

GAP's Animal Welfare Rating Standards Program

Application: PULLETS



Please fill in this 6-page application as completely and accurately as possible.
 Incomplete applications will be returned and delay audit scheduling.
 Answers should reflect what your operation is currently doing.

OPERATION CONTACT INFO:			
Name of Operation			
Contact Person(s)			
Position(s)			
Mailing Address <small>(street, city, state/ province, zip/postal, country)</small>			
Contact Information	Email	Tel	
Preferred Method of Contact	<input type="checkbox"/> Tel	<input type="checkbox"/> Email	
Name of supplier/producer group/coop/marketing arm that the operation is affiliated with, if any.			

CURRENT AND PAST CERTIFICATES:							
Does the operation hold a <u>current</u> GAP certified certificate?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<u>If YES</u>	Issued by	<input type="checkbox"/> AUS-MEAT	<input type="checkbox"/> EarthClaims	<input type="checkbox"/> IMI Global
				Certificate #		Expires on	
Has the operation ever held a GAP certified certificate in the past?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<u>If YES</u>	Issued by	<input type="checkbox"/> AUS-MEAT	<input type="checkbox"/> EarthClaims	<input type="checkbox"/> IMI Global
				Certificate #		Expired on	
Has the operation ever had a GAP audit where it wasn't certified?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<u>If YES</u>	Conducted by	<input type="checkbox"/> AUS-MEAT	<input type="checkbox"/> EarthClaims	<input type="checkbox"/> IMI Global
				Date of audit			
				Reason for outcome:			

APPLICATION SUBMITTED BY:			
<input type="checkbox"/> the Operation. <i>Please go to Signature section.</i> <input type="checkbox"/> a Designated Representative (affiliated with a supplier). <i>If so, please complete the following, then go to Signature section.</i>			
Contact Person(s)			
Position(s)			
Contact Information	Email	Tel	
Preferred Method of Contact	<input type="checkbox"/> Tel	<input type="checkbox"/> Email	

OPERATION or DESIGNATED REPRESENTATIVE's SIGNATURE:			
<p>You represent and acknowledge that all information on this 6-page application herein is accurate. Regardless of who signs this document, the owner of the operation is responsible for accuracy and content of this application.</p>			
Printed Name			
Signature*		Date	

* If the applicant uses the signature wizard on this fillable form, please follow program instructions to embed your signature.

GENERAL INFORMATION:

How many flocks are on the operation? <i>Flock is defined as a barn/house of pullets. The group can be kept all together or divided into smaller groups but is considered one flock.</i>	
How many pullets per flock?	
Total number of pullets raised per year:	
Will <u>ALL</u> pullets be raised according to GAP Standards?	<input type="checkbox"/> YES, proceed to Operation Sites & Use section <input type="checkbox"/> NO, only some flocks will be GAP certified, proceed to next question
Total number of flocks raised to the GAP standards:	

OPERATION SITES & USE:

List **ALL** locations used in a given year where pullets are raised (**Site 1 is the home farm and/or main site**)

Site	Physical Address of the Operation (street, city, state/ province, zip/postal, country)	Size (acres)	Distance from Site 1 (time/hours)
1			
2			
3			

FLOCK INFORMATION:

Where are chicks sourced from? Please provide the name & address of all hatcheries.

Contact Name Information

name:	address:
name:	address:

What breed/strain of hen do you raise for GAP? Check all that apply.	<input type="checkbox"/> Isa Brown <input type="checkbox"/> Isa White <input type="checkbox"/> Shaver Brown <input type="checkbox"/> Shaver Black <input type="checkbox"/> Shaver White <input type="checkbox"/> Hy-Line W-80 <input type="checkbox"/> Hy-Line Brown <input type="checkbox"/> Hy-Line Silver Brown <input type="checkbox"/> Hy-Line W-36	<input type="checkbox"/> Tetra Brown <input type="checkbox"/> Tetra Amber <input type="checkbox"/> Tetra Harco <input type="checkbox"/> Tetra White <input type="checkbox"/> Dekalb Brown <input type="checkbox"/> Dekalb White <input type="checkbox"/> Bovans Brown <input type="checkbox"/> Bovans Black <input type="checkbox"/> Bovans White	<input type="checkbox"/> Lohmann Brown <input type="checkbox"/> Lohmann Tradition <input type="checkbox"/> Lohmann Silver <input type="checkbox"/> Lohmann Sandy <input type="checkbox"/> Lohmann LSL Classic <input type="checkbox"/> Lohmann Dual <input type="checkbox"/> Brown Nick
	<input type="checkbox"/> Other: _____		

Site	House/ Barn	# of Floors	Length (ft) of House	Width (ft) of House	# of Chicks Placed	Are pullets in the barn currently at the time this app is submitted?	What is the expected transfer date?
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	

For each of the following questions, please answer by checking the appropriate box.
Your answers should reflect your operation's current situation or practice.

A) GENERAL		YES	NO
1	Has the operation's owner or farm manager read the Animal Welfare Rating Pilot Standards for Pullets?		
2	Are there any standards you are aiming to achieve that are not currently met on the operation?		
	If YES Please provide the Standard number and additional details:		
3	Are there any laws or regulations (local, state, provincial, federal) that prohibit adherence to any of the standards?		
	If YES Please provide the Standard number and additional details:		

B) ANIMAL SOURCE & HEALTH			YES	NO	
DOES THE OPERATION:			YES	NO	
4	To the best of your knowledge, use genetically modified or cloned birds?				
5	Ever use antibiotics, ionophores, or sulfa drugs sub-therapeutically?				
6	Ever use beta-agonists or arsenic-based drugs?				
7	Have trained staff who are able to humanely euthanize pullets when necessary?				
8	Use the following method(s) to euthanize pullets: <i>(check all that apply)</i>				
	<input type="checkbox"/> manual cervical dislocation <input type="checkbox"/> gas stunning using carbon monoxide <input type="checkbox"/> mechanical cervical dislocation <input type="checkbox"/> anesthetic overdose <input type="checkbox"/> blunt force trauma <input type="checkbox"/> electrical stun knife <input type="checkbox"/> captive bolt (penetrating or non-penetrating) <input type="checkbox"/> decapitation <input type="checkbox"/> gas stunning using multi-phase carbon dioxide, argon, nitrogen <input type="checkbox"/> gunshot <input type="checkbox"/> de-braining <input type="checkbox"/> slitting throat <input type="checkbox"/> other: _____				

C) ANIMAL CARE & MANAGEMENT			YES	NO	
DOES THE OPERATION:			YES	NO	
9	Observe and monitor each flock at least twice each day?				
10	Have any pullets that have their beaks modified <i>(e.g. tipped, trimmed etc)</i> ?				
	If YES, please answer the following four questions:				
	What was the method?	<input type="checkbox"/> infra-red <i>(e.g. Novatech)</i> <input type="checkbox"/> hot blade <input type="checkbox"/> other: _____			
	Where was it performed?	<input type="checkbox"/> hatchery <input type="checkbox"/> at my operation			
	What age was it performed?	<input type="checkbox"/> 0-48 hrs <input type="checkbox"/> 3-4 days <input type="checkbox"/> 5-6 days <input type="checkbox"/> 7+ days			
	Are pullets ever re-trimmed during the rearing period?				

C) ANIMAL CARE & MANAGEMENT			YES	NO
DOES THE OPERATION:			YES	NO
11	Keep daily mortality & cull records for each flock?			
12	What is the average flock mortality for the <u>first 7 days after placement</u> ? <input type="checkbox"/> 0.5% or less <input type="checkbox"/> 0.6-1.0% <input type="checkbox"/> 1.1-1.5% <input type="checkbox"/> 1.6-2.0% <input type="checkbox"/> 2.1-2.5% <input type="checkbox"/> 2.5+%			
13	What is the average flock mortality <u>after the first 7 days</u> ? <input type="checkbox"/> 0.9% or less <input type="checkbox"/> 1.0-1.9% <input type="checkbox"/> 2.0-2.9% <input type="checkbox"/> 3+%			

D) FEED			YES	NO
DOES THE OPERATION:			YES	NO
14	Provide access to drinking water at all times?			
15	Provide feed ad-libitum during daylight hours?			
16	Feed any animal (mammal or avian) by-products or waste?			

E) HOUSING			YES	NO
DOES THE OPERATION:			YES	NO
17	Keep pullets in cages? (<i>e.g. battery cage, colony cage, enriched cages, modified cages, furnished cages</i>)			
18	Provide housing/shelter at all times that can protect pullets from the elements and predation?			
19	Provide at least 0.45ft ² (0.04m ²) per chick during the first 4 weeks of life?			
20	Provide at least 1ft ² (0.09m ²) per pullet after the first 4 weeks of life?			
21	Brood chicks on solid floors?			
22	Maintain dry and loose litter on solid floors?			
23	Assess air quality during daily flock monitoring?			

24	What is the light intensity indoors during daylight hours? <input type="checkbox"/> 10 lux or less <input type="checkbox"/> 20 lux <input type="checkbox"/> 30 lux <input type="checkbox"/> 40 lux <input type="checkbox"/> 50 lux			
25	For the first 2 days after placement, how many hours of darkness are provided? <input type="checkbox"/> 0hrs <input type="checkbox"/> 1hrs <input type="checkbox"/> 2hrs <input type="checkbox"/> 3hrs <input type="checkbox"/> 4hrs <input type="checkbox"/> 5hrs <input type="checkbox"/> 6+hrs			
26	By day 3 after placement, what is the light/dark schedule at the operation? Timing: <input type="checkbox"/> intermittent periods of darkness (e.g. 3 hrs on, 3 hrs off) <input type="checkbox"/> continuous periods of darkness Hours of darkness: <input type="checkbox"/> 4hrs or less <input type="checkbox"/> 5hrs <input type="checkbox"/> 6hrs <input type="checkbox"/> 7hrs <input type="checkbox"/> 8hrs <input type="checkbox"/> 9+hrs			

DOES THE OPERATION:			YES	NO
27	Provide perches in housing?			
28	Provide a minimum of 1" (2.5cm) of perch space per chick during the first 4 weeks?			
29	Provide a minimum of 3" (7.5cm) of perch space per bird after the first 4 weeks?			

If your operation is *exclusively indoors* please check this box and go to the Rodents and Predator Section:

F) FOR OPERATIONS PROVIDING LAYING OPERATIONS WITH STEP 5+ PULLETS

30	How old are pullets when they are typically given continuous daytime access to pasture?	<input type="checkbox"/> 10 wks or less <input type="checkbox"/> 14 wks <input type="checkbox"/> 11 wks <input type="checkbox"/> 15 wks <input type="checkbox"/> 12 wks <input type="checkbox"/> 16 wks <input type="checkbox"/> 13 wks <input type="checkbox"/> 17+ wks	
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DOES THE OPERATION:

		YES	NO
31	Have an outdoor area covered with vegetation and/or forage?		
If <u>YES</u>	What percentage of the outdoor area is covered with vegetation and/or forage? <input type="checkbox"/> less than 25% <input type="checkbox"/> ≥ 25% - 49% <input type="checkbox"/> ≥ 50% - 74% <input type="checkbox"/> 75+%		
32	Provide provisions in the pasture area?		
If <u>YES</u>	What provisions are provided? (check all that apply): <input type="checkbox"/> trees, bushes, shrubs <input type="checkbox"/> tall vegetation (taller than a standing hen) <input type="checkbox"/> shade cloths <input type="checkbox"/> A-frames <input type="checkbox"/> trailers <input type="checkbox"/> other: _____		

33	Popholes/doors/openings to the pasture area(s) are: <input type="checkbox"/> open on one side of the house <input type="checkbox"/> open on two sides of the house <input type="checkbox"/> open on three sides of the house <input type="checkbox"/> open on all sides of the house	
34	The height of popholes/doors/openings to the pasture area(s) is: <input type="checkbox"/> less than 12" (30cm) <input type="checkbox"/> more than 12" (30cm)	
35	The width of popholes/doors/openings to the pasture area(s) is: <input type="checkbox"/> less than 18" (45cm) <input type="checkbox"/> more than 18" (45cm)	

G) RODENT & PREDATOR CONTROL

DOES THE OPERATION:

		YES	NO
36	Consider rodents a problem?		
If <u>YES</u>	Use the following to control rodents? (check all that apply): <input type="checkbox"/> rodenticide <input type="checkbox"/> drowning traps <input type="checkbox"/> tin cats <input type="checkbox"/> glueboards <input type="checkbox"/> bait stations <input type="checkbox"/> other: _____		

H) HANDLING & TRANSPORT					
DOES THE OPERATION:				YES	NO
37	Keep records of the total number of chicks received from the hatchery?				
38	Keep records of dead-on-arrivals for each shipment of chicks?				
39	Where are pullets shipped to?				
			Destination Information	Average time from your operation to next destination?	
			<i>NOTE: please provide the name & address of destinations of pullets below. If multiple destinations, please attach information in a separate attachment.</i>		
	<input type="checkbox"/> laying operation direct <input type="checkbox"/> live market (eg. farmer's market) <input type="checkbox"/> feed store <input type="checkbox"/> other	name / city / state		time (hrs)	
	<input type="checkbox"/> laying operation direct <input type="checkbox"/> live market (eg. farmer's market) <input type="checkbox"/> feed store <input type="checkbox"/> other	name / city / state		time (hrs)	
	<input type="checkbox"/> laying operation direct <input type="checkbox"/> live market (eg. farmer's market) <input type="checkbox"/> feed store <input type="checkbox"/> other	name / city / state		time (hrs)	

I) PLANS AND PROTOCOLS					
DOES THE OPERATION:				YES	NO
40	Have a written farm plan (e.g. protocols, policies, SOPs, farm manual, organic system plan, emergency procedures)?				
41	Have a training program that includes pullet care and/or management?				
42	Have a bio-security program (e.g. footwear requirements, visitor logs etc)?				
43	Keep the following chain of custody records for each shipment of pullets? <i>(check all that apply)</i> <input type="checkbox"/> date of transport <input type="checkbox"/> number of birds transported <input type="checkbox"/> certificate number <input type="checkbox"/> certificate expiry date <input type="checkbox"/> I don't have chain of custody records				
44	Use electricity to operate? <i>(check all that apply)</i> <input type="checkbox"/> ventilation system <input type="checkbox"/> watering system <input type="checkbox"/> feeders <input type="checkbox"/> lights <input type="checkbox"/> n/a				
45	Have a back-up power supply?				
	If	Does the back-up power supply have a failure alarm?			
	YES	Is it tested periodically?			

Please submit this completed application to your preferred GAP-approved certification company for review.