Application For Certification of Turkey Operations

Application Instructions:

1. **Complete** a **Main Business and Processor Application for Turkey Processing** and the attached **Application for Certification of Turkey Operations**.
    a. *Applications are to be completed in their ENTIRETY.*
2. **Submit applications:**
    a. Email to staff@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 website https://certifiedhumane.org/make-payments/

*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**.*

At the inspection, you must be prepared to show the HFAC Inspector the following records:

- Death/mortality records and reasons for mortality (when known)
- Culling records and reasons for culling
- Hatchery and pullet information/invoices
- Health/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)
- Temperatures (maximum and minimum temperatures in each house, target temperature parameters)
- Lighting program (time of lights turned on and off)
- Air quality records (target air quality, bi-weekly ammonia records)
- Pest and predator control records (SOP and regular pest control checks)
- 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.
- 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)

Once certified 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.

Application For Certification of Turkey Operations

Farm Name:		**Owner Name:**
Today's Date:	**Renewal: ☐ Yes ☐ No**	**Certificate Expiration Date:**

➔ New Or Renewal Applications Should Be Submitted 120-180 Days Prior To Desired Certificate or Renewal Date to Avoid Certification Lapses and Facilitate Meeting Customer Deadlines.

Seeking Certification: ☐ As Independent Farm ☐ Supplier to another Company
If supplier to another company, which one?

➔ If Applying Independently Please Attach an Official Document That Shows the Exact Name of Your Business Entity, Typically Your State Company or Corporate Registration

FARM CONTACT NAME: **TELEPHONE:**		**EMAIL:** **WEBSITE:**
Who is paying annual application and inspection fees?	**NAME:**	**EMAIL:**
Who will be paying monthly certification fees?	**NAME:**	**EMAIL:**
Who is Authorized to ➔ sign legal documents for this farm?	***Authorized Name:***	***Authorized Email:***
FARM ADDRESS (of the barn/s to be inspected): **COUNTY (for US producers):**		**MAILING ADDRESS (if different):**

OTHER CONTACT Someone authorized to receive communication for you: Main contact if under a different company

NAME:	***TELEPHONE:***	***EMAIL:***

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

List brand name(s) product is sold under:			
If you are applying as an Independent Farm, are you interested in Wholesale inquires for Certified Humane® products: ☐ Yes ☐ No			
Total number of turkeys to be certified:	**Turkeys sold annually:**	**Total Number of Houses:**	
Name, phone number, and physical address of HATCHERY:			
Name, Phone number, and Physical address of Poult Supplier/Location where poults are raised:			
Name & physical address of TURKEY PROCESSOR: ***(Complete Main Business Structure Workbook & Processor Application)***		**Miles from Farm:**	**Are haulers trained in emergency care?** ☐ Y ☐ N
Member of other quality assurance, commercial vendor, or animal welfare certification program(s)? (please list):			

OPERATIONS & FACILITIES

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

	House# ____	House#____	House#____	House#____
If Different Than Main Unit *Address:				
***Contact Person:**				
***Phone Number:**				
Population Date for Current Flock				
Type of House – Brooder, Finisher, or Combination				
What type of Ventilation system is used?				
Initial Bird Population – BROODER (or planned #)				
Initial Bird Number – FINISHER (or planned #)				
Turkey Breed and Sex				
Target Finished Weight per Bird (lbs)				
Target Finished Bird Population or Livability %				
BROODER Floor Space – Total Square Feet				
FINISHER Floor Space – Total Square Feet				
Flooring (e.g. concrete, dirt)				
BROODER- Type of Feeders Used – Circular, double-sided linear troughs, or single sided linear troughs in				
FINISHER - Type of Feeders Used – Circular, double-sided linear troughs, or single sided linear troughs in				
Is Feed available at all times, if no, what is the feeding schedule?				
BROODER - Type of Drinkers Used – Bell, nipple, cup, or trough				
BROODER - Number of Drinkers or Trough Length -				
FINISHER - Type of Drinkers Used – Bell, nipple, cup, or trough				
FINISHER - Number of Drinkers or Trough Length -				
Total Outdoor Space available to birds (Total sq ft), if applicable				

FARM QUESTIONNAIRE: TURKEYS

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

_____
_____
_____

1) FLOCK BIOSECURITY POLICY

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

If no, please explain your procedure: _____

_____

_____

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) <u>Feed Suppliers/Mills Used</u>
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 or 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: _____

3) LITTER

Is litter available? ☐ Y ☐ N

If yes, what type of litter is used? _____

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

_____

_____

_____

b) When animals are housed indoors, describe facility ventilation systems.

c) For birds with access to the outdoors:

i. How is protection from predators ensured?

_____

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

_____

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

_____

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

_____

4) 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) Vaccination Program

Poults

Age (in days)	Vaccination

Adults

Age (in days)	Vaccination

c) 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) _____

d) Do you have a Coccidia and/or Disease Prevention Program? ☐ Y ☐ N

If yes, describe: _____

If no, why not? _____

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

If yes, describe: _____

If no, why not? _____

5) CASUALTY STOCK POLICY

a) Emergency Euthanasia Plan

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

INDIVIDUALS WHO PERFORM EUTHANASIA ON FARM		
Name	**Trained and Approved By**	**Approval Date**

*Producers should keep a copy of the "**AVMA Guidelines for Euthanasia**" with their flock plans.*

6) ANIMAL RELATED EMERGENCY ACTION PLANS

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

b) Are all people 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: _____

8) CARETAKER TRAINING

List personnel (or family members, if farm 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.

Employee	Type of Training	Trained By	Training Date

9) 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 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 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 statements 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*

ALL ATTACHMENTS, INCLUDING BARN DIAGRAM AND BUSINESS STRUCTURE WORKBOOK & PROCESSOR APPLICATION, ARE REQUIRED WITH SUBMISSION OF APPLICATION. FAILURE TO PROVIDE THIS INFORMATION MAY CAUSE DELAY IN SCHEDULING YOUR INSPECTION.