source(s): _____

Emergency water source: _____

e) 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.** 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.

Caretaker	Type of Training	Trained By	Training Date

10) Additional Info

Please provide any additional information about your operation that you want us to know:

_____

_____

_____

_____

_____

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 a Delay in Scheduling Your Inspection.