

ACO - LIVESTOCK MANAGEMENT PLAN

(including specifications for USDA NOP Program if relevant)



You will need to fill this Plan out if you run a certified organic livestock enterprise. You will also need to use this plan if you intend to apply for US NOP certification for a livestock operation.

SECTION ONE: General Information	
FIRST NAME:	
TRADING NAME:	
	SURNAME:
	TYPE OF BUSINESS CERTIFICATION NUMBER:
Year first certified:	
List previous organic certification by other bodies:	
List current certification by other organic agencies:	
Year when complete organic farm plan/Organic Management Plan questionnaire was last submitted:	
List all livestock types requested for certification:	
Have you ever been denied/suspended certification?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, DESCRIBE THE CIRCUMSTANCES:	
Have you read the current organic standards (and NOP rule, if applicable)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a copy of the current organic standards?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have any other QA program certification?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please specify: (i.e. Flockcare, Cattlecare)	
ON-FARM HANDLING/PROCESSING	
Do you have any off-farm or on-farm processing done? (i.e. slaughter etc.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, have you filled out an Organic Handling Plan Or equivalent plan ? <i>(Please note that you must have an Organic Handling Plan on file to certify the processing/handling portion of your operation.)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has the off-farm or on-farm processing facility been certified under ACO?	<input type="checkbox"/> YES <input type="checkbox"/> NO

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Note that this is for use within Australia only and hence the Organic Farm Plan shall also require compliance with the current Organic Standard pertaining to Australia, most particularly **Section 5.1**. Please ensure that you have a current OFP.

For NOP clients, please ensure that you have read and fully understand the USDA NOP (National Organic Program) for the US market. See specifically sections 205.236 to 205.239.

1. Sources of Stock: *(Outline here the certification status of **all** stock currently on your farm. Include organic and non-certified stock. Detail how these are identified. Also note here what certification such stock have (name of certifier, level and program certified by.)*

Livestock Class/type/mobs	Name of supplier (property name from own property)	Organic or conventional	Certifier	NOP	ID method	Is there a NVD or equivalent transaction record?

2. System of identification of all stock: *(All stock must be identifiable by tags or similar means, particularly any non certified livestock must be identifiable and traceable separately from organic stock. In addition to this, some stock may be compliant to certain markets (eg USDA NOP). Separate identification of US NOP stock is required at all times and must be specified here.*

How do you identify stock?	<input type="checkbox"/> Ear tag <input type="checkbox"/> Ear marking <input type="checkbox"/> Branding <input type="checkbox"/> Other (specify):
If you have NOP livestock, how do you identify NOP livestock from other organic or non-organic livestock?	<input type="checkbox"/> Separate tag <input type="checkbox"/> Separate number <input type="checkbox"/> Other (specify) :

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3. Feeds/Supplements: *(List here full feed rations of animals. If 100% grass/pasture fed please note this. Where there is supplementation, note the estimated percentage of total feed from supplements and whether such feed is certified or not. Note also that for the USDA NOP market, all agricultural based feeds (as opposed to minerals) MUST arise only from USDA NOP certified producers.*

Feed/Supplements	Organic or conventional	Full certified (A) or In Conversion (IC)	% of total annual diet	NOP (if relevant)	Livestock fed (eg. all, heifers, hoggets, US stock etc.)

4. Animal Welfare & Living Conditions: *(For **NOP** outline here all methods that are taken to ensure the living conditions of stock are adequate and conform with the NOP standard section 205.238 & government regulations)*

Do livestock have access to outdoor areas? YES NO

If yes do they have access to shade? YES NO

Please outline measures taken to ensure welfare of livestock: *(205.238 the producer must establish & maintain preventive livestock health care practices i.e. shelter, nutritional requirements, sanitation practices, housing conditions etc).*

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5. TRANSPORTATION: *(Outline here all means of transport both on and off farm, transport operator/s, time of travel to abattoirs or other end destinations, and how all aspects pertaining to welfare during transport, including feed and water made available conform with the Organic Standard.)*

Who is responsible for arranging transportation of organic products?

Self Buyer Contract transporter

Describe how organic livestock are transported.

Is transport used for both Organic and Conventional livestock?

YES NO

If yes, please describe how you clean down to avoid cross contamination.

Is transport time less than 8 hours?

YES NO

If No, please answer the following questions:

a) Distance of transport _____ Km From _____ to _____

b) Are livestock spelled enroute? YES NO

- If yes, where is the spelling area?

- Has the spelling area been on-site audited or certified by ACO? YES NO

c) Are the livestock fed during transport times? YES NO

- If yes, is feed included in Question 3 above? YES NO

e) Are all other animal welfare requirements met (government regulations) ?

YES NO

If Yes, please specify:

6. Livestock Pest and Disease Management *(Note what pests and diseases are present for your operation as well as what practices are put in place to manage these pests and diseases. Also include here any vaccines required to be used for your area or farming system and what diseases or ailments these assist in preventing.)*

What are your problem pests?

a) **Internal** None Worms Nematodes Other :

b) **External** None Ticks Lice Flies Other:

c) **Pest animals** None Birds Foxes Dogs Other:

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How do you monitor your soil health/fertility? *Attach copies of available test results, if applicable.*

microbiological testing soil testing tissue testing pasture quality testing
 observation of pasture health field observation of soil other (specify):

How often do you conduct fertility monitoring?

Monthly Annually As needed Other (specify):

Rate the effectiveness of your fertility management program.

Excellent Satisfactory Needs improvement

What changes/improvements do you anticipate making over the coming year?

List all fertility inputs used or intended for use in the current year on the property. None used

PRODUCT	BRAND NAME OR SOURCE	STATUS: APPROVED (A), RESTRICTED (R), PROHIBITED (P)	NUMBER OF APPLICATIONS PER YEAR	REASONS FOR USE

If you use or plan to use restricted (R) fertility inputs, how do you comply with the "annotation"? Please explain. N/A

Do you apply sewage sludge/biosolids to paddocks? YES NO

If yes, list paddocks where applied. (note: USDA restrictions- non feed use and cannot be used to dispose crop residues)

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How are your pastures managed?

Improved pasture / sown pastures Grazing management Fertilizers

Other(please specify):

If you improve/sow pasture:

Is any seed used Organic? Yes No

If no, did you obtain approval letter for non organic seed use from ACO? Yes No

What is your grazing management?

Rotational grazing Set stocking Rangeland management

Please briefly describe your management:

Estimate your average stocking rate per Ha/per annum.

9. NATURAL RESOURCES: OS 4.7

What soil conservation practices are used?

- Tree lines Riparian (Creek/ river bank) management Windbreaks
 Other (specify): Maintain pasture ground cover

What soil erosion problems do you experience (why and on which paddocks)?

Describe your efforts to minimize soil erosion problems listed above.

Describe how you monitor the effectiveness of your soil conservation program.

How often do you conduct conservation monitoring?

- Monthly Annually As needed
 Other (specify)

WATER USE: N/A

- Irrigate pastures Livestock Foliar/BD sprays
 Dairy shed Other (specify)

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Source of water:	
<input type="checkbox"/> On-site bores(s)	<input type="checkbox"/> River/creek/dam <input type="checkbox"/> Spring <input type="checkbox"/> municipal/county
<input type="checkbox"/> Irrigation scheme	<input type="checkbox"/> Other (specify):
Biodiversity	
What Biodiversity measures do you have in place?	
<input type="checkbox"/> Protect remnant native vegetation <input type="checkbox"/> Manage native pasture/grassland <input type="checkbox"/> Native shelter belt/wild life corridors <input type="checkbox"/> Wetland / riparian(creek bank) areas <input type="checkbox"/> Other (please specify):	
What is the estimated percentage of your farm managed for Biodiversity?	%
Please outline how you intend to maintain / enhance Biodiversity in the future?	
<input type="checkbox"/> Protecting native vegetation <input type="checkbox"/> Protecting creeks / wetland <input type="checkbox"/> Using native pastures <input type="checkbox"/> Environmental rangeland management <input type="checkbox"/> Biodiversity / wildlife corridor plantings <input type="checkbox"/> Other (please specify):	
<u><i>(Please note where less than 5% of your own farm is set aside as a non intensive production area (i.e. Biodiversity areas), you will need written permission from the ACO office- see the Organic Standard 4.7.2)</i></u>	

AFFIRMATION		
<p>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 paddocks during the three-year period prior to projected harvest for certified organic status. I understand that the operation may be subject to unannounced audit and/or sampling for residues at any time as deemed appropriate to ensure compliance with the ACO Standard and the Organic Foods Production Act of 1990 and National Organic Program Rules and Regulations of USDA, if relevant. I understand that acceptance of this questionnaire in no way implies granting of certification by the ACO. I agree to provide further information as required by the ACO.</p>		
NAME of OPERATOR		TITLE /ROLE
SIGNATURE OF OPERATOR		DATE

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The following documents must be submitted to ACO with this Organic Livestock Plan (unless 'if applicable')

I have attached the following documents:

- A Farm Map including all paddocks (showing adjoining land uses, paddock identification, quarantine and buffer zones.)
- Tissue tests, *if applicable*

For USDA NOP certification please also include

- Livestock inventory
- Livestock feed records

I have made copies of this plan and other supporting documents for my own records.

Please submit completed form, fees, and supporting documents to:

**AUSTRALIAN CERTIFIED ORGANIC
PO Box 530
CHERMSIDE QLD 4032
AUSTRALIA**

