

**INSTRUCTIONS FOR
LIVESTOCK ORGANIC SYSTEM PLAN
FORM NO. ROR-603**

INTRODUCTION

This form and the required supporting documents are intended to serve as the “organic system plan” required by 7CFR Part 205, National Organic Standards. The organic system plan is a detailed description of how an operation will achieve, document and sustain compliance with organic standards.

Complete this form and include all supporting documentation listed in Section B. In addition, a prescribed application fee must be submitted. Mail all documents to the Texas Department of Agriculture, Organic Certification Program, P.O. Box 12076, Austin, Texas 78711. For assistance in completing this application, call toll-free 1-800-835-5832. For the hearing impaired: 1-800-735-2988 (voice) or 1-800-735-2989 (TDD/TT).

Issuance of certification will require an on-site inspection to verify compliance to the applicable organic standards. Incomplete or inaccurate applications and/or supporting documentation may result in denial of application or certification. **A copy of all applications and supporting documentation should be duplicated and maintained with records.**

SECTION A

1. VERIFICATION INFORMATION

Indicate if this plan is for a new application, annual update or a change to your OSP. If this is a change to your OSP only complete the sections you wish to update. Enter all business information requested.

SECTION B

1. REQUIRED SUPPORTING DOCUMENTATION

Use this checklist to ensure that all required information is included in your application. Check off the box next to each item completed.

SECTION C

1. FACILITY INFORMATION

When you attach your facility map, be certain it includes:

- All pastures where animals have access;
- Locations of barns, buildings, holding facilities, and/or living areas and their dimensions;
- Adjoining land uses;
- Fence locations and types;
- Indication of north;
- Water sources available to livestock;
- Other useful landmarks (i.e. streams, roads, etc.).

Indicate the location of all animals. List additional addresses if animals reside at a different address other than the one associated with your facility.

2. LIVESTOCK TYPES

Select all livestock species you wish to produce organically and provide an estimate of annual production.

Example:

Product	Est. Annual Organic Production	Production Units (example of unit: pounds, head, gallons, etc)
Yearling Beef Calves	100	Head

List the types and numbers of livestock in the corresponding fields of the livestock species to be produced.

Example:

Cattle:			Not Applicable: <input type="checkbox"/>	
Production Group	Organic	Transitional ¹	Transition Start Date	Conventional ²
Beef cows	100			
Weaned Calves	100			
Bulls				3
Replacement Heifers		25	3/15/2010	

3. PRODUCTION

Complete each section of production that is applicable to your operation and answer all questions. Questions should not be left unanswered under the production field that is applicable to your operation. If a production field is not applicable to your operation, select the box that indicates the particular product is not produced and continue to the next section.

SECTION D

1. ORIGIN OF LIVESTOCK

Answer all questions regarding the origin of livestock and include any additional information as directed in the application. Remember, all documentation on file that confirms the status and history of each purchased animal must be available to the inspector at the time of inspection. Questions should not be left unanswered.

SECTION E

1. FEED RATION TABLE

List the feed ration for each production group and the date range in which the ration is fed. For purchased feed, attach a copy of the current organic certification for the feed and any ingredient listings if needed.

Example:

Production Group:	Ration ID:	Date range in which the ration is used:	
Weaned Calves	Calf 1	9/1/2010	— 10/31/2010
Ingredient: Corn	Quantity: 1lb/head/day	<input checked="" type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ¹
Ingredient: Hi-Pro Calf Starter	Quantity: 2lbs/head/day	<input type="checkbox"/> Grown or	<input checked="" type="checkbox"/> Purchased ¹
Ingredient: Hay	Quantity: 12lbs/head/day	<input checked="" type="checkbox"/> Grown or	<input checked="" type="checkbox"/> Purchased ¹

2. FEED MANAGEMENT

If any feed is purchased, you must list source information. Continue to answer all questions regarding feed management and include any additional information as directed in the application. Questions should not be left unanswered.

For any feed supplements fed, include them on the provided table and list their ingredients. If a product has multiple ingredients and the list of them is too long for the table, attach the ingredient listing and indicate your action by selecting the “Attached” option.

Example:

Brand Name	Manufacturer	Delivery Method	Frequency fed to Livestock
Cattle Mineral	Generic Feed Co.	Not Delivered	All year
Ingredients: <input checked="" type="checkbox"/> Attached			

SECTION F

1. HEALTH MANAGEMENT

Answer all questions regarding health management of animals and include any additional information as directed in the application. Questions should not be left unanswered. List all breeds for each livestock group you raise.

Example:

Livestock Species: (Cattle, sheep, swine, etc.)	Breed(s):
Cattle	Angus, F-1Angus-Hereford

List all vaccines administered to animals, if applicable.

Example:

Brand Name:	Manufacturer:	Age/When Given:	How Administered:
Repro Vac	ACME Vaccine Co.	Annual	Injection (Sub-Q)
Black Leg Plus	ACME Vaccine Co.	Annual	Injection (Sub-Q)

If materials are used for sanitation list the products and attach all ingredient listings.

Example:

Brand Name:	Manufacturer:	Purpose:
Super Clean	ACME Cleaners	Cleaning Chute

List all products, under question 17, used in your health management program that were not previously listed and attach all ingredient listings.

Continue to answer all questions and provide any additional information as directed by the application. Do not leave any questions unanswered.

SECTION G

1. TEMPORARY CONFINEMENT

Select all reasons for temporary confinement. Note that temporary confinement is only allowed under specific restrictions that must be observed and documented. ROR-624 Organic Livestock Outdoor Access Calendar must be completed and submitted with this application to supplement this requirement to verify temporary confinement.

2. OUTDOOR ACCESS

Answer all questions and provide any additional information as directed by the application. Do not leave any questions unanswered. Note that all organic livestock must have year-round access to the outdoors.

3. STOCKING RATES

Complete all sections that are specific to the species of livestock you raise. All fields must have a numeric value, unless the specific field is not applicable to your operation. In this case input N/A in the field.

Select N/A for sections that are not applicable to your operation.

SECTION H

1. ACCESS TO PASTURE

Answer all questions and provide any additional information as directed by the application. If a question is not specific to your operation, specify N/A. Do not leave any questions unanswered.

Provide all pertinent information for pasture access information.

Example:

Production Group	Projected Pasture Schedule (List start and end dates)	Pasture(s) Available (List pasture ID's)	Acres	Number of Head
Beef Cows	3/1/10 – 6/15/10	A	640	100
Beef Cows	9/1/10-11/15/10	B	500	100

2. PASTURE REQUIREMENTS

Answer all questions that pertain to your operation. Attach the completed forms ROR-623 Organic Livestock Dry Matter Worksheet (if applicable) and ROR-624 Organic Livestock Outdoor Access Calendar. Do not leave any questions unanswered.

SECTION I

1. RECORD KEEPING

Select all records that you keep on file and indicate how long you will maintain your records.

SECTION J

1. AFFIRMATION

After reading the affirmation statement, sign and print your name, and date the form. Your signature here indicates that you have read the statement and that you are aware of your responsibilities regarding the issuance of the requested license.