

2021 ORGANIC SYSTEM PLAN (OSP)- LIVESTOCK PRODUCTION

- ❖ Complete this OSP if you are requesting organic livestock certification for any livestock products.
- ❖ **NOTE:** Organic poultry requires a separate OSP.
- ❖ Complete Organic System Plans are required prior to inspection.
- ❖ Late OSPs may result in a Notice of Noncompliance.

For Office Use Only:

| | | | | | | | |
|--------------------------------|--|------------------------------------|--|------------------------------|--|--|--|
| OSP Received On: _____ | | Entered Into Database On: _____ | | By (Initials): _____ | | Initial Cert Date _____ | |
| Assigned To: Reviewer: _____ | | Primary Review Completed On: _____ | | Inspector: _____ | | Inspector's Review Completed On: _____ | |
| Inspection Completed On: _____ | | Director Approved On: _____ | | Initials: _____ | | | |
| Request Form # _____ | | Documents Received On: _____ | | Initials: _____ | | <input type="checkbox"/> NA | |
| Database Updated On: _____ | | Initials: _____ | | Certificate Mailed On: _____ | | Initials: _____ | |
| Date payment rec'd: _____ | | Amount: _____ | | Check #: _____ | | Cash: _____ | |

SECTION 1: General Information § 205.201 & § 205.401

| | | | |
|---|--------|--|---------------|
| Farm Name: | | Year First Certified | NHDAMF Cert # |
| Owner/ Manager Name: | | Name of Authorized Person who will be at the inspection: | |
| Mailing Address: | | | |
| Physical Address: <input type="checkbox"/> Same as mailing | | | |
| Best phone number: | Email: | Website: | |
| Organizational structure/legal status: | | | |
| <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Trust or non-profit <input type="checkbox"/> Cooperative <input type="checkbox"/> Legal Partnership (federal form 1065) <input type="checkbox"/> LLC <input type="checkbox"/> Corporation; list state of incorporation & name _____ <input type="checkbox"/> Other-specify _____ | | | |

Inspectors Change: Please provide detailed directions from Concord to livestock operation:

List all livestock to be certified as organic and check all products for which you want certified:

| Species | Number of Animals | Breed | Live Animals | Milk | Meat | Other |
|---------|-------------------|-------|--------------|------|------|-------|
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SECTION 2: Applicant Affirmation § 205.401-§ 205.405

- I have a copy of the NHDAMF organic regulations and the USDA National Organic Program (NOP) regulations, with which I have read, understand and agree to follow for organic certification.
- This Organic System Plan has been completed to the best of my ability, with accurate and forthcoming information.
- I understand that acceptance of this Organic System Plan in no way implies granting of certification by NHDAMF.
- I will immediately notify NHDAMF of any change in my certified operation or portion of it that may affect its compliance with NHDAMF Organic Rules and USDA National Organic Program (NOP) Regulations.
- I understand that the operation may be subject to unannounced inspections and/or sampling for residues at any time.
- I agree to submit applicable fees charged according to the fee schedule by NHDAMF.

My signature confirms that I have read, understand, and agree to the aforementioned statements.

Applicant's signature: _____ **Date:** _____

SECTION 3: Organic Certification History § 205.662

Name(s) of any certifying agency other than NHDAMF to which an application has been previously made, and date(s) of application:

Outcome of submission(s): _____

Did you receive a Conditions for Continued Certification (CCC) letter from NHDAMF last year? Yes No

Did you receive a Notice of Non-compliance (NNC) from NHDAMF last year? Yes No

If yes, please describe CCC and/or NCC and corrective actions implemented:

Note: Corrective actions along with any supporting documentation will be reviewed during inspection.

SECTION 4: Recordkeeping §205.103

Confirm that the following records are kept:

- * Purchase receipts for all livestock____
- * Sales records for all livestock products sold____
- * Live weight records of meat animals prior to slaughter____
- * Medications administered-date, dosage, source____
- * Feed products and supplements____
- * DMI feeding worksheet____
- * Disposition of animals (cull, mortality, slaughter, sold live)____
- * Field & Pasture Maps____
- * Farm Records: sale invoices, product labels, packaging samples____

Non-organic livestock managed at the same location:

_____ **N/A**

| Breed and species of non-org livestock | # of Non- org livestock | Shelter-type & location on farm | Feed Brand | Feed storage location |
|---|--------------------------------|--|-------------------|------------------------------|
| | | | | |
| | | | | |
| | | | | |

a) How is organic livestock identified?

b) How is non-organic livestock identified?

_____ **N/A**

c) Are there any off-site operations involved with raising livestock? If, so, provide details:

_____ **N/A**

SECTION 5: Livestock Description § 205.201, .236, .237, .238

- ❖ Provide the following information for the types of animals being raised for organic meat or dairy production for this year
- ❖ Quantity refers to the number of animals currently raised

ORGANIC LIVESTOCK HISTORY: Applicants must complete **TABLE C- Organic Livestock History Table** (attached) for all livestock to be certified.

_____ **Organic Livestock History Table COMPLETED**

NOTE: Applicants may substitute their own cattle history form as long as it contains the required information and is submitted with OSP.

SECTION 6: Livestock Housing (barns, shelter) § 205.239

1. Livestock Housing:

| Livestock Species | House ID/Name | Housing type with dimensions | Type of Livestock Bedding | How is manure/bedding removed & stored? How often? |
|-------------------|---------------|------------------------------|---------------------------|--|
| | | | | |
| | | | | |
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| | | | | |

a) If wood chips or sawdust is used for bedding, list the source. What substances were added to the product?

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2. Housing Pest Control:

_____ **N/A**

| Pest | Location in housing | Product brand name | Frequency of control use |
|------|---------------------|--------------------|--------------------------|
| | | | |
| | | | |
| | | | |

3. Housing Sanitation and Cleaning Process:

| Location where products are used | Product Type (sanitizer/cleanser) | Name & Brand of Product | NOP compliance verification | DAMF verification (for office use only) |
|----------------------------------|-----------------------------------|-------------------------|-----------------------------|---|
| | | | | |
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a) How do you manage manure in yards, feeding pads, feedlots, laneways and housing to prevent runoff to surface water?

SECTION 7: Livestock Access to Outdoors § 205.239

1. Field Locations, Aerial Maps, Grazing Methods:

- ❖ All pastures that organic livestock graze MUST be certified organic
- ❖ The pasture ID & location must match those listed in the Land Information Table in Section 2 of the **Organic System Plan** for **Hay/Pasture Production**
- ❖ A Landowner Statement is required for each leased or rented land area. **Note: If a leased parcel has changed ownership, then a new Landowner Statement is required.**
- ❖ Submit field maps for all certified organic hayfields and pastures with your OSP for Hay/Pasture Production
- ❖ The MAPS must identify:
 - ✓ Fencing
 - ✓ Watering stations
 - ✓ Grazing rotation patterns
 - ✓ Shade for livestock

2. Identify Livestock for each Pasture Location in the Table below:

| Livestock species | Pasture ID/Location | Certifying Agency, if other than NHDAMF | Other Certifier's ID/Location |
|-------------------|---------------------|---|-------------------------------|
| | | | |
| | | | |
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3. Exception to Pasture Rule: Explain Temporary Confinement or Shelter for Livestock from the outdoors:

| Livestock species/age group | Location of shelter | Reason for confinement | Typical length of confinement |
|-----------------------------|---------------------|------------------------|-------------------------------|
| | | | |
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4. Describe frequency of rotations and pasture recovery time:

SECTION 8: Livestock Healthcare Program § 205.238

- ❖ List all HEALTHCARE PRODUCTS in-stock on farm, even those not currently in use
- ❖ List reason for use(s); these may include vaccinations, homeopathic remedies, medicines, boluses
- ❖ Healthcare Records must be maintained for all livestock and will be reviewed during inspection
- ❖ Additions to this list must be submitted to NHDAMF throughout the year

Healthcare Products: Please attach separate sheet if necessary.

| Healthcare Product Brand Name | Company Name | Reason for Use or Treatment Use | Restrictions | NOP compliance verification | DAMF Verification (office use) |
|-------------------------------|--------------|---------------------------------|--------------|-----------------------------|--------------------------------|
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SECTION 9: Feed and Dry Matter Intake (DMI) § 205.237

1. Purchased Feed Information:

TABLE D Attached

- ❖ Complete **TABLE D- Record of Feed and Feed Supplement Purchases** attached at end of OSP
- ❖ List the quantity of each feed type purchased (concentrates, forage, grain, silage, pasture, hay and/or green chop) during the past 12-month period)
- ❖ Note: A copy of the **ORGANIC CERTIFICATE** and receipts of all purchased feedstuff must be available for review during the inspection

2. Dry Matter Intake (DMI) Feeding Requirements:

DMI Worksheet Attached

- ❖ Complete the National Organic Program (NOP) **DMI Worksheet** (available on NHDAMF website) for each class of livestock over 6 months of age for ruminant livestock.
- ❖ Producers must provide pasture to annually provide a minimum of 30% of a ruminant's dry matter intake (DMI), over the course of the grazing season **§205.240(b)**
- ❖ Additional DMI Reference information is available at www.ams.usda.gov/nop

SECTION 10: Processing and Packing Facilities § 205.238, .270, .271, .272 & .303

1. Organic Dairy Products:

NOTE: Ingredients added to dairy products and value-added products (ex. yogurt and cheese) require an "On-farm Processor" application. An additional application fee and inspection will apply.

a) How is fluid milk transported to milk room?

b) What is the capacity of the milk tank(s)?

c) Describe cleaning process of all milk equipment.

d) How often is milk picked up?

e) Who picks up the milk (company name & address)?

f) Is milk bottled on-farm? What kind of containers are used?

g) If containers are reused, how are they cleaned?

h) Where is bottled milk sold?

i) Describe how bottles are labeled.

j) Will the USDA Organic Logo be used on packaging? Yes No

k) Will the NHDAMF Organic Logo be used on packaging? Yes No

l) I have attached copies of label(s) to be used on retail packaging. Yes No

NOTE: Labels needs to be approved by NHDAMF prior to using.

2. SANITATION & CLEANING PRODUCTS: List all cleansers, sanitizers, teat dips, teat wipes, etc. used (attach additional sheets if necessary): _____ N/A

| Product Name | Company Name | Cleaning Use | Residue Testing Required? | NOP Compliance Verification | DAMF Verification |
|--------------|--------------|--------------|---------------------------|-----------------------------|-------------------|
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3. ORGANIC MEAT PRODUCTS:

a) Do you sell organic meat products? Yes No

b) Do you raise all slaughter animals on farm? Yes No

If “no”, please complete the table below:

| Type of Livestock Purchased | ID Number/Name | Purchase Date | Slaughter Date | Purchase Source | Certifying Agency |
|-----------------------------|----------------|---------------|----------------|-----------------|-------------------|
| | | | | | |
| | | | | | |
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d) Is organic livestock processed on-farm? _____ Yes _____ No

e) Is non-organic livestock processed on-farm? _____ Yes _____ No

f) If yes, what procedures are in place to prevent contamination of organic products?

g) Do you hire a custom processor/butcher to process livestock on-farm? ____ Yes ____ No

Name and Address of custom processor:

Describe processing procedures

h) Do you ship livestock to a USDA licensed slaughter facility? ____ Yes ____ No

i) Is this facility a certified organic processing facility? ____ Yes ____ No

Name and address of processing facility

i) List organic meat products sold:

j) Describe how organic meat products are labeled.

k) Will the USDA Organic Logo be used on packaging? ____ Yes ____ No

l) Will the NHDAMF Organic Logo be used on packaging? ____ Yes ____ No

m) I have attached copies of label(s) to be used on retail packaging. ____ Yes ____ No

NOTE: Labels needs to be approved by NHDAMF prior to using.

n) Provide **name & location** for all sales outlets of organic meat products:

| |
|--|
| <input type="checkbox"/> Farm retail or farm stand: |
| <input type="checkbox"/> Summer Farmers Markets: |
| <input type="checkbox"/> Winter Farmers Markets: |
| <input type="checkbox"/> Direct to retail: |
| <input type="checkbox"/> CSA/subscription service (#members/shares): |
| <input type="checkbox"/> Wholesale: |
| <input type="checkbox"/> Bulk commodities to processor: |
| <input type="checkbox"/> Contract to buyer: |
| <input type="checkbox"/> Food Service Establishment: |

International Import and Export Activity (This is a required section and must be answered)

For more information please visit <https://www.ams.usda.gov/services/organic-certification/international-trade>

I. Import Activity

Not Applicable

From which countries do you import or plan to import any ingredients to be used in your product (s):

- Canada European Union Japan Republic of Korea Taiwan Switzerland
 Other(s): _____

Attach a copy of your procedures (SOP) to verify that imported organic products comply with the USDA organic regulations. Attached _____

List each product or substance intended to be imported, the source, and indicate the frequency of import:

II. Export Activity

Not Applicable

To which countries do you export or plan to export any products:

- Canada European Union Japan Republic of Korea Taiwan Switzerland
 Other(s): _____

Attach a copy of your process (SOP) to verify compliance with the terms of the arrangement with each applicable country to include, but not limited to, the required documentation with every shipment and product labels. Attached _____

List all products intended for export, the country, and frequency of export:

SECTION 11: Attachments

The following documents are attached:

- Table C: Organic Livestock History Table
- Table D: Record of Feed and Feed Supplement Purchases
- DMI Worksheet (for each age group)
- Pasture maps are attached with Hay/Pasture OSP

Closing Affirmations

- ★ I have made a copy of this application for my records
- ★ I understand I am required to have a copy of my OSP at the time of inspection
- ★ I understand that I must have all required documents and records available at the time of my inspection

Applicant's signature: _____ Date: _____

Payment \$ 205.400 (Refer to tables below)

<Animal Units for dairy livestock shall be determined by using the 1.4 factor per head regardless of age or size of animal.>

| | | |
|---|--|--------------------|
| Total # Animals: _____ X (AU factor) _____ = _____ AU | Inspection Fee: | \$ |
| Amount of Inspection Fee: _____ | Certification Fee: (non-refundable) | + \$ 100.00 |
| | TOTAL Fees Submitted | |

Table 911.2 Inspection Fees for Organic Livestock

| | Fee | Fee | Fee | Fee | Fee | Fee |
|-------------------|-------|----------|-----------|-----------|-----------|--------|
| | \$50 | \$100 | \$150 | \$200 | \$300 | \$400 |
| Animal Units (AU) | <4 AU | >4-20 AU | >20-40 AU | >40-60 AU | >60-80 AU | >80 AU |

Table 911.3 Animal Unit (AU) Equivalent

| <u>Animal type</u> | <u>Animal Unit (AU) Factor</u> |
|------------------------|--------------------------------|
| Beef Cow | 1.00 |
| Dairy Cow | 1.40 |
| Swine | 0.20 |
| Sheep | 0.10 |
| Turkeys and other fowl | 0.01 |
| Chickens | 0.0025 |

Make Checks payable to: **“TREASURER, STATE OF NH”**

Mail completed Organic System Plan & Attachments to:

**NH Department of Agriculture, Markets & Food
Division of Regulatory Services
PO Box 2042
Concord, NH 03302-2042**

If you should have any questions, please call Regulatory Services at: (603) 271-3685

Dry Matter Intake (DMI) Calculation Worksheet

Utilizing National Research Council (NRC) Referenced Values for Dry Matter Demand (DMD)

[Note: use a separate worksheet for each livestock class and type (stage of production)]

| | | | |
|--|-----------------------------|--------------------------------|--|
| Class/Stage of Production: | | | |
| | | | |
| Date | | | |
| # of Animals | | | |
| Average Weight (lb) | | | |
| DMD (Dry Matter Demand, lb) | | | |
| Source: NRC/NOP Table Value or | | | |
| A Other _____ | | | |
| | | | |
| Other feed Source: | | | |
| Baylage | | | |
| lb, as fed | | | |
| x %DM of Feed Source | | | |
| a = DMI, lb | | | |
| Pasture | | | |
| lb, as fed | | | |
| x %DM of Feed Source | | | |
| b = DMI, lb | | | |
| | | | |
| lb, as fed | | | |
| x %DM of Feed Source | | | |
| c = DMI, lb | | | |
| | | | |
| lb, as fed | | | |
| x %DM of Feed Source | | | |
| d = DMI, lb | | | |
| Total DMI from feed sources, lb | | | |
| B = a+b+c+d | | | |
| % DMI from feed sources | | | |
| = (B/A)*100 | | | |
| | | | |
| Pasture DMI, lb | | | |
| C = A-B | | | |
| % DMI from pastures | | | |
| = (C/A)*100 | | | |
| Typical dry matter (DM) Content of Feed Sources: | | Ave. % DMI from Pasture | |
| Grain - 89% DM | Dry Hay - 90% DM | Over the Grazing Season | |
| Grain Silage - 25-35% DM | Haylage/Baylage - 35-60% DM | Meet Requirements? | |

