

5-Step® Animal Welfare Rating Standards Program

Application: CHICKENS RAISED FOR MEAT



**Please fill in this 9-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	Tel		Email
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> Step certificate?	<input type="checkbox"/>	<input type="checkbox"/>	If YES	Issued by	<input type="checkbox"/> AUS-MEAT	<input type="checkbox"/> EarthClaims	<input type="checkbox"/> IMI Global
	YES	NO		Certificate #		Expires on	
				Step rating			
Has the operation ever held a Step certificate <u>in the past</u>?	<input type="checkbox"/>	<input type="checkbox"/>	If YES	Issued by	<input type="checkbox"/> AUS-MEAT	<input type="checkbox"/> EarthClaims	<input type="checkbox"/> IMI Global
	YES	NO		Certificate #		Expired on	
				Step rating			

Has the operation ever had a 5-Step audit that did not result in certification?	<input type="checkbox"/>	<input type="checkbox"/>	If YES	Conducted by	<input type="checkbox"/> AUS-MEAT	<input type="checkbox"/> EarthClaims	<input type="checkbox"/> IMI Global
	YES	NO		Date of audit			
				Reason for outcome:			

APPLICATION SUBMITTED BY:

- the Operation. *Please go to Signature section.*
- a Designated Representative (affiliated with a supplier). *If so, please complete the following, then go to Signature section.*

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:

You represent and acknowledge that all information on this 9-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.

Printed Name			
Signature*		Date	

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

OPERATION LOCATION:

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

Location	Physical Address of the Operation <small>(street, city, state/ province, zip/postal, country)</small>	Size (acres)	Distance from Location 1 <small>(time/hours)</small>
1*			
2			
3			
4			
5			

*** Site 1 is the home farm / main site.**

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

FLOCK INFORMATION:
Location numbers below are linked to table above

<p>What hatchery does the operation use? <i>If more than one, please provide the names, city and state of all hatcheries.</i></p>																			
<p>What breed/strain of chicken do you raise for GAP? <i>Check all that apply.</i></p>	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Cobb 500</td> <td><input type="checkbox"/> Hubbard F15</td> </tr> <tr> <td><input type="checkbox"/> Cobb 700</td> <td><input type="checkbox"/> Hubbard Flex</td> </tr> <tr> <td><input type="checkbox"/> Cobb Sasso 150</td> <td><input type="checkbox"/> Hubbard H1</td> </tr> <tr> <td><input type="checkbox"/> Ross 308</td> <td><input type="checkbox"/> Hubbard JV</td> </tr> <tr> <td><input type="checkbox"/> Ross 708</td> <td><input type="checkbox"/> Hubbard F915</td> </tr> <tr> <td><input type="checkbox"/> Rowan Ranger</td> <td><input type="checkbox"/> Hubbard JA 987</td> </tr> <tr> <td><input type="checkbox"/> Hubbard Classic</td> <td><input type="checkbox"/> Hubbard JA 957</td> </tr> <tr> <td><input type="checkbox"/> Hubbard I857</td> <td><input type="checkbox"/> Hubbard JA 887</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other: _____</td> </tr> </table>	<input type="checkbox"/> Cobb 500	<input type="checkbox"/> Hubbard F15	<input type="checkbox"/> Cobb 700	<input type="checkbox"/> Hubbard Flex	<input type="checkbox"/> Cobb Sasso 150	<input type="checkbox"/> Hubbard H1	<input type="checkbox"/> Ross 308	<input type="checkbox"/> Hubbard JV	<input type="checkbox"/> Ross 708	<input type="checkbox"/> Hubbard F915	<input type="checkbox"/> Rowan Ranger	<input type="checkbox"/> Hubbard JA 987	<input type="checkbox"/> Hubbard Classic	<input type="checkbox"/> Hubbard JA 957	<input type="checkbox"/> Hubbard I857	<input type="checkbox"/> Hubbard JA 887	<input type="checkbox"/> Other: _____	
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<p>Description of your production system <i>Check all that apply.</i></p>	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> 100% indoor</td> </tr> <tr> <td><input type="checkbox"/> Seasonal outdoor access & indoor housing in winter</td> </tr> <tr> <td><input type="checkbox"/> Pasture system with outdoor access in winter</td> </tr> <tr> <td><input type="checkbox"/> 100% pasture</td> </tr> <tr> <td><input type="checkbox"/> All In/All Out <i>(entire flock processed at once)</i></td> </tr> <tr> <td><input type="checkbox"/> Thinning <i>(group of birds removed over a period of weeks)</i></td> </tr> </table>	<input type="checkbox"/> 100% indoor	<input type="checkbox"/> Seasonal outdoor access & indoor housing in winter	<input type="checkbox"/> Pasture system with outdoor access in winter	<input type="checkbox"/> 100% pasture	<input type="checkbox"/> All In/All Out <i>(entire flock processed at once)</i>	<input type="checkbox"/> Thinning <i>(group of birds removed over a period of weeks)</i>												
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Site	House/ Barn	# of Floors	Length (ft) of House	Width (ft) of House	# of birds placed	What is the next expected processing date?

FLOCK DETAILS	
<i>Flock is defined as a barn/house of chickens.</i>	
What is your grow out length? (placement to slaughter, wks)	
What is your down time? (between catching and next placement, wks)	
Average number of birds raised per year:	
Will ALL chickens be raised according to the 5-Step Standards?	<input type="checkbox"/> YES, proceed to Step-rating section <input type="checkbox"/> NO, only some flocks will be Step-rated, proceed to next question
Average number of GAP birds raised per year:	

STEP RATING:			
What Step level are you aiming to achieve?			<i>If managing flocks to more than one Step level, what is the average # of birds managed per year by Step-rating?</i>
<input type="checkbox"/> Step 1	no cages, no crates, no crowding	<i>Chickens in Step 1 systems typically live in a stationary housing structure and are provided space to express natural behavior and enrichment</i>	
<input type="checkbox"/> Step 2	enriched environment	<i>Chickens in Step 2 systems typically live in an indoor environment with at least 2 different types of enrichment and natural light (by 2022).</i>	
<input type="checkbox"/> Step 3	enhanced outdoor access	<i>Chickens in Step 3 systems have seasonal outdoor access.</i>	
<input type="checkbox"/> Step 4	pasture centered	<i>Chickens in Step 4 systems live on pasture; during winter chickens may be housed with continuous access to the outdoors.</i>	
<input type="checkbox"/> Step 5	animal centered: no physical alterations	<i>Chickens in Step 5 systems live continuously on pasture and may only be housed during extreme weather conditions.</i>	
<input type="checkbox"/> Step 5+	animal centered: entire life on same farm	<i>Chickens in Step 5+ systems live continuously on pasture and may only be housed during extreme weather conditions. Chickens are slaughtered on-farm.</i>	

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 5-Step® Animal Welfare Rating Standards for Chickens Raised for Meat?		
2	Are there any standards for the Step-level 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 5-Step standards?		
	If YES Please provide the Standard number and additional details:		

B) ANIMAL SOURCE & HEALTH			
DOES THE OPERATION:		YES	NO
4	To the best of your knowledge, use genetically modified or cloned chickens?		
5	Have records to identify treatments given to chickens (e.g. antibiotics, ionophores, beta agonists, arsenic-based drugs or sulfa drugs)?		
6	Have trained staff who are able to humanely euthanize chickens when necessary?		
7	Use the following method(s) to euthanize chickens on-farm: <i>(check all that apply)</i> <ul style="list-style-type: none"> <input type="checkbox"/> manual cervical dislocation <input type="checkbox"/> mechanical cervical dislocation <input type="checkbox"/> blunt force trauma <input type="checkbox"/> captive bolt (penetrating or non-penetrating) <input type="checkbox"/> gas stunning using multi-phase carbon dioxide, argon, nitrogen <input type="checkbox"/> gas stunning using carbon monoxide <input type="checkbox"/> anesthetic overdose <input type="checkbox"/> electrical stun knife <input type="checkbox"/> decapitation <input type="checkbox"/> gunshot <input type="checkbox"/> de-braining <input type="checkbox"/> slitting throat <input type="checkbox"/> other: _____ 		

C) ANIMAL CARE & MANAGEMENT			
DOES THE OPERATION:		YES	NO
8	Observe and monitor each flock at least twice each day?		
9	Keep the following daily records for each flock:		
	a) mortality		
	b) culls		
10	What is the annual average flock mortality <i>(excludes culls and loss from predation)</i> ? <input type="checkbox"/> 2% or less <input type="checkbox"/> 3% <input type="checkbox"/> 4% <input type="checkbox"/> 5% <input type="checkbox"/> 6% <input type="checkbox"/> 7+%		
11	Have a footpad dermatitis monitoring program for each flock the week of processing?		
12	Conduct lameness evaluations for each flock the week <u>before</u> processing?		

D) FEED & WATER			
DOES THE OPERATION:		YES	NO
13	Provide access to drinking water at all times?		
14	Provide feed ad-libitum during daylight hours?		
15	Feed any animal (mammal, avian or fish) by-products or waste?		
16	Ever use a supplement, pre-mixed feed, or vitamin and/or mineral product containing antibiotics, ionophores, growth hormones, beta agonists, arsenic-based drugs, or sulfa drugs? <i>(please review feed ingredients before answering)</i>		

E) HOUSING			
DOES THE OPERATION:		YES	NO
17	Keep chickens in cages? <i>(excluding transport containers and fenced-in porches and outdoor enclosures)</i>		
18	Provide housing/shelter at all times that can protect chickens from the elements and predation?		
19	Maintain dry and loose litter on floors?		
20	Have slatted and/or wire floors?		
21	Assess air quality during daily flock monitoring?		

22	When chicks are placed, the dark period starts on:	<input type="checkbox"/> day 1 <input type="checkbox"/> day 2 <input type="checkbox"/> day 3 <input type="checkbox"/> day 4 <input type="checkbox"/> day 5 <input type="checkbox"/> day 6 <input type="checkbox"/> day 7	
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23	During grow out, the light/dark schedule is:	<p>Timing:</p> <input type="checkbox"/> intermittent periods of darkness <i>(e.g. 3 hours on, 3 hours off)</i> <input type="checkbox"/> continuous periods of darkness	
		<p>Total hours of darkness in a 24 h period:</p> <input type="checkbox"/> 3 hours or less <input type="checkbox"/> 4 hours <input type="checkbox"/> 5 hours <input type="checkbox"/> 6 hours <input type="checkbox"/> 7 hours <input type="checkbox"/> 8 hours <input type="checkbox"/> 9+ hours	
		Other: _____	

24	What is the light intensity indoors during daylight hours?	<input type="checkbox"/> up to 29 lux <input type="checkbox"/> 30-39 lux <input type="checkbox"/> 40-49 lux <input type="checkbox"/> 50+ lux <input type="checkbox"/> birds live outside <input type="checkbox"/> I don't know	
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25	Have windows or semi-transparent roofing or curtain-sided barns?		
	If NO	<input type="checkbox"/> I have a written transition plan that detail how natural light will be added to my barns/house <input type="checkbox"/> I do not have a plan to add natural light to my barns/houses	

E) HOUSING <i>continued</i>			YES	NO
DOES THE OPERATION:			YES	NO
26	Provide enrichments indoors?			
	<p>If YES</p> <p>Please mark all types provided:</p>	<input type="checkbox"/> Bales of hay/straw <input type="checkbox"/> Edible Hangers <input type="checkbox"/> Bundles of string/rope <input type="checkbox"/> Ramps <input type="checkbox"/> Half Barrels <input type="checkbox"/> Spreading Whole Grains <input type="checkbox"/> Edible Pecking Blocks <input type="checkbox"/> Perches <input type="checkbox"/> Boxes <input type="checkbox"/> Shelters <input type="checkbox"/> Other: _____		
	<p>If YES</p> <p>They are provided by:</p> <input type="checkbox"/> 7 days <input type="checkbox"/> 8 days <input type="checkbox"/> 9 days <input type="checkbox"/> 10 days <input type="checkbox"/> 11 days <input type="checkbox"/> 12 days <input type="checkbox"/> 13 days <input type="checkbox"/> 14 days <input type="checkbox"/> 15+ days			

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

F) FOR OPERATIONS THAT PROVIDE ACCESS TO PASTURE			YES	NO										
27	Do all flocks have outdoor access for a minimum of 2 weeks?													
28	Chickens are typically given continuous daytime access to the outdoors and/or pasture by:	<input type="checkbox"/> 4 weeks <input type="checkbox"/> 5 weeks <input type="checkbox"/> 6 weeks <input type="checkbox"/> 7 weeks <input type="checkbox"/> 8 weeks <input type="checkbox"/> 9+ weeks												
29	Please mark the months of the year that chickens typically have access to the outdoors/pasture:													
	<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

DOES THE OPERATION:			YES	NO
30	Have an outdoor area covered with vegetation and/or forage?			
	<p>If YES</p> <p>What percentage of the outdoor area is covered with vegetation and/or forage?</p> <input type="checkbox"/> less than 25% <input type="checkbox"/> 25% - 49% <input type="checkbox"/> 50% - 74% <input type="checkbox"/> 75+%			
31	Provide any of the following in the pasture area?			
	<p>If YES</p> <p>What are provided? (<i>check all that apply</i>):</p> <input type="checkbox"/> trees, bushes, shrubs <input type="checkbox"/> tall vegetation (taller than a standing chicken) <input type="checkbox"/> shade cloths <input type="checkbox"/> A-frames <input type="checkbox"/> trailers <input type="checkbox"/> Other: _____			
32	Are chickens ever housed seasonally due to inclement conditions?			
	<p>If YES</p> <p>Do chickens have access to an outdoor area when they are seasonally housed?</p> <p>Compared to the total indoor floor space of the house, is the outdoor area for each flock:</p> <input type="checkbox"/> less than 50% of the indoor area <input type="checkbox"/> 50% - 74% <input type="checkbox"/> 75 - 99% <input type="checkbox"/> 100+%			

G) RODENT & PREDATOR CONTROL					
DOES THE OPERATION:			YES	NO	
33	Consider rodents a problem?				
	If YES	Use the following to control rodents? <i>(check all that apply)</i> :			
		<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: _____		
34	Consider predators a problem?				
	If YES	Use the following to control predators? <i>(check all that apply)</i> :			
		<input type="checkbox"/> guardian animals	<input type="checkbox"/> snares		
		<input type="checkbox"/> gunshot	<input type="checkbox"/> conibear traps		
		<input type="checkbox"/> drowning traps	<input type="checkbox"/> poisons		
		<input type="checkbox"/> leg-hold traps	<input type="checkbox"/> other: _____		
		<input type="checkbox"/> egg traps			

H) TRANSPORT AND LOADING					
DOES THE OPERATION:			YES	NO	
35	Ensure that chicks are delivered within 48 hours of removal from the hatcher?				
36	Who catches and loads birds?	Contact Name Information		Do they hold a current PHTQA certificate?	
	<input type="checkbox"/> SELF	Name & Tel:		<input type="checkbox"/> Yes	
	<input type="checkbox"/> transport company			<input type="checkbox"/> No	
	<input type="checkbox"/> producer group			<input type="checkbox"/> I don't know	
	<input type="checkbox"/> birds are not transported				
37	Do water lines in the house need to be raised prior to catch and loading?				
	If YES, how long are they raised before catching?	<input type="checkbox"/> 1hr or less <input type="checkbox"/> 2hr <input type="checkbox"/> 3+hr			

DOES THE OPERATION:			YES	NO	
38	Does feed withdrawal exceed 12 hours (from withdrawal to slaughter?)				
39	Are chickens caught and loaded with mechanical loaders and/or conveyor belts?				
40	Are the lights dimmed during catching and loading?				
41	Are chickens hand caught?				
	If YES	What is the maximum number of birds carried in each hand:	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5+		
42	Are any chickens that are left behind by the loading crews culled on the same day the rest of the flock is transported?				

H) TRANSPORT AND LOADING					
DOES THE OPERATION:			YES	NO	
43	Who transports chickens?	Contact Name Information		Do they hold a current PHTQA certificate?	
	<input type="checkbox"/> SELF	Name & Tel:		<input type="checkbox"/> Yes	
	<input type="checkbox"/> transport company			<input type="checkbox"/> No	
	<input type="checkbox"/> producer group			<input type="checkbox"/> I don't know	
	<input type="checkbox"/> processing plant				
	<input type="checkbox"/> birds are not transported				

H) TRANSPORT AND LOADING <i>continued</i>			
DOES THE OPERATION:		YES	NO
44	Have written procedures for the driver to follow in the case of accident or emergency during transport?		
45	Does the operation (or supplier group) keep the following transport records? <i>Check all that apply:</i> <input type="checkbox"/> date of transport <input type="checkbox"/> number of chickens <input type="checkbox"/> loading start and end times <input type="checkbox"/> departure and arrival times <input type="checkbox"/> reasons for any stops or delays en route <input type="checkbox"/> I don't have transport records		
46	What is the average time from your operation to plant? <input type="checkbox"/> < 1hr <input type="checkbox"/> 1-2hr <input type="checkbox"/> 2-3hr <input type="checkbox"/> 3-4hr <input type="checkbox"/> 4-5hr <input type="checkbox"/> 6-7hr <input type="checkbox"/> 7+hr		
47	Do the transport containers allow for all chickens to sit on the container floor at the same time (<i>i.e. not on top of each other</i>)?		

I) PLANS AND PROTOCOLS			
DOES THE OPERATION:		YES	NO
48	Have a written farm plan (e.g. protocols, policies, SOPs, farm manual, organic system plan, emergency procedures)?		
49	Have a training program that includes animal management?		
50	Have a bio-security program (e.g. footwear requirements, visitor logs, etc)?		
51	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		

DOES THE OPERATION:		YES	NO
52	Have a back-up power supply?		
	If YES Does the back-up power supply have a failure alarm?		
	Is it tested periodically?		

J) SLAUGHTER REQUIREMENTS		YES	NO
<i>NOTE: If your operation does not deal directly with the plant, check with your producer group/co-op/marketing entity</i>			
53	Is there a procedure in place to identify your operation's chicken flocks upon arrival at the slaughter plant? (e.g. producer #, barn/floor identification#, flock identification, or other)		
54	The plant uses the following method to stun and kill birds? <i>Check all that apply:</i> <input type="checkbox"/> electric water bath <input type="checkbox"/> electric knife <input type="checkbox"/> gas stunning <input type="checkbox"/> other: _____ <input type="checkbox"/> I don't know		

55	Plant Information				Establishment Number	Do they hold a 3 rd party animal welfare certificate?
	Name of Plant		Address	Tel		
						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know