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| 1. **OPERATION DATA:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Name** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Owner** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Legal Representative:** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Full address** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Zip.** | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **City /State/ Dep.**: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Country:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Phone** | | | | | | | | |  | | | | | | | | | **Fax**: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | **E-mail:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.2 Address of the unit to be inspected, if different from 1.1** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Full address** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Zip:** | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **City /State/ Dep.**: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Country:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **1.3 Person in charge/Legally Responsible of the inspected operation** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Full name** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Current occupation/function** | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Phone** | | | | | | | | |  | | | | | | | | | **Cellphone:** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | **E-mail:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **1.4 Type of production:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Individual production** | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | **1.5 Certification Standards requested:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Group of producers** | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | |
| **No. men** | | | | | | | | | | | | | | | | | | |  | | | | |  | | | **NOP (United States)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| **No. women** | | | | | | | | | | | | | | | | | | |  | | | | |  | | | **MAYACERT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| **Total of producers** | | | | | | | | | | | | | | | | | | |  | | | | |  | | | **JAS (Japan)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| **Processing/ handling company** | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | **Others, Describe:** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Trader (Exporter)** | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | |
| **Sub-Contracted unit** | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
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| **1.6 OPERATION HISTORY AND BACKGROUND INFORMATION OF THE LAST THREE YEARS**  **1.6.1 Type of inspection**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **First Inspection** |  | | | **Annual inspection** |  | | | **If it’s a first inspection, complete the following** | | | | | | | | **Operation’s first inspection** | |  | **Operation’s first inspection by Mayacert** | | |  | | Justifications/ Evidences/ Explanations/ clarifications, describe: | | | | | | |   **1.6.2 Certification History**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **a) Is the operation currently certified as Organic?** | | **YES** | |  | **NO** |  | |  | **Date** | | **Certification agency** | | | | | **b) If the operation was certified by Mayacert, since when?** |  | |  | | | | | **c) If the operation was already certified by another agency, by which agency(s) was it certified and since when?** |  | |  | | | | | **d) If the operation has ever been certified, under which organic international standards was it (NOP, UE, JAS, LPOMEX,Other)?** |  | | | | | | | **e) If the operation was certified by another agency, please attach a copy of the report, the response to any finding and the decision of the certification and the last certificate.** |  | | | | | | | **f) If such documents are not in your possession, do you authorize Mayacert to obtain further information from the other agency?** |  | | | | | | | **g) When was performed the first inspection of the operation?** |  | | | | | | | **h) When did the system conversion period start?** |  | | | | | | | **i) When was the operation first organic certification and by which agency?** |  | | | | | |   **1.6.3 Operation history and background information**   |  | | --- | | **In sum, please describe the operation background, history, activities and every relevant information:** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.6.4 Indicate the products and the quantities that you wish to certify for this cycle (Please indicate the list as it should appear on the certificate).** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Product** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Organic** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Transition T3** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **MT\*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **MT\*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *\*\*MT= Metric Ton of 1000kg* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.6.5 IMPLEMENTATION OF PREVIOUS CORRECTIVE ACTIONS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **There were no corrective actions** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| **Corrective actions** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Had to be met before** | | | | | | | | | | | | | | | | **Were the corrective actions met?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **YES** | | | | | | | | **NO** | | | | | | | | **PARTIALLY** (%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **2. TYPE OF ANIMAL PRODUCTION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Animals** | | | | | | **Product** | | | | | | | | | | | | | | | **100% organic** | | | | | | | | | | | | | | | | | | | | | | | | | | **95% organic. (Processed)** | | | | | | | | | | | | | | | | | | | | | | | **In conversion**  **(Processed as conventional)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **# animals** | | | | | | | | **MT /units** | | | | | | | | | | | | | | | | | | **# animals** | | | | | | | | | | **MT/ units** | | | | | | | | | | | | | **# animals** | | | | | | | | | | | | | | | **MT /units** | | | | | | | | | | | | | | | | | | | |
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| **2.1 Total Number of Operation Animals** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Type of production** | | | | | | | | | | | **Livestock type** | | | | | | | | | | | | | | | | | | | **Total # of animals** | | | | | | | | | | | | | | | | | | **Status** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **# of organic animals** | | | | | | | | | | | | | | | | | | **# of animals in conversion** | | | | | | | | | | | | | | | **# of conventional animals** | | | | | | | | | | | | | | | | | | | | | | | |
| **Milk production** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Beef production** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Poultry production** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Pig production** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Poduction Inventory** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Others:** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
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| **3. LIVESTOCK ORIGIN** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3.1 Please list the livestock conventionally purchased** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **3.2 Please list the livestock organically purchased** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **3.3 Has the livestock been under continuous organic management since the last third of gestation?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | | |  | | | **No** | | | | | |  | | | | | | | | **NA** | | | | | | | | | | |  | | |
| **3.4 Have the birds been under continuous organic management since no more than two days old?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | | |  | | | **No** | | | | | |  | | | | | | | | **NA** | | | | | | | | | | |  | | |
| **3.5  Have dairy animals been under continuous organic management for no more than 1 year before milk production?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | | |  | | | **No** | | | | | |  | | | | | | | | **NA** | | | | | | | | | | |  | | |
| **3.6 If the breeder has been supplied from a non-organic operation to one where an organic operation is brewing, is the offspring like organic livestock and has the breeder brought them to the facility with no more than a third of gestation?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | | |  | | | **No** | | | | | |  | | | | | | | | **NA** | | | | | | | | | | |  | | |
| **3.7 If an entire herd of dairy is converted to organic production:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3.8 During the first 9 months of the year, at least the 80% of the food provided was organic or grown on land included in the organic system plan and managed in accordance with organic farming requirements?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | | |  | | | **No** | | | | | |  | | | | | | | | **NA** | | | | | | | | | | |  | | |
| **3.9 Have all dairy animals been under organic management since the last third of gestation***?* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | | |  | | | **No** | | | | | |  | | | | | | | | **NA** | | | | | | | | | | |  | | |
| **3.10 Have you sold, labeled, or produced as organically produced any Livestock or edible Livestock products that were removed from an organic operation and were therefore handled in a non-organic operation?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | | |  | | | **No** | | | | | |  | | | | | | | | **NA** | | | | | | | | | | |  | | |
| **3.11 Have you sold, labeled, or represented as organic dairy production inventory that has not been continuously managed as organic since the last third of gestation?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | | |  | | | **No** | | | | | |  | | | | | | | | **NA** | | | | | | | | | | |  | | |
| **3.12 Do you maintain sufficient information to preserve the identity of all organically managed animals and edible and inedible animal products produced in the operation?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | | |  | | | **No** | | | | | |  | | | | | | | | **NA** | | | | | | | | | | |  | | |
| **3.13 Specify the incoming and outgoing animals, grazing period, free access to space for exercise, feeding and medical treatments:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **3.14 What kind of documents are kept and on what aspects?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **3.15 Please describe in detail the conventional production system** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **3.16 How do you ensure the identification of each animal? Please describe:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 4. LIVESTOCK FEEDING | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | | | | | | **NO** | | | | | | | | | | **N/A** | | | | | | |
| 4.1. Do animals have access to free grazing and / or pasture? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | |
| 4.2. How many days a year do Livestock have access to pasture? The standard refers to 120 days a year. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | |
| **COMMENTS:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4.3 LIST OF FOOD USED** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Type of animal** | | | | **Feed type / Forage / Pasture \*** | | | | | | | | | | | **Amount of food per individual** | | | | | | | | | **From the own operation***\*\** | | | | | | | | | **Bought** | | | | | | | | | | | | | **If the food is purchased, indicate the manufacturer** | | | | | | | | | | | | | | | | | | **% Composition of Dry Matter \*\*\*** | | | | | | | | | **Certification status:   (organic, in conversion or conventional)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **\* Indicate the forage species and include supplements**  **\*\* If it is own production of grass or forage, you must complete the agricultural OSP to also request the certification of the pasture and / or forage.**  **\*\*\* Please submit % of dry matter specification** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4.4  Does the food come from 100% organic agriculture?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | | | | |  | | | | | | | | | | | **No** | | | | | | | | | | | |  | | |
| **4.5 Is the food certified with Mayacert?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | | | | |  | | | | | | | | | | | **No** | | | | | | | | | | | |  | | |
| **4.6 If your answer was NO, please indicate the certifier and attach the current certificate.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4.7 ADDITIVES AND SUPLEMENTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | | | **NO** | | | | | | | | | | | | | | | | | **N/A** | | | | | | | | |
| 4.8 Do you use any synthetic and / or non-synthetic substances as a food additive or supplement ? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | |
| **4.9 If yes, please indicate which substances**: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4.10 Detail the feeding of the livestock during the whole year or productive cycle. (Livestock feeding must be Kg / day)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Type of animal** | | | | | | | **Production type** | | | | | | | | | | | | | **Average weight** | | | | | | | | | | **Age** | | | | | | | | | | | | **Food/supplement** | | | | | | | | | | | | | | | | | | | | | | | | | | | **Quantity Kg/day** | | | | | | | | | | | | | | | **Season (months)** | | | | | | | | | | | | | | | | | | | | |
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| \*\* Animals must eat the necessary to satisfy the total needs of Kg of dry matter (energy needs) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **5. DRY MATTER INTAKE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Spreadsheet Using Dry Matter Intake (DMI)**  **National Research Council (NRC) Referenced Values for Dry Matter Demand (DMD)** | | | | | | **Class/stage of production** | | | | | |  | **Dates:** | **Date 1:** | **Date 2:** | **Date 3:** | |  | **# of animals** |  |  |  | |  | **Average weight** |  |  |  | | **A** | **DMD** Source: NRC / NOP table of values ​​or Other: |  |  |  | |  | Other food sources: |  |  |  | |  | Source: |  |  |  | |  | Kg as food |  |  |  | |  | x % of DM of the food source |  |  |  | | **a** | **= DMI, Kg** |  |  |  | |  | Source: |  |  |  | |  | Kg as food |  |  |  | |  | x % of DM of the food source |  |  |  | | **b** | **= DMI, Kg** |  |  |  | |  | Source: |  |  |  | |  | Kg as food |  |  |  | |  | x % of DM of the food source |  |  |  | | **c** | **= DMI, Kg** |  |  |  | |  | Source: |  |  |  | |  | Kg as food |  |  |  | |  | x % of DM of the food source |  |  |  | | **d** | **= DMI, Kg** |  |  |  | | **B** | **Total of DMI of the other food sources (Kg) = a+b+c+d** |  |  |  | |  | **% DMI of the other food sources = (B/A)\*100** |  |  |  | | **C** | **DMI of pasture, Kg = A – B** |  |  |  | |  | **% of IMS DMI of pasture = (C/A)\*100** |  |  |  | |  | **Average % of DMI from pastures during the grazing season** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 6. PROPHYLAXIS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | | | | | | | | **NO** | | | | | | | | | | | **NA** | | | |
| **6.1 Uses animal medications, including hormones, to promote growth** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | |
| **6.2 Provides food supplements or additives in amounts greater than the required for the adequate nutrition and maintenance of health of species in their specific life stage.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | |
| **6.3 Supplies pellets for poorly digestible or coarse food** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | |
| **6.4 Feed formulations containing urea or manure** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | |
| **6.5 Supplies by-products or derivatives of the mammals or poultry slaughter** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | |
| **6.6 Uses food, food additives, and food supplements** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | |
| **COMMENTS:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **6.7 What types of diseases take place in your animal production system? Please describe** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **6.8 How do you prevent livestock diseases? Please describe** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 6.9 One or more of the following practices are implemented | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | | | | | | | | **NO** | | | | | | | | | | | **NA** | | | |
| 1. **Selection of species and type of livestock according to the convenience for the specific conditions of the place and resistance to the prevailing diseases and parasites;** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | |
| 1. **Provision of a sufficient food ration to meet nutritional requirements, including vitamins, minerals, proteins and/or amino acids, fatty acids, energy sources, and fiber (in ruminants);** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | |
| 1. **Establishment of appropriate shelter, grazing conditions, and sanitation practices that minimize the occurrence and spread of disease and parasites;** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | |
| 1. **Provision of conditions that allow exercise, freedom of movement, and reduction of the tension characteristic of the species.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | |
| 1. **Performance of physical disturbances as necessary to promote the animal's well-being and in a way that minimizes pain and tension** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | |
| 1. **Administration of vaccines and other veterinary biologics** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | |
| 6.10 Use of synthetic drugs : When veterinary biologics and prevention practices are inadequate to prevent disease, what type of practices do you administer? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **6.11 LIST OF SYNTHETIC DRUGS USED** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Type of medication** | | | | | | | | | | | | | | | | | **Tradename** | | | | | | | | | | | | | | | | | | | | | | | | **Manufacturer** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Composition \*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **\***Please present specifications and labels | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **6.12 Please name the entire list of all livestock, at any point in their life, that received medical treatment that does not agree with the allowed list** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 6.13 Have you supplied synthetic medicines in: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | | | | | | **NO** | | | | | | | | | | **NA** | | | | | | |
| 1. **Rearing, in the last third of gestation or during lactation for offspring to be sold, labeled, or represented as organically produced?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | |
| 1. **Dairy production, during the last 90 days prior to the production of milk or dairy products that will be sold, labeled, or represented as organic?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | |
| **6.14 Have you sold, labeled, or represented as organic any animal or edible product derived from an animal treated with antibiotics, any substance that contains an illegal synthetic substance, or any substance that contains a prohibited non-synthetic substance**? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | |
| **6.15 Have you administered any animal medications, other than vaccines, in the absence of disease ?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | |
| **6.16 Have you administered hormones to promote growth ?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | |
| **6.17 Have you administered synthetic dewormers with a use frequency?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | |
| **6.18 Have you administered synthetic dewormers?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | |
| **6.19 Have you stopped medical treatment of a sick animal to preserve its organic state**? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | |
| **6.20 Have you clearly identified any livestock treated with a prohibited substance?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | |
| **6.21 Have you sold, labeled, or represented as organically produced any livestock treated with a prohibited substance?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | |
| **COMMENTS**: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 7. LIVESTOCK LIVING CONDITIONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | | | | | | **NO** | | | | | | | | | | **N/A** | | | | | | |
| **7.1 Have your animals access to…** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Field** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | |
| 1. **Shadow** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | |
| 1. **Refuge** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | |
| 1. **Exercise areas** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | |
| 1. **Fresh air** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | |
| 1. **Direct sunlight appropriate to the species, its production phase, climate, and environment** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | |
| 1. **Access to pasture for ruminants** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | |
| 1. **Proper, clean and dry bedded packs for livestock** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | |
| **7.2 The shelter is designed to allow** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Natural maintenance, comfortable behaviors, and exercise opportunity** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | |
| 1. **Level of temperature, ventilation and air circulation appropriate for the species** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | |
| 1. **Reduced potential for livestock injury** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | |
| **COMMENTS:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **7.3 Have you provided temporary confinement to an animal? Please describe the reason** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Inclement weather** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | |
| 1. **Reproduction status of the animal** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | |
| 1. **Conditions in which the animal's health, safety and welfare may be endangered** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | |
| 1. **Water and land quality risk** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | |
| 1. **Others** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | |
| **7.4 How do you handle manure?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **7.5 How do you clean stables and other livestock facilities, which cleaning agents do you use?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **8. PROCESSING OR HANDLING OF ANIMAL PRODUCTS CARRIED OUT IN THE UNIT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **8.1 What mechanical or biological methods are used in the process of an organically produced animal product to slow spoilage or prepare the animal product for the market? Please describe** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **8.2 Describe the procedure used to process, including the formula or recipe** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **8.3 Do you use any allowed non-agricultural substances and non-organically produced agricultural products?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | | |  | | | | | | | | **NO** | | | | | | | | | | |  | | | |
| **8.4 Are the substances you use commercially available in the organic form?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | | |  | | | | | | | | **NO** | | | | | | | | | | |  | | | |
| **8.5 Do you use ionizing radiation?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | | |  | | | | | | | | **NO** | | | | | | | | | | |  | | | |
| **8.6 Do you use volatile synthetic solvents or other synthetic aids not allowed for the process?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | | |  | | | | | | | | **NO** | | | | | | | | | | |  | | | |
| **COMMENTS:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **8.7 What is the final product obtained after processing in the unit?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **COMMENTS:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **9. RECORDS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **9.1 What kind of control records are kept?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **a) Records of the purchase of external inputs** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | | |  | | | | | | | | **NO** | | | | | | | | | | |  | | | |
| **b) Application of external inputs (Date, Place, Quantity, frequency, etc.)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | | |  | | | | | | | | **NO** | | | | | | | | | | |  | | | |
| **c) Field records (including activity, date, applications, dose, responsible, etc.) / Beekeeping production book** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | | |  | | | | | | | | **NO** | | | | | | | | | | |  | | | |
| **d) If there is parallel production, harvest records in organic and conventional production hives (Date, Location, Quantity, Parcel No.)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | | |  | | | | | | | | **NO** | | | | | | | | | | |  | | | |
| **e) Harvest / collection records (Date, Location, Quantity, Parcel No., Organic Designation).** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | | |  | | | | | | | | **NO** | | | | | | | | | | |  | | | |
| **f) Transport Cleaning Logs** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | | |  | | | | | | | | **NO** | | | | | | | | | | |  | | | |
| **g) Product shipping notes** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | | |  | | | | | | | | **NO** | | | | | | | | | | |  | | | |
| **h) Sales records. Invoices that include date, quantity, product and condition of the product.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | | |  | | | | | | | | **NO** | | | | | | | | | | |  | | | |
| **i) Labels for organic products (in storage, transportation, bulk or finished products).** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | | |  | | | | | | | | **NO** | | | | | | | | | | |  | | | |
| **j) Record of claims** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | | |  | | | | | | | | **NO** | | | | | | | | | | |  | | | |
| **k) Others,**  **Mention:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | | |  | | | | | | | | **NO** | | | | | | | | | | |  | | | |
| **9.2 If there are no records, please detail the reasons** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **COMMENTS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **10. CLAIMS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **10.1 Is there a claims record kept?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | | |  | | | | | | | | **NO** | | | | | | | | | | |  | | | |
| **10.2 Does the record identify the cause of the problem and the person responsible?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | | |  | | | | | | | | **NO** | | | | | | | | | | |  | | | |
| **10.3 In response to claims that occurred,** **were the appropriate measures taken?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | | |  | | | | | | | | **NO** | | | | | | | | | | |  | | | |
| **COMMENTS:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **11. DOCUMENTS TO BE ATTACHED WITH THIS PLAN** | | | |
| ***MANDATORY DOCUMENTS*** | ***Yes*** | ***No*** | ***NA*** |
| **11.1** Service contract (s), with signatures |  |  |  |
| **11.2** Producer / Processor Agreement (NA for NOP), with signatures |  |  |  |
| **11.3** Producer / Processor Letter of Intent (NA for NOP), with signatures |  |  |  |
| **11.4** Production History Chart (Farms / Groups) |  |  |  |
| **11.5** Control chart of Internal and External Inspections (Groups) |  |  |  |
| **11.6** List of Producers (Groups) |  |  |  |
| **11.7**  Documents supporting product traceability |  |  |  |
| **11.8** Original label or a copy of the original product label (color if the label is colored). |  |  |  |
| **11.9** Labels of the inputs in use. |  |  |  |
| **11.10** Copy of input compatibility certificate |  |  |  |
| **11.11** Copy of previous certificate |  |  |  |
| **11.12** Documents supporting requests for reduction of conversion period (if applicable):   1. Affidavit of previous land use in the last three years and the production history of the productive unit. 2. Records of activities of the previous management of the productive unit. 3. Evidence of third-party entities that are related to organic production or that are related to the activity carried out in the productive unit (government agencies, NGOs, etc.) that support the history or record of the crop and / or management in the last three years. |  |  |  |
| **11.13** Documents that support operators that already had an organic certificate from another certifying agency (if applicable):   1. Last organic certificate. 2. Certification opinion or decision. 3. Inspection report. |  |  |  |
| **11.14** Documents that support producers from other groups that already had organic certification (If applicable)   1. Act or record issued by the group to which the producer belonged, where the reason for the departure is stated. 2. Organic certificate of the group to which it belonged, and a list attached to the certificate where the name of the producer can be seen. |  |  |  |
| **11.15** Process Flow Diagram |  |  |  |
| **11.16** Map and/or Sketch for individual units (Farm / Processing Plant) and in case of organizations, geographic location map. |  |  |  |
| **11.17** Copy of Internal Inspection Sheet (Groups), if it is a first inspection or if there are changes |  |  |  |
| **11.18** Copy of Internal Control System (ICS) Technical Opinion (Groups) |  |  |  |
| **11.19** Copy of Internal Organic Production Regulations (Groups), if it is a first inspection or if there are changes |  |  |  |
| **11.20** Copy of the contract or agreement between the producers and the Organization, and copy - if applicable - of the decisions of the ICS of sanction or expulsion of a member. (Groups) |  |  |  |
| **Optional Documents** | | | |
| **11.21** Management Plan for individual units (Groups) |  |  |  |
| **11.22** Previous harvest sales flow (Producer / Processor) |  |  |  |
| **11.23** Operator Organization Chart |  |  |  |
| **11.24** Physical-chemical and microbiological analysis of the finished product (Processor) |  |  |  |
| **12.25** Physicochemical and microbiological analysis of the water consumed by the animals |  |  |  |

***Operator Statement***

***I understand and accept that the information previously provided will be handled by MAYACERT confidentially. The data will only be sent to a third party if I give a written authorization or agreement.***

***I declare, that all the aforementioned represents exactly my operation.***

           Haga clic aquí para escribir una fecha.

NAME AND SIGNATURE OF THE MANAGER OR LEGAL REPRESENTATIVE PLACE AND DATE

**This part must be filled by Mayacert inspectors**

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| --- | --- | --- |
| **OSP Items** | **Description** | **Comments** |
| **1 (E.g.)** | **1.6** History and background of the operation | The operator has not indicated who carried out the first inspection of the operation |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |
| **5** |  |  |
| **6** |  |  |
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| **8** |  |  |
| **9** |  |  |
| **10** |  |  |
| **11** |  |  |

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| ***MAYACERT verification result:***  *The operation* |
| ***is recommended to continue with the certification process*** |
| ***is NOT recommended to continue with the certification process*** |
| ***is recommended to continue the certification process with the following condition (s):*** |
| ***Date:*** Haga clic aquí para escribir una fecha.  ***Signature of the MAYACERT representative, who reviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |