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| Livestock Production | | | | | | PSP Module 13 | |
| An Eform version of this document is available at: www.foodalliance.org | | | | | | Page 1 of 9 | |
| Name of Operation: | | | | | | Date: | |
| Livestock Production | | | | | | | |
| Please indicate the livestock production type(s) for which you are requesting for certification. (Check all that apply.)  Dairy  Pigs  Poultry (meat)  Poultry (eggs)  Beef  Bison  Goats (meat)  Sheep/Lamb (meat)  Goats (fiber)  Sheep/Lamb (fiber)  Grassfed Ruminants  Other (please specify): | | | | | | | |
| ***For each livestock type indicated above, please list the average number of production or market animals produced per year.*** | | | | | | | |
| Livestock Type | | | | Number of Animals | | | |
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| Describe how you determine the number of animals you can raise on your operation. How do you know if you have too many animals? Too few? | | | | | | | |
| Livestock Identification Methods | | | | | | | |
| Please describe your livestock identification method(s). | | | | | | | |
| How are livestock treated with antibiotics (or any prohibited feedstuffs) marked, segregated, and tracked? | | | | | | | |
| Living Conditions | | | | | | | |
| Please describe the various types of livestock housing or shelter areas (including age groups, if appropriate) that are provided on your operation (e.g. deep bedded systems, hoop houses, calve hutches, quonset huts, freestalls, barns, aviaries, etc.). | | | | | | | |
| Do livestock spend any part of the year in a confined feeding situation? (Please note confinement includes feed lots, confined winter feeding areas, loafing sheds, free stall barns, hoop houses, indoor poultry facilities and the like.)   Yes  No *If no, please skip to next section – animal health & nutrition* | | | | | | | |
| What types of bedding material(s) or litter do you use in indoor housing or other confinement areas? | | | | | | | |
| Please indicate reason animals are confined. (Check all that apply.)  Inclement weather  Animals’ stage of life  Conditions under which the health, safety, or wellbeing of the animal could be jeopardized  Risk to soil or water quality  Preventive healthcare procedures or for the treatment of illness or injury  Sorting or shipping animals and livestock sales  Breeding  Dry off/end of lactation  Parturition  Shearing  Finishing  Other (please specify): | | | | | | | |
| Please elaborate on the conditions or situation of any of the confinement periods selected above: (i.e. weather conditions, why animals’ health or safety may be at risk, etc.) | | | | | | | |
| Animal Health & Nutrition | | | | | | | |
| Describe common animal health problems and how often they occur. | | | | | | | |
| How do you *prevent* the health problems identified above from occurring? (Check all that apply.)  Dry and clean living conditions  Monitoring of nutrition  Isolation of sick animals  Pasture/outdoor area rotation  Living area rotations  Selective breeding  Bio-security for the farm/ranch.   Cleaning of living areas between groups  Sanitation, using materials, of living areas between groups  Other (please specify): | | | | | | | |
| How do you *maintain* health & welfare of animals? | | | | | | | |
| What are you doing to *improve* health & welfare of animals? | | | | | | | |
| How is the health of animals evaluated? (Check all that apply.)  Body condition scoring  Physical characteristics  Testing What testing is done?   Production  Visual assessment  Behavior  Other (please specify): | | | | | | | |
| What is the average culling rate for your herd/flock per year? | | | | | | | |
| What are the reasons animals are culled from the herd/flock? | | | | | | | |
| What is the average death rate for your herd/flock per year? | | | | | | | |
| Who is responsible for administering health treatments? | | | | | | | |
| Where are health materials stored on the operation? | | | | | | | |
| Is a veterinarian part of your health management system?  Yes  No If yes, please describe your veterinarian services (frequency of visits, for what purpose, etc.): | | | | | | | |
| Are written health records maintained to document treatments made on your animals?  Yes  No If Yes, please indicate if your health records include the following information:  Individual animal ID  Group ID  Materials used  Reasons for use  Duration of use  Other (please specify): | | | | | | | |
| Are antibiotics used in your livestock operation?  Yes  No  If yes, when? | | | | | | | |
| *If antibiotics are used, please complete this table.* | Name of Antibiotic | | Average number of animals treated per year | | Age at which animals are treated | | Reason for treatment |
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| What preventative measures are taken to prevent external and internal parasites? | | | | | | | |
| Please list any products used to treat external or internal parasites. | | | | | | | |
| What preventative measures are used to control other animal pests, such as flies & gnats controlled? | | | | | | | |
| Please list any products used to treat flies & gnats. | | | | | | | |
| If animal feed is stored on-farm, please describe where it is stored & measures taken to prevent spoilage or contamination from rodents, birds, insects, etc. | | | | | | | |
| Biosecurity & Hazard Reduction | | | | | | | |
| Which of the following practices are used to protect your herd/flock from introduced pathogens from off the farm? (Check all that apply.)  Closed herd  Testing/quarantine of new animals brought to the operation  Testing/quarantine of animals taken off the operation and brought back home  Rodent control Controlled visitor access  Bleach/sanitizing stomp pads  Other (please specify): | | | | | | | |
| How are carcasses disposed? (Check all that apply.)  Burial  Composting  Incineration  Removed through professional services   Other (please specify): | | | | | | | |
| Ruminant Animals – Grazing systems | | | | | | | |
| N/A - Not applicable. Not seeking certification on ruminant animals – move to “Manure/Nutrient Management” section. | | | | | | | |
| What are your philosophy and goals regarding grazing management on your operation? | | | | | | | |
| What is the average beginning and ending dates of your grazing season? | | | | | | | |
| Do you supplement grazing with other feed? If so, please indicate the type of feed, time of the year feed is supplemented, and for how many months? | | | | | | | |
| Which best describes your grazing plan (in terms of planning for frequency of rotations, pasture/range health, etc.).   Written & well-documented  Partially written and/or documented  Developed, but not written down How often is your grazing plan updated? | | | | | | | |
| What is done on your operation to minimize grazing on growing grass and/or plants too soon? | | | | | | | |
| What methods do you use to monitor the health of your pasture/rangeland?  How often is monitoring conducted? | | | | | | | |
| Do animals have access to riparian or buffer areas?  Yes  No If so, how is access controlled? | | | | | | | |
| Describe livestock watering systems in pastures or rangelands and how they are maintained. | | | | | | | |
| Are all grazing areas under your direct management?   Yes  No  If no, describe the arrangements you have made to ensure all grazing management and livestock handling meets certification requirements: | | | | | | | |
| Are market animals finished in a yard, pen, or feedlot?  Yes  No (If no, move to next section – manure/nutrient management)) | | | | | | | |
| Please provide a description of the finishing area and where it is located. | | | | | | | |
| Manure and Nutrient Management | | | | | | | |
| Do you have a written nutrient management plan?  Yes  No | | | | | | | |
| If you are required to have a CAFO permit under the EPA Concentrated Animal Feeding Operation Rules, is it current and in good standing?  Yes  No  N/A – not applicable. | | | | | | | |
| Do you have any permanent manure storage structures?  Yes  No  If yes, please describe: | | | | | | | |
| How do you ensure manure is distributed at agronomic levels on your operation?  Grazing management  Store & apply manure at agronomic rates  Manure is exported from the operation  Other (please specify): | | | | | | | |
| If you use manure application equipment, please describe what type and how often it is calibrated. | | | | | | | |
| How do you manage manure accumulation at feeding/watering/shelter sites?  Grazing management  Feed/water/shelter sites are movable  Manure is frequently loaded & hauled away  Other (please specify): | | | | | | | |
| Animal Welfare, Humane Care, and Animal Handling | | | | | | | |
| How do you provide for your animals’ need to exhibit natural behavior patterns and physical activity? | | | | | | | |
| Please comment on the demeanor of your animals when you handle them, and describe your approach to handling and working with them. | | | | | | | |
| Please list any trainings, workshops, or readings on low-stress handling techniques you or other animal handlers have completed. | | | | | | | |
| Please indicate which of the following describes your handling facilities. (Check all that apply.)   Old and in need of repair  Old, but retrofitted to meet animal welfare needs  New and/or low-stress design  Other (please specify): | | | | | | | |
| Please indicate which of the following physical alterations are performed, with what method, at what age they are performed, and pain prevention methods which are used. | | | | | | | |
| Alteration | | Method | | Age Performed | | Pain prevention or pain management agent used? | |
| Dehorning | |  | |  | | Yes  No | |
| Castration | |  | |  | | Yes  No | |
| Hoof/Toe Trimming | |  | |  | | Yes  No | |
| Beak Trimming | |  | |  | | Yes  No | |
| Tooth Filing | |  | |  | | Yes  No | |
| Tail Docking | |  | |  | | Yes  No | |
| Other (please specify): | |  | |  | | Yes  No | |
| If yes was chosen above for pain prevention methods used, please describe those practices. | | | | | | | |
| When do you plan calving/lambing/farrowing each year and why do you plan it for this time? | | | | | | | |
| **What is done to minimize stress and optimize health of animals when the following activities occur:** | | | | | | | |
| Calving/lambing/farrowing: | | | | | | | |
| Weaning: | | | | | | | |
| During severe weather: | | | | | | | |
| During transportation: | | | | | | | |
| When vaccinating/giving medical care: | | | | | | | |
| On-Farm/Ranch Casualty Euthanasia | | | | | | | |
| Please describe your methods for performing on-farm euthanasia of sick or casualty animals or for de-populating flocks: | | | | | | | |
| Please describe guidelines for deciding when a casualty animal should be treated versus euthanized. | | | | | | | |
| Please describe what physical signs you look for to confirm animals are rendered insensible during on-farm euthanasia: | | | | | | | |
| Transportation | | | | | | | |
| Please describe how livestock are loaded for transport, and by whom, during: On farm/ranch transport (to different grazing areas, housing facilities, etc.) | | | | | | | |
| Off-farm/ranch transport (to another operation, feedlot, or slaughter facility) | | | | | | | |
| What is the longest distance livestock are transported (hrs and miles)?  If over 12 hours in transportation are the animals rested and fed?  Yes  No  N/A – not applicable | | | | | | | |
| Livestock for Slaughter | | | | | | | |
| If animals are being raised for meat, are they slaughtered or processed on farm?  Yes  No  N/A If no, please list where slaughter and/or processing takes place: | | | | | | | |
| At what point do livestock leave your ownership? | | | | | | | |
| If retaining ownership, where is slaughter performed? | | | | | | | |