

5-Step Animal Welfare Rating Standards Program

Application: **CHICKEN OPERATIONS**



SECTION 1

Name of Operation					
Contact Person(s)					
Position(s)					
Complete Address	Street Address:				
	City:				
	State/Province:				
	Zip/Postal Code:		Country:		
Contact Information	Tel:		Cell/Mobile:		
	Email:				
Preferred Method(s) of Contact	<input type="checkbox"/> Tel <input type="checkbox"/> Cell / Mobile <input type="checkbox"/> Email				
Name of Any Affiliated Group <i>(e.g., supplier, producer group, cooperative, marketing entity)</i>					
Any Brand Names of Step-Rated Products <i>(if known)</i>					

OPERATION DETAILS						
Site No.	Physical Address	City	State/Province	Zip/Postal Code	Country	Distance from Site 1 (time/miles)
1*						
2						
3						
4						
5						
6						
7						
8						
9						
10						

* Site 1 is the home farm / main site.

If your operation has more than 10 sites, provide the information requested above for all other sites in a supplemental document.

FLOCK DETAILS			
<i>"Flock" is defined as a segregated group of chickens, whether in a house, on a floor of a multi-level house, or in an outdoor area.</i>			
# of flocks raised at one time		average # of chickens per flock	
Will <u>all</u> chickens be raised according to the 5-Step standards?	<input type="checkbox"/> YES <input type="checkbox"/> NO, only some flocks will be raised according to the 5-Step standards		
If <u>NO</u> , what is the estimated number of chickens raised annually to 5-Step standards?			

SYSTEM DETAILS	
Please tick each that applies to your system: <input type="checkbox"/> all-in / all-out (entire flock processed at once) <input type="checkbox"/> thinning (groups of birds removed from a flock over a period of weeks) <input type="checkbox"/> birds raised indoors year-round <input type="checkbox"/> birds raised in outdoor systems <input type="checkbox"/> birds raised seasonally <input type="checkbox"/> birds raised in both indoor and outdoor systems (e.g., indoor system for year-round production <u>and</u> some flocks raised outdoors only seasonally) <input type="checkbox"/> other: (describe) 	
Do you raise any other animals commercially on your operation? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If <u>YES</u> , please list any other species raised commercially on your operation: 	

HOUSE DETAILS (Please reference the site numbers as listed under "Operation Details" on page 1 of this application.)						
Site No.	# of houses (permanent or mobile)	# of floors per house	house dimensions (e.g., all houses: 40x250ft; Barn 1: 40x125m, Barn 2: 44x360m)	# of birds per house	cycle length (in weeks)**	time between flock placement (in weeks)***
1*						
2						
3						
4						
5						
6						
7						
8						
9						
10						

* the home farm / main site

** time between one flock placement and another (includes grow out and clean out time)

*** time for clean out only

CERTIFICATION QUESTIONS	
Certification Company Used:	<input type="checkbox"/> EarthClaims LLC <input type="checkbox"/> IMI Global <input type="checkbox"/> Steritech <input type="checkbox"/> AUS-Meat Limited
Has your operation previously applied for 5-Step certification for chickens? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If <u>YES</u> :	Did your operation achieve certification? <input type="checkbox"/> YES <input type="checkbox"/> NO
If <u>YES</u> :	What Step level did your operation achieve? (tick all that apply) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 5+
If <u>YES</u> :	Which certification company issued your previous 5-Step certificate?
What Step level(s) are you aiming to achieve? (tick all that apply)	<input type="checkbox"/> Step 1: no cages, no crowding <input type="checkbox"/> Step 4: pasture centered <input type="checkbox"/> Step 2: enriched environment <input type="checkbox"/> Step 5: animal centered: bred for outdoors <input type="checkbox"/> Step 3: enhanced outdoor access <input type="checkbox"/> Step 5+: animal centered: entire life on same farm

SECTION 2

FOR EACH OF THE FOLLOWING QUESTIONS: Your answers should reflect your operation's current situation or practices for raising chickens intended to be marketed as Step-rated—i.e., for chickens raised according to the 5-Step Animal Welfare Rating Standards for Chickens Raised for Meat.

All questions must be answered for your application to be processed.

DOES THE OPERATION:		YES	NO
1	Have a <u>written</u> farm and animal health plan?		
2	Have a biosecurity program?		
3	Require power to operate any of the following? <i>(please tick all that apply)</i> <input type="checkbox"/> heating systems <input type="checkbox"/> cooling systems <input type="checkbox"/> ventilation systems <input type="checkbox"/> watering systems <input type="checkbox"/> feeding systems		
4	Have a training program for any bird care-givers and/or managers?		
5	To the best of your knowledge, use genetically modified or cloned chickens or their progeny?		
6	Please list what line(s) / strain(s) of chickens you raise:		
7	Ever use antibiotics, ionophores, beta agonists, or sulfa drugs preventatively (such as in feed or water)? <i>(including any pre-mixes, minerals, or vitamin supplements)</i>		
8	Have a <input type="checkbox"/> veterinarian or <input type="checkbox"/> trained animal care-giver euthanize birds when necessary? <i>(please tick all that apply)</i>		
9	Use the following euthanasia method(s)? <i>(please tick all that apply)</i> <input type="checkbox"/> gas stunning and killing <input type="checkbox"/> manual cervical dislocation <input type="checkbox"/> anesthetic overdose <input type="checkbox"/> captive bolt (penetrating or non-penetrating) <input type="checkbox"/> other <i>(describe below)</i>		
10	Observe and monitor each flock at least twice each day? If YES <input type="checkbox"/> 2 x a day <input type="checkbox"/> > 2 x each day		
11	Separately record (a) daily mortality and (b) culls for each flock? <i>(excluding loss from predation)</i>		
12	Have policies on which birds to cull during daily flock monitoring?		
13	Have any birds who have been physically altered? If YES Please tick all that apply: <input type="checkbox"/> beak-trim <input type="checkbox"/> beak condition <input type="checkbox"/> caponize <input type="checkbox"/> dub <input type="checkbox"/> de-toe / toe trim <input type="checkbox"/> de-spur <input type="checkbox"/> other <i>(describe below)</i>		
14	Use any of the following artificial devices to control feather pecking? If YES Please tick all that apply: <input type="checkbox"/> goggles <input type="checkbox"/> blinkers <input type="checkbox"/> contact lenses <input type="checkbox"/> other <i>(describe below)</i>		

DOES THE OPERATION: <i>continued</i>			YES	NO
15	Have a footpad dermatitis monitoring program?			
16	Is the footpad dermatitis program conducted: <input type="checkbox"/> on-site <input type="checkbox"/> at the plant			
17	Conduct a 100-bird lameness evaluation for each flock the week before processing?			
18	Provide all birds access to drinking water at all times?			
19	Provide all birds access to feed at all times?			
20	Feed any mammalian, fish, or avian by-products or waste? <i>(including eggs)</i>			
21	Raise birds in cages? <i>(excluding transport containers and fenced-in porches and outdoor enclosures)</i>			
22	Provide housing at all times that can protect birds from the elements and predation?			
23	Maintain floors of all houses with friable (dry and loose) litter?			
24	Have slatted and/or wire floors?			
25	Assess air quality during daily flock monitoring?			
	If YES	How is air quality assessed? <i>(please tick all that apply)</i> <input type="checkbox"/> sense of smell / sensory evaluation <input type="checkbox"/> calibrated meters or testing strips <input type="checkbox"/> other: <input type="text"/>		
26	Keep light levels at or above 20 lux (2 fc) during daylight hours?			
27	Provide periods of continuous darkness each day?			
	If YES	Please describe your lighting schedule <i>(e.g., 4 hours continuous darkness from day 3 to catching)</i> : <input type="text"/>		
28	What is the stocking density, according to final weight <i>(e.g. 8 lb/ft²)</i> ?	<input type="text"/>		
29	Provide blinds and enrichments? <i>(e.g., straw bales, raised platforms, scattered grains)</i>			
	If YES	How many different types of enrichments are provided? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> > 2 What type(s) of enrichments are provided? <input type="text"/> By what age are birds first provided with enrichments? <i>(please specify days or weeks)</i> <input type="text"/> Are enrichments provided in all barns? <input type="checkbox"/> Enrichments are: <input type="checkbox"/> placed in one area of the barn <input type="checkbox"/> placed throughout the barn		
30	Provide perches in housing, whether permanent or mobile?			
31	Consider rodents a problem?			
	If YES	What rodent control method(s) do you use or contract? <i>(please tick all that apply)</i> <input type="checkbox"/> glue boards <input type="checkbox"/> poison <input type="checkbox"/> drowning <input type="checkbox"/> snap traps <input type="checkbox"/> tin cats <input type="checkbox"/> cats <input type="checkbox"/> other <i>(describe below)</i> <input type="text"/>		
32	Consider predators a problem?			
	If YES	What predator control method(s) do you use or contract? <i>(please tick all that apply)</i> <input type="checkbox"/> poison <input type="checkbox"/> traps <input type="checkbox"/> snares <input type="checkbox"/> drowning <input type="checkbox"/> electric fencing <input type="checkbox"/> working/guard dogs <input type="checkbox"/> fire arms <input type="checkbox"/> other <i>(describe below)</i> <input type="text"/>		

TRANSPORT: FOR ALL OPERATIONS				YES	NO	
33	Does your operation transport chicks directly from the hatchery to your site?					
	If NO	Are chicks transported to your operation by the hatchery or an affiliated group?				
		Does the hatchery or an affiliated group transport chicks from the hatchery to a delivery service location? (e.g., from the hatchery to an airport or post office for outbound delivery)				
		Does your operation transport chicks from a delivery service location to your site? (e.g., picking up chicks upon delivery to an airport or post office to your site)				
34	Do you ensure that chicks are delivered within 48 hours of removal from the hatcher?					
35	Who performs / arranges catching of your operation's chickens? <input type="checkbox"/> your own operation <input type="checkbox"/> crews hired by your operation <input type="checkbox"/> an affiliated group (e.g., supplier, producer group, cooperative, marketing entity)					
	If your operation hires a catching crew, please list their names and telephone numbers below:					
	Name:		Phone:			
	Name:		Phone:			
	Name:		Phone:			
	Name:		Phone:			
	If an affiliated group arranges the catching of your flocks, please list the company name and telephone number below:					
	Name:		Phone:			
36	Are chickens caught:					
	in low / dimmed light?					
	manually (caught by hand)?					
	with mechanical loaders?					
	with conveyor belts?					
	other? (please describe below)					
37	On average, how long does catching take? (from the first bird caught until the transport vehicle departs)					
38	Do the transport containers:					
	have wire floors?					
	allow for all chickens to sit on the container floor at the same time (i.e., not on top of each other)?					
39	Do water lines in the house need to be raised prior to catching?					
40	Does feed withdrawal exceed 12 hours (from withdrawal to arrival at the plant?)					
41	Are birds left behind by the catching crews culled within 12 hours of feed withdrawal?					

TRANSPORT: FOR ALL OPERATIONS <i>continued</i>						YES	NO
42	Who transports or controls / manages transport of your operation's chickens to the slaughter and/or processing plant? <input type="checkbox"/> your own operation <input type="checkbox"/> transporters hired by your operation <input type="checkbox"/> an affiliated group (<i>e.g., supplier, producer group, cooperative, marketing entity</i>) If your operation hires transporters, please list their names and telephone numbers below: Name: _____ Phone: _____ Name: _____ Phone: _____						
43	If an affiliated group controls / manages transport of your flocks, please list the company name and telephone number below: Name: _____ Phone: _____						
44	Please provide the following information for your processing plant: Name: _____ City: _____ State: _____						
45	How far is the processing plant from your operation? <input type="checkbox"/> > 8 hours away <input type="checkbox"/> 6 to 8 hours away <input type="checkbox"/> 4 to 6 hours away <input type="checkbox"/> < 4 hours away <input type="checkbox"/> at my operation / comes to my operation (<i>i.e., on-farm processing</i>)						
46	Does each vehicle have removable / adjustable panels, covers, or tarps to prevent heat and cold stress during transport?						
47	Are there written procedures for the driver to follow in the case of accident or emergency during transport?						

ADDITIONAL QUESTIONS FOR ALL OPERATIONS						YES	NO
48	Is there a procedure in place to identify your operation's flocks upon arrival at the processing plant? (<i>e.g., producer #; barn/floor identification#; flock identification, or other</i>)						
49	Are there any governmental regulations or laws (whether local, state, federal, provincial, or other) that prohibit adherence to any of the 5-Step standards?						
	Please explain <u>and</u> provide legal or regulatory citation:						
	If YES						

No outdoor access for birds? Please tick this box and move to the signature section below ☐

FOR OPERATIONS THAT PROVIDE OUTDOOR ACCESS		YES	NO
50	How old are the birds when they are given continuous outdoor access during daylight hours?		
51	Do all flocks have outdoor access for a minimum of 2 weeks?		
52	Compared to the size of the indoor area, how big is the outdoor area? <input type="checkbox"/> < 25% of the indoor area <input type="checkbox"/> ≥ 25% - 49% <input type="checkbox"/> ≥ 50% - 74% <input type="checkbox"/> ≥ 75%		
53	Is the outdoor area covered with vegetation and/or forage?		
If YES	What percentage of the outdoor area is covered with vegetation and/or forage? <input type="checkbox"/> < 25% <input type="checkbox"/> ≥ 25% - 49% <input type="checkbox"/> ≥ 50% - 74% <input type="checkbox"/> ≥ 75%		
54	Do birds have continuous access to housing (permanent or mobile) while outdoors?		
55	Do you provide any of the following in the outdoor area(s)? <i>(please tick all that apply)</i> <input type="checkbox"/> bushes or shrubs <input type="checkbox"/> shade cloth <input type="checkbox"/> A-frame structures <input type="checkbox"/> other <i>(describe below)</i>		
56	Do all birds have access to shade in the outdoor areas?		
57	Are perches provided in the outdoor areas?		
58	Are birds ever housed seasonally due to inclement conditions?		
If YES	Do birds have access to a covered outdoor area when they are housed seasonally?		
If YES	Do birds have continuous access to a covered outdoor area by 4 weeks of age?		
If YES	What are the dimensions of the covered outdoor area:		
If YES	Does the covered outdoor area provide any of the following? <i>(tick all that apply)</i> <input type="checkbox"/> materials that encourage foraging behavior <i>(e.g., whole grains, hay)</i> <input type="checkbox"/> enrichments <input type="checkbox"/> other <i>(please describe below)</i>		
If YES	Are there slatted and/or wire floors?		
59	Please mark the months of the year that birds typically have access to the outdoors : <input type="checkbox"/> N/A <input type="checkbox"/> All Yr <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug <input type="checkbox"/> Sept <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec		

By signing below, you acknowledge that you are an authorized representative of the operation and affirm that all information herein is accurate.

Signature	
Title / Position	
Date	
Printed Name	