



Texas Department of Agriculture
Livestock Organic System Plan

ROR-603

COMMISSIONER SID MILLER

SECTION A	¹ VERIFICATION INFORMATION <input type="checkbox"/> New Application <input type="checkbox"/> Annual Update <input type="checkbox"/> Change to OSP		
	Full Legal Business Name:		D.B.A. (if applicable):
	Facility Name:	Client No.	Account No.
	Contact Individual:		

SECTION B	¹ REQUIRED SUPPORTING DOCUMENTATION	
	All of the following items are required for a complete application. To avoid processing delays, please use this checklist to ensure that your application is complete.	
	<input type="checkbox"/> Farm and Livestock Information (SECTION C)	
	<input type="checkbox"/> ¹ Facility Information <input type="checkbox"/> ² Livestock Types <input type="checkbox"/> ³ Production	
	<input type="checkbox"/> Origin of Livestock (SECTION D)	
	<input type="checkbox"/> Livestock Feed (SECTION E)	
	<input type="checkbox"/> ¹ Feed Ration Table <input type="checkbox"/> ² Feed Management	
	<input type="checkbox"/> Livestock Health Care (SECTION F)	
	<input type="checkbox"/> ¹ Health Management <input type="checkbox"/> Livestock Living Conditions (SECTION G)	
	<input type="checkbox"/> ¹ Temporary Confinement <input type="checkbox"/> ² Outdoor Access	
<input type="checkbox"/> Pasture Practice Standard (SECTION H)		
<input type="checkbox"/> ¹ Access to Pasture <input type="checkbox"/> ² Pasture Requirement		
<input type="checkbox"/> Record Keeping (SECTION I)		
<input type="checkbox"/> ¹ Auditable Records <input type="checkbox"/> Attachments (facility map, ingredient listings, etc.)		

This document becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021, 552.023, and 559.004.)

Business Name:

FARM AND LIVESTOCK INFORMATION				§205.201
¹ FACILITY INFORMATION				
Please provide a map of pastures, barns, holding facilities, shade available to livestock, and/or living areas. The maps are applicable to <input type="checkbox"/> Map is Attached all species. Please ensure the map includes the following: The map/s need to identify: -Adjoining/neighborhood land uses, -Dimensions of buildings designed to house animals, -Building/storage ID system, -Types of fencing used (both permanent and temporary), indication of north, -Water sources available to livestock, -Location of buildings and other useful landmarks (e.g. streams, distinctive features, roads, etc.) *Maps provided by your county authority, local Farm Service Agency office, or Agriculture Extension Service office are recommended.				
1) Is the location where all the animals reside at the same address as provided on the first page of the application? <input type="checkbox"/> Yes <input type="checkbox"/> No If no please provide the address of all locations:				
	Address	City	State	Zip
² LIVESTOCK TYPES				
2) Please select the livestock species that you wish to produce organically: <input type="checkbox"/> Cattle <input type="checkbox"/> Goats <input type="checkbox"/> Sheep <input type="checkbox"/> Swine <input type="checkbox"/> Poultry <input type="checkbox"/> Other (specify):				
3) Please select the livestock products you wish to produce organically and an estimate of annual production:				
	Product	Est. Annual Organic Production	Production Units (example of unit: pounds, head, gallons, etc)	

SECTION C

Business Name:

² LIVESTOCK TYPES (CONTINUED)				
4) Please list the number of animals in each of the following production groups:				
Cattle:				Not Applicable: <input type="checkbox"/>
Production Group	Organic	Transitional ¹	Transition Start Date	Conventional ²
Goats:				Not Applicable: <input type="checkbox"/>
Production Group	Organic	Transitional ¹	Transition Start Date	Conventional ²
Sheep:				Not Applicable: <input type="checkbox"/>
Production Group	Organic	Transitional ¹	Transition Start Date	Conventional ²
Swine:				Not Applicable: <input type="checkbox"/>
Production Group	Organic	Transitional ¹	Transition Start Date	Conventional ²

SECTION C (continued)

Business Name:

SECTION C (continued)	Poultry:			Not Applicable: <input type="checkbox"/>	
	Production Group	Organic	Transitional ¹	Transition Start Date	Conventional ²
Other:			Not Applicable: <input type="checkbox"/>		
Production Group	Organic	Transitional ¹	Transition Start Date	Conventional ²	
¹ Transitional: Dairy animals can be converted to organic milk production after 12 months, but milk from these animals is not organic during the conversion.					
² Conventional: Neither conventional nor transitional animals can be used for organic production, except as breeding stock.					
³ PRODUCTION					
MILK				Milk Not Produced <input type="checkbox"/>	
5a) Please describe your milking equipment and holding system:					
5b) If milk is being produced, list the materials that are being used for cleanliness and control in the milk parlor:					
Brand Name	Manufacturer	Ingredients (Product Label)	Purpose for use	How used in parlor	
		<input type="checkbox"/> Attached			
		<input type="checkbox"/> Attached			
		<input type="checkbox"/> Attached			
		<input type="checkbox"/> Attached			
5c) How is contamination or commingling of sanitizers with milk prevented?					
5d) How is wastewater from the milking facility handled?					
5e) If milk is being inspected, please list the following:					
Agencies that conduct inspections	Frequency of those inspections		Rating or evaluation from last inspection		

Business Name:

³ PRODUCTION (CONTINUED)	
MEAT	Meat Not Produced <input type="checkbox"/>
6a) If animals are being raised for meat, are they slaughtered and processed on farm? <input type="checkbox"/> Yes ³ <input type="checkbox"/> No	
<i>³ If Yes, please complete a Processor Application Form and include it with this application.</i>	
6b) What method of loading and transportation is used to move animals to slaughter?	
6c) (Poultry Only) What time of day are birds moved or transported?	
6d) How far are animals transported to slaughter?	
6e) How long does the transport typically take?	
6f) If over 12 hours in transportation are the animals rested and fed? <input type="checkbox"/> Yes ⁴ <input type="checkbox"/> No ⁵	
<i>⁴ If Yes, then provide the following:</i>	
Where are animals rested?	
How is organic feed	
Is grazing available? (ruminants only)	
How is clean water provided?	
<i>⁵ If No, please describe the reasons why feed and rest are not provided:</i>	
6g) Do you retain ownership through slaughter and receive the retail cuts and/or by-products to market? <input type="checkbox"/> Yes ⁶ <input type="checkbox"/> No	
<i>⁶ If Yes, please provide the certificate of the slaughter facility</i>	<input type="checkbox"/> Attached
<i>⁶ If Yes, please provide the label that is used on the retail product(s)</i>	<input type="checkbox"/> Attached
<i>⁶ If Yes, please describe how cuts are handled post slaughter:</i>	
<i>⁶ If Yes, please describe how sales are recorded:</i>	
For Ruminant Slaughter Stock	
6h) Are ruminants finished in a yard, pad, or feedlot? <input type="checkbox"/> Yes ⁷ <input type="checkbox"/> No ⁸	
<i>⁷ If Yes, how long is the finishing period?</i>	
<i>⁸ If No, skip the following questions and move to the next section.</i>	
6i) Can all animals eat simultaneously without competing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6j) Are animals given access to pasture during the grazing season when in a finishing program? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION C (continued)

Business Name:

3 PRODUCTION (CONTINUED)			
EGGS			Eggs Not Produced <input type="checkbox"/>
7a) How are eggs collected? 			
7b) How often are eggs collected? 			
7c) Are eggs washed after collection? <input type="checkbox"/> Yes⁹ <input type="checkbox"/> No			
⁹ If Yes, describe washing/handling process: 			
⁹ If Yes, and cleaning or sanitizing materials are being used please provide:			
Brand Name	Manufacturer	Ingredients (Product Label)	Restriction as listed in the regulation (if applicable)
		<input type="checkbox"/> Attached	
		<input type="checkbox"/> Attached	
		<input type="checkbox"/> Attached	
		<input type="checkbox"/> Attached	
7d) How are eggs packaged? 			
7e) Where are eggs stored on farm? 			
7f) Are any eggs stored off-site? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7g) When eggs are stored, are they kept at a refrigerated temperature of 45 degrees or below? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7h) Are eggs graded and sized? <input type="checkbox"/> Yes¹⁰ <input type="checkbox"/> No			
¹⁰ If Yes, are you licensed by the TDA? <input type="checkbox"/> Yes¹¹ <input type="checkbox"/> No			
¹¹ If Yes, what is your TDA egg license no.? 			
7i) If eggs are sold as retail or direct, provide a copy of the label to be used on the product packaging with this application.			
FIBER			Fiber Not Produced <input type="checkbox"/>
8a) Are animals that are raised for fiber sheared/de-haired on farm? <input type="checkbox"/> Yes¹² <input type="checkbox"/> No			
¹² If Yes, how is equipment cleaned and maintained? 			
If materials are used in cleaning or maintaining equipment, provide the following: <input type="checkbox"/> N/A			
Brand Name	Manufacturer	Ingredients	Restriction as listed in the
		<input type="checkbox"/> Attached	
		<input type="checkbox"/> Attached	
		<input type="checkbox"/> Attached	
8b) Is equipment used on non-organic livestock? <input type="checkbox"/> Yes¹³ <input type="checkbox"/> No			
¹³ If Yes, how is it cleaned to prevent contamination? 			
8c) Is any other organic fiber processing done on the farm? <input type="checkbox"/> Yes¹⁴ <input type="checkbox"/> No			
¹⁴ If Yes, complete Processor (Fiber-Textile Manufacturing Supporting Documentation ROR-605).			

SECTION C (continued)

Business Name:

	¹ ORIGIN OF LIVESTOCK	§205.236
SECTION D	9a) How were/are livestock transitioned to organic production? <input type="checkbox"/> N/A	
	<input type="checkbox"/> 100% organic feed for 12 consecutive months <input type="checkbox"/> 100% organic feed while utilizing last year (third year) transitional feed	
	9b) Are replacement animals raised on farm through natural breeding? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	9c) Are replacement animals raised on farm through an artificial breeding system? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	9d) Are replacement animals purchased from an organic breeder? <input type="checkbox"/> Yes¹ <input type="checkbox"/> No	
	¹ If Yes, fill out the information below:	
	Purchase Date:	
	Supplier:	
	Supplier Certifier:	
	9e) Are replacement animals purchased from a non-organic source? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*Documentation must be on file and available for inspection to confirm the status and history of each purchased animal.</i>	
9f) Are dairy and breeder stock under organic management from the last third of gestation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
9g) Are dairy animals under continuous organic management for at least one year prior to the production of milk or milk products that are to be sold, labeled, or represented as organic? <input type="checkbox"/> Yes <input type="checkbox"/> No		
9h) Are poultry under continuous organic management beginning no later than the second day of life? <input type="checkbox"/> Yes <input type="checkbox"/> No		
9i) How are the animals individually identified? Please choose all of the following that apply: <i>*Note: It is required that an identification system be in place so that an auditor can verify the organic status of any and all animals.</i>		
<input type="checkbox"/> Individually numbered: <input type="checkbox"/> ear tag <input type="checkbox"/> neck tag <input type="checkbox"/> leg tag/band <input type="checkbox"/> other tag <input type="checkbox"/> Tattoo <input type="checkbox"/> Radio Frequency Identification (RFID) tag <input type="checkbox"/> Written description of physical characteristics or unique markings with accompanying <input type="checkbox"/> Brand <input type="checkbox"/> Ear notch <input type="checkbox"/> Age groups (poultry) <input type="checkbox"/> Purchased groups (poultry) <input type="checkbox"/> Other (specify): 		

Business Name:

LIVESTOCK FEED

§205.237

¹ FEED RATION TABLE

10a) Please provide the feed ration for each of the individual production groups and for each season:

SECTION E

Production Group:	Ration ID:	Date range in which the ration is used:	
			—
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ¹
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ¹
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ¹
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ¹
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ¹
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ¹
Production Group:	Ration ID:	Date range in which the ration is used:	
			—
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ¹
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ¹
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ¹
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ¹
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ¹
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ¹
Production Group:	Ration ID:	Date range in which the ration is used:	
			—
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ¹
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ¹
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ¹
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ¹
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ¹
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ¹
Production Group:	Ration ID:	Date range in which the ration is used:	
			—
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ¹
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ¹
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ¹
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ¹
Ingredient:	Quantity:	<input type="checkbox"/> Grown or	<input type="checkbox"/> Purchased ¹

¹ For purchased feed, proof of organic certification needs to be on file & available to the inspector. Refer to question 10b for further documentation.

Business Name:

² FEED MANAGEMENT			
10b) Please describe source information for any purchased feed:			
Purchased Feed	Supplier	Supplier Certifier ²	Delivered
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
² Must have current certification information on file for any feed supplier.			
10c) Please describe where feed is stored on-farm:			
10d) Are silage or other feed inoculants utilized? <input type="checkbox"/> Yes ³ <input type="checkbox"/> No			
³ If Yes, documentation must be provided that confirms any bacteria/fungi/yeast in the product is not genetically modified.			
Inoculant Brand Name	Manufacturer	Ingredients	
		<input type="checkbox"/> Attached	
		<input type="checkbox"/> Attached	
		<input type="checkbox"/> Attached	
		<input type="checkbox"/> Attached	
10e) List any feed processing (roasting, grinding, etc.) that is done on farm and the equipment used in that process:			
Processing:		Equipment:	
10f) If processing equipment is used for non-organic products, describe how equipment is cleaned and how the cleaning is documented before organic is processed:			
10g) If feed is processed off-farm, provide which feed is processed, what process is used, the name of the processor, and the certification agency of the processor:			
Feed Processed	Type of Processing	Name of Company	Certification Agency of the Processing Company

SECTION E (continued)

Business Name:

SECTION E (continued)	² FEED MANAGEMENT (CONTINUED)			
	11a) Provide a list of all feed supplements provided (vitamins, minerals, kelp, etc.); if they are multi-ingredient supplements (mineral mix, etc.) provide a full ingredient list of the product. Attach any labels/ingredient information. Please note that the guaranteed analysis is not a complete list of ingredients. <i>Agricultural ingredients in feed supplements (midlings, carriers, molasses, herbs, etc.) are required to be organic.</i>			
	Brand Name	Manufacturer	Delivery Method	Frequency fed to
	Ingredients: <input type="checkbox"/> Attached			
	Brand Name	Manufacturer	Delivery Method	Frequency fed to
	Ingredients: <input type="checkbox"/> Attached			
Brand Name	Manufacturer	Delivery Method	Frequency fed to	
Ingredients: <input type="checkbox"/> Attached				
Brand Name	Manufacturer	Delivery Method	Frequency fed to	
Ingredients: <input type="checkbox"/> Attached				
11b) Please list all source(s) of water provided for the animals and where they are located:				
Source:		Available to:		
Source:		Available to:		
Source:		Available to:		
Source:		Available to:		
11c) Do you have your water tested?			<input type="checkbox"/> Yes ⁴ <input type="checkbox"/> No	
⁴ If Yes, provide your most current information:				
Date of Test	Materials Tested for	Results		
11d) How are the water sources cleaned or routinely maintained?				
11e) Are materials used to clean or maintain watering sources?			<input type="checkbox"/> Yes ⁵ <input type="checkbox"/> No	
⁵ If Yes, provide the following information about the materials used:				
Brand Name	Manufacturer	Ingredients		
		<input type="checkbox"/> Attachment		
		<input type="checkbox"/> Attachment		

Business Name:

2 FEED MANAGEMENT (CONTINUED)			
SECTION E (continued)	12a) Have you fed plastic pellets for roughage to animals under organic management?	<input type="checkbox"/> Yes ⁶	<input type="checkbox"/> No
	⁶ If Yes, have they been removed from organic production?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	12b) Have you fed formulas containing urea or manure to animals under organic management?	<input type="checkbox"/> Yes ⁷	<input type="checkbox"/> No
	⁷ If Yes, have they been removed from organic production?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	12c) Have you fed mammalian or poultry by-products to animals under organic management (this includes meals and compost spread on pastures)?	<input type="checkbox"/> Yes ⁸	<input type="checkbox"/> No
⁸ If Yes, have they been removed from organic production?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Business Name:

LIVESTOCK HEALTH CARE		<u>\$205.238</u>	
¹ HEALTH MANAGEMENT			
13a) List the breed(s) for each livestock group you raise:			
Livestock Species: (Cattle, sheep, swine, etc.)	Breed(s):		
13b) List the traits of this breed that are suitable to your environment, production system or market needs:			
14) Are vaccines used in your health management program? <input type="checkbox"/> Yes¹ <input type="checkbox"/> No			
¹ If Yes, list the vaccines used:			
Brand Name:	Manufacturer:	Age/When Given:	How Administered:
15) What are the preventative measures taken to prevent illness or stress from external and internal parasites?			
<input type="checkbox"/> Dry and clean living conditions <input type="checkbox"/> Monitoring of nutrition <input type="checkbox"/> Isolation of sick animals <input type="checkbox"/> Pasture/outdoor area rotation <input type="checkbox"/> Living area rotations <input type="checkbox"/> Selective breeding <input type="checkbox"/> Bio-security for the farm/ranch. What measures are used? <input type="checkbox"/> Cleaning of the living areas between groups <input type="checkbox"/> Sanitation, using materials, of living areas between groups ²			
² If this is chosen, complete the table below:			
Brand Name:	Manufacturer:	Ingredients:	Purpose:
		<input type="checkbox"/> Attachment	
		<input type="checkbox"/> Attachment	
		<input type="checkbox"/> Attachment	
<input type="checkbox"/> Other (specify):			

SECTION F

Business Name:

1 HEALTH MANAGEMENT (CONTINUED)

16) How is the health of animals evaluated?

- Body condition scoring
- Physical characteristics
- Testing (specify):
- Production
- Visual assessment
- Behavior
- Other (specify):

17) Please list the products that are part of your health management program:

*Attach copies of labels/ingredient information.

Brand Name:	Manufacturer:	Ingredients:	Purpose of Material:
		<input type="checkbox"/> Attachment	
		<input type="checkbox"/> Attachment	
		<input type="checkbox"/> Attachment	
		<input type="checkbox"/> Attachment	
		<input type="checkbox"/> Attachment	
		<input type="checkbox"/> Attachment	
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		<input type="checkbox"/> Attachment	
		<input type="checkbox"/> Attachment	
		<input type="checkbox"/> Attachment	

18) List the disease or ailment concerns in your area or within your herd/flock:

19) Where are health materials stored on the farm?

20) Who is responsible for administering health treatments?

21) How are those responsible for feeding or administering health treatments trained with regard to the organic regulation?

22) Is a veterinarian part of your health management program? Yes³ No

³If Yes, please provide their contact information:

³If Yes, are they familiar with treating organic livestock and the organic regulation requirements? Yes No

SECTION F (continued)

Business Name:

¹ HEALTH MANAGEMENT (CONTINUED)			
23) Which of the following physical alterations are performed, with what method, and at what age are they performed? <i>*Note: Physical alterations must be done for the benefit of the animal, and in a way that minimizes pain and stress.</i>			
Alteration:	Method:	Age Performed:	Pain prevention method or pain management agent used?
<input type="checkbox"/> Dehorning			<input type="checkbox"/> Yes ⁴ <input type="checkbox"/> No
<input type="checkbox"/> Castration			<input type="checkbox"/> Yes ⁴ <input type="checkbox"/> No
<input type="checkbox"/> Hoof/Toe Trimming			<input type="checkbox"/> Yes ⁴ <input type="checkbox"/> No
<input type="checkbox"/> Beak Trimming			<input type="checkbox"/> Yes ⁴ <input type="checkbox"/> No
<input type="checkbox"/> Tooth Filing			<input type="checkbox"/> Yes ⁴ <input type="checkbox"/> No
<input type="checkbox"/> Tail Docking			<input type="checkbox"/> Yes ⁴ <input type="checkbox"/> No
<input type="checkbox"/> Primary Feather Clipping			<input type="checkbox"/> Yes ⁴ <input type="checkbox"/> No
<input type="checkbox"/> Other (specify):			<input type="checkbox"/> Yes ⁴ <input type="checkbox"/> No
⁴ If Yes was chosen above for pain prevention method used, describe those practices:			
⁴ If Yes was chosen above for pain management agent used, list materials used and attach labels/ingredient information:			
Brand Name:	Manufacturer:	Ingredients:	
		<input type="checkbox"/> Attachment	
		<input type="checkbox"/> Attachment	
		<input type="checkbox"/> Attachment	
		<input type="checkbox"/> Attachment	
24a) What is the average culling rate for your herd/flock per year?			
24b) What are the reasons animals are culled from your herd/flock?			
25a) What is the average death rate for your herd/flock per year?			
25b) By what method are carcasses disposed?			
<input type="checkbox"/> Burial <input type="checkbox"/> Composting <input type="checkbox"/> Incineration <input type="checkbox"/> Removed from farm through professional services <input type="checkbox"/> Other (specify):			

SECTION F (continued)

Business Name:

¹ HEALTH MANAGEMENT (CONTINUED)		
SECTION F (continued)	26) Have any of the following been applied or administered to any animals under organic management?	
	Hormones:	<input type="checkbox"/> Yes ⁵ <input type="checkbox"/> No
	Synthetic Parasiticides on a routine basis:	<input type="checkbox"/> Yes ⁵ <input type="checkbox"/> No
	Synthetic Parasiticides to slaughter stock:	<input type="checkbox"/> Yes ⁵ <input type="checkbox"/> No
	Antibiotics:	<input type="checkbox"/> Yes ⁵ <input type="checkbox"/> No
	⁵ If Yes to any of the above, have these animals been removed from organic production?	<input type="checkbox"/> Yes <input type="checkbox"/> No ⁷
	Probiotics:	<input type="checkbox"/> Yes ⁶ <input type="checkbox"/> No
	⁶ If Yes, were the probiotics from a synthetic or genetically modified organism (GMO) source?	<input type="checkbox"/> Yes ⁸ <input type="checkbox"/> No
⁸ If Yes, have these animals been removed from organic production?	<input type="checkbox"/> Yes <input type="checkbox"/> No ⁷	
⁷ If No, explain:		

Business Name:

LIVESTOCK LIVING CONDITIONS

[§205.239](#)

¹ TEMPORARY CONFINEMENT

27) Select the reasons that animals are temporarily confined:

- Inclement weather
- Animal's stage of life (*note: lactation is not a stage of life that warrants confinement)
- Conditions under which the health, safety or wellbeing of the animal could be jeopardized
- Risk to soil or water quality
- Preventative healthcare procedures or for the treatment of illness or injury
- Sorting or shipping animals and livestock sales
- Breeding
- Youth projects or competitions (fairs, shows, etc.)
- Dry off/end of lactation
- Parturition
- Shearing
- Finishing
- Other (specify):

***Note that temporary confinement situations often have a specific time limit or restrictions that must be observed and documented.*

² OUTDOOR ACCESS

28) Do all animals under organic management have access to the outdoors? Yes No¹

¹If No, you will be required to develop a plan to allow outdoor access.

29) Are outdoor access areas managed to provide forage? Yes No²

² If No, what is available as ground cover?

² If No, how are outdoor conditions maintained to reduce pest or disease issues?

30) Choose all of the following that apply to the living conditions provided for all production groups:

- Animals have room to perform natural maintenance (grooming, removing, or dealing with pests, etc.)
- Animals have adequate room to perform comfort behaviors (laying down & chewing cud, roosting, scratching, rooting, bathing, etc.)
- Animals have adequate room to fully stretch limbs
- Animals have adequate room to stand up completely
- Animals have adequate room to move about freely
- Animals have adequate room to lay down completely
- Animals have enough space so that when eating or being fed they do not compete
- Animals have the opportunity to exercise
- Controlled temperature level

How are temperature levels controlled?

What system is used to control temperature?

Adequate ventilation

How is the ventilation controlled?

What system is used to control ventilation?

SECTION G

Business Name:

2 OUTDOOR ACCESS (CONTINUED)

Adequate air circulation suitable to the species

How is air circulation controlled?

What system is used for air

- Safe environment that reduces the potential for livestock injury
- Pen or shelter with roof and some walls
- Open-air pen
- Mobile housing
- Other (specify):

31a) What type of bedding is provided in confinement areas?

Bedding type:	Source of bedding:

**Note that if roughage is used as bedding, it must be organic from a certified organic operation.*

Typically, how often is the bedding changed or replaced?

How is the bedding disposed after removal from the confinement area?

31b) (Poultry only) What nesting material is provided and how often is that material changed, replaced, or replenished?

32) What methods are used for pest management control?

- Mechanical traps
- Predators
- Cleanliness
- Materials* (list below and attach labels/ingredient information)
- Other (specify):

*Brand	*Manufacturer	*Ingredients
		<input type="checkbox"/> Attachment
		<input type="checkbox"/> Attachment
		<input type="checkbox"/> Attachment
		<input type="checkbox"/> Attachment
		<input type="checkbox"/> Attachment

33) What methods are used for predator control?

- Fencing
- Netting
- Guard animals
- Hazing tactics
- Other (specify):

SECTION G (continued)

Business Name:

² OUTDOOR ACCESS (CONTINUED)

Manure Management

34) Is manure management monitored by County, State, Federal Agency, or other organization?

Yes³ No

³ If Yes, what agency or organization? _____

⁵ If Yes, what program or license requires it? _____

³ If Yes, are you audited/inspected for that plan? Yes No

35a) What type of containment system is used for the solid manure and what is the holding capacity? _____

35b) What type of containment system is used for liquid manure or slurry and what is the holding _____

36) Is the manure used in a compost production system? Yes⁴ No

⁴ If Yes, does that production system incorporate the NOP compost standards? Yes No

37) If manure is used on farm, how many acres are available for it to be spread on?

38) Please check all of the following that are used within your manure management system to prevent contamination of crops, water, and/or soil from excessive nutrients, heavy metals, or pathogenic organisms and that demonstrate recycling of nutrients?

Regular soil tests of applicable areas

Rotation of acreage in which manure is spread (if applicable, please briefly describe the rotation): _____

Barriers to prevent run off of stored manures

Dilution of liquids during application

Manures are used in a composting or vermicomposting system

Other (specify): _____

SECTION G (continued)

Business Name: _____

³ STOCKING RATES						
39) Fill out the following information regarding stocking rates of your livestock (if a particular category does not pertain to you enter a "0"):						
Cattle		<input type="checkbox"/> N/A				
Cattle- Adult: Max. # adult animals	Cattle- Adult: Indoor floor area for adult animals (Sq. ft.)	Cattle- Adult: Outdoor runs and pen area, not incl. pasture for adults (Sq. ft.)	Cattle- Adult: Pasture devoted to grazing (acres)	Cattle- Finishing: Max # of adult animals in final finishing phase	Cattle- Finishing: Total size of finishing area (Sq. ft.)	Cattle- Young Stock: Max. # young stock
Cattle- Young Stock: Indoor floor area for young stock (Sq. ft.)	Cattle- Young Stock: Outdoor runs and pen area for young stock (Sq. ft.)	Cattle- Young Stock: Pasture devoted to grazing (acres)	Cattle- Calves: Width of individual housing if used (ft.)	Cattle- Calves: Outdoor area accompanying individual calf housing, if used (Sq. ft.)		
Chickens & Turkeys		<input type="checkbox"/> N/A				
Chickens- Layers: Max # layer hens	Chickens- Layers: Indoor floor area for layer hens (Sq. ft)	Chickens- Layers: Outdoor run area for layers (Sq. ft)	Chickens- Layers: Pasture available for rotation (acres)	Chickens- Broilers: Max # of broiler birds	Chickens- Broilers: Max. weight of birds per square foot indoors (Lbs per sq. ft)	Chickens- Broilers: Outdoor run area for broilers (Sq. ft)
Chickens- Broilers: Pasture available for rotation (acres)	Turkeys- Max #	Turkeys: Max weight of birds per sq. foot indoors (Lbs per sq. ft.)	Turkeys: Max weight of birds per sq. foot in outdoor runs (Lbs per sq. ft.)	Turkeys: Pasture available for rotation (acres)		

SECTION G (continued)

Business Name: _____

3 STOCKING RATES (CONTINUED)						
Sheep & Goats		<input type="checkbox"/> N/A				
Goats: # of kids	Goats: Total indoor floor area available for both adults and kids (sq. ft.)	Goats: Outdoor runs and pen area, not incl. pasture. (Sq. ft.)	Goats: Pasture devoted to grazing (acres)	Sheep: Max. # adult animals	Sheep: Maximum # lambs	Sheep: Total indoor floor area available for both adults and lambs (Sq. ft.)
Sheep: Outdoor runs and pen area, not including pasture. (Sq. ft.)	Sheep: Pasture devoted to grazing (acres)					
Swine		<input type="checkbox"/> N/A				
Max # of sows in group pens	Indoor floor area for sows in group pens (sq. ft)	Outdoor runs and pen area for sows (sq. ft.)	Max # of boars in individual pens	Indoor floor area for boars in individual pens (sq. ft.)	Outdoor runs and pen area for growing pigs up to 65lbs (sq. ft.)	Max # of growing pigs up to 65lbs
Indoor floor area for growing pigs up to 65lbs (sq. ft.)	Outdoor runs and pen area for growing pigs up to 65lbs (sq. ft.)	Max # of growing pigs 65lbs-110lbs	Indoor floor area for growing pigs 65-110lb (sq. ft.)	Outdoor runs and pen area for growing pigs 65-110lbs (sq. ft)	Max # of growing pigs 110-185lbs	Indoor floor area for growing pigs 110-185lbs (sq. ft)
Outdoor runs and pen area for growing pigs 110-185lbs (sq. ft.)	# of growing pigs >185lbs	Indoor floor area for growing pigs >185lbs (sq. ft)	Outdoor runs and pen area for growing pigs >185	Sows and piglets (up to 40 days old)	Indoor fl area for ea sow and litter (sq. ft)	Outdoor runs and pen area for ea sow and litter (sq. ft)

SECTION G (continued)

Business Name:

PASTURE PRACTICE STANDARD					
§205.237 & §205.240					
¹ ACCESS TO PASTURE					
40a) (<i>Poultry only</i>) Does poultry have access to pasture year-around? <input type="checkbox"/> Yes <input type="checkbox"/> No ¹ <input type="checkbox"/> NA					
40b) (<i>Swine only</i>) Does swine have access to pasture year-around? <input type="checkbox"/> Yes <input type="checkbox"/> No ¹ <input type="checkbox"/> NA					
¹ If No, you will be required to develop a plan to allow year-around access to pasture.					
40c) (<i>Poultry only</i>) How is pasture quality monitored and maintained for poultry? <input type="checkbox"/> NA					
40d) (<i>Swine only</i>) How is pasture quality monitored and maintained for swine? <input type="checkbox"/> NA					
The following questions are for ruminant animals only.					
41) At what age are ruminants given access to					
*Note: Animals older than 6 months of age are required to have access to pasture.					
42) Provide the pasture access information for each of your ruminant production groups:					
SECTION H	Production Group	Projected Pasture Schedule (List start and end dates)	Pasture(s) Available (List pasture ID's)	Acres	Number of Head
43) What are the months of your typical forage growing season?					
44) What months are you typically able to graze?					
45) Describe your grazing methods or program:					
46) What method is used to calculate dry matter demand (DMD) for each production group?					
47a) How is the quality of pasture monitored and maintained?					

Business Name:

SECTION H (continued)	¹ ACCESS TO PASTURE (CONTINUED)	
	47b) Is the pasture(s) of quality and quantity to provide all ruminants under organic management with an average of not less than 30% of their dry matter intake (DMI) from grazing throughout the grazing season?	<input type="checkbox"/> Yes <input type="checkbox"/> No ²
	<i>² If No, you will be required to develop a grazing plan that will meet this requirement.</i>	
	² PASTURE REQUIREMENTS	
	Ruminant Livestock Only	
	Are you applying for organic livestock certification for the first time?	<input type="checkbox"/> Yes ³ <input type="checkbox"/> No
	<i>³ If Yes, you must submit form ROR-623 Organic Livestock Dry Matter Worksheet. This form must be completed as an annual projection of pasture dry matter intake (DMI) (March 1 - last day of February) to indicate compliance under §205.237, §205.239, and §205.240 of the National Organic Program (NOP) regulations. This form must be completed and attached with this application. Attachments may be included with this form that give the appropriate information in determining DMI from pasture. These forms are subject to approval by the TDA Organic Certification Program.</i>	
Are you applying for your organic livestock certification annual update?	<input type="checkbox"/> Yes ⁴ <input type="checkbox"/> No	
<i>⁴ If Yes, you must complete and submit form ROR-623 Organic Livestock Dry Matter Intake Worksheet to the Texas Department of Agriculture Organic Certification Program 30 days following each certification fiscal year quarter. The TDA Organic Certification Program uses this form to evaluate your compliance with section §205.237, §205.239, and §205.240 of the NOP regulations. Attachments may be included with this form that give the appropriate information in determining DMI from pasture. These forms are subject to approval by the TDA Organic Certification Program.</i>		
All Livestock and Poultry		
Are you applying for organic livestock certification for the first time?	<input type="checkbox"/> Yes ⁵ <input type="checkbox"/> No	
<i>⁵ If Yes, you must submit form ROR-624 Organic Livestock Outdoor Access Calendar. This form must be completed as an annual projection of pasture access (March 1 - last day of February) to indicate compliance under §205.239 of the National Organic Program (NOP) regulations. This form must be completed and attached with this application.</i>		
Are you applying for your organic livestock certification annual update?	<input type="checkbox"/> Yes ⁶ <input type="checkbox"/> No	
<i>⁶ If Yes, you must submit form ROR-624 Organic Livestock Outdoor Access Calendar. This form must be completed to indicate your compliance under §205.239 of the NOP regulations. This form must be completed and attached with this application.</i>		

Business Name:

¹RECORD KEEPING		<u>§205.103</u>
SECTION I	48) Please mark all the records that are currently maintained:	
	<input type="checkbox"/>	Documentation of purchased animals organic status, age at purchase, management history and identification.*
	<input type="checkbox"/>	Health treatments: Identification of animal or group treated, date of treatment, treatment given.*
	<input type="checkbox"/>	Purchased feed and supplements: Receipts, organic certificates, content information, etc.*
	<input type="checkbox"/>	Sales.*
	<input type="checkbox"/>	Animal Identification.*
	<input type="checkbox"/>	Production: Quantities, dates, etc.*
	<input type="checkbox"/>	Material ingredient information.*
	<input type="checkbox"/>	Veterinary services: Dates, treatments or services rendered, supplies invoiced, etc.*
	<input type="checkbox"/>	Complaint management.*
	<input type="checkbox"/>	Ration: Amounts purchased, stored, fed, contents, etc.*
	<input type="checkbox"/>	Breeding records.
	<input type="checkbox"/>	Birthing/hatching records.
	<input type="checkbox"/>	Feed storage system.
	<input type="checkbox"/>	Feed inventory.
	<input type="checkbox"/>	Culling and/or death loss.
	<input type="checkbox"/>	Shipping/transportation.
<input type="checkbox"/>	Other (specify): 	
<p><i>*Note: This type of record-keeping is required to demonstrate compliance. If you do not have this in place currently, you must develop a system to collect this information and present it to the inspector at the time of inspection.</i></p>		

Business Name:

AFFIRMATION

I affirm that all statements made in this application are true and correct. No prohibited products have been applied to any of my organically managed fields during the 36 month period prior to projected harvest. I understand that the operation may be subjected to unannounced inspections and/or sampling for residues at any time as deemed appropriate to ensure compliance with the NOP Rule. I understand that acceptance of this form in no way implies granting of certification by the Texas Department of Agriculture (TDA) Organic Certification Program. I agree to follow the NOP Rule and all other TDA Organic Program Rules.

The responsible party, by and through their personal or agent's signature below:

- (1) certifies that all information provided in connection with this application at any time is true and correct to the best of the responsible party's knowledge;
- (2) acknowledges that any misrepresentation or false statement made by the responsible party, or an authorized agent of the responsible party, in connection with this application, whether intentional or not, will constitute grounds for denial, revocation, or non-renewal of any license issued pursuant to this application and/or assessment of monetary administrative penalties; and
- (3) if applying as an individual, further acknowledges that this application may be denied and that any license issued pursuant to this application may be suspended or denied renewal for failure to pay child support. Applicant similarly certifies that such farm or handler has not produced or handled any agriculture product sold or labeled as organically produced except in accordance with Title 7, U.S. Code of Federal Regulation. If signed by an agent (including employee) of the responsible party, the person signing certifies that he or she is authorized to make the preceding certifications on behalf of the applicant.

SECTION J

Signature of Responsible Party:		Date:	
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Print Name:	
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I have attached the following documents:

- Notice(s) of non-compliance or denial of certification from other certifying agencies
- Description of corrective actions taken regarding previous non-compliance(s) and evidence of such actions
- Form ROR-600 Organic Certification Application
- Form ROR-623 Organic Livestock Dry Matter Worksheet (**Ruminants only**)
- Form ROR-624 Organic Livestock Outdoor Access Calendar (**All livestock and poultry**)
- I have made copies of this form and other supporting documents for my own records.

Submit completed form, fees and supporting documents to:

Texas Department of Agriculture (TDA)
 Organic Certification Program
 P.O. Box 12847
 Austin, TX 78711