

G.A.P.'s 5-Step® Animal Welfare Pilot Standards

Application: LAYING HENS & PULLETS



Please fill in this 8-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.
 This application should only be completed by operations that rear pullets from day-old on their laying operation

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> Step and G.A.P. certified certificate?	<input type="checkbox"/>	<input type="checkbox"/>	If YES	Issued by	<input type="checkbox"/> AUS-MEAT	<input type="checkbox"/> EarthClaims	<input type="checkbox"/> Lloyd's Register	
	YES	NO		Certificate #		Expires on		
				Step level				
Has the operation ever held a Step and G.A.P. certified 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"/> Lloyd's Register	
	YES	NO		Certificate #		Expired on		
				Step level				
Has the operation ever had a 5-Step®/G.A.P. audit where it wasn't certified?	<input type="checkbox"/>	<input type="checkbox"/>	If YES	Conducted by	<input type="checkbox"/> AUS-MEAT	<input type="checkbox"/> EarthClaims	<input type="checkbox"/> Lloyd's Register	
	YES	NO		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:

You represent and acknowledge that all information on this 8-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.

GENERAL INFORMATION:

How many flocks are on the operation? <i>Flock is defined as a barn/house of hens/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:	

How many hens per flock?	
Target number of eggs produced per hen:	_____ eggs or _____ dozen
Target number of eggs produced per flock:	_____ eggs or _____ dozen

Will ALL flocks be managed according to the G.A.P.'s Standards?	<input type="checkbox"/> YES, proceed to Flock Information section <input type="checkbox"/> NO, only some flocks will be Step-rated, proceed to next question
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Total number of flocks managed to G.A.P.'s Standards:	
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FLOCK INFORMATION:

Where are chicks sourced from? <i>Please provide the name & address of all hatcheries.</i>	
Contact Name Information	
name:	address:
name:	address:

STEP-LEVEL:

What Step-level are you aiming to achieve?			<i>If managing flocks to more than one Step level, what is the total # of flocks managed per year by Step-level?</i>
<input type="checkbox"/> Step 1	no cages, no crates, no crowding	<i>Hens in Step 1 systems live in a cage free house that is typically a stationary structure, and are provided space and resources to express natural behavior.</i>	
<input type="checkbox"/> Step 2	enriched environment	<i>Hens in Step 2 systems also live in a cage free indoor environment, typically in a stationary house, but with enrichments in their environment. Pullets must come from G.A.P. Certified sources.</i>	
<input type="checkbox"/> Step 3	enhanced outdoor access	<i>Hens in Step 3 systems have seasonal access to pasture where they can forage and dust-bathe. They may be housed in the winter. Pullets must come from G.A.P. Certified sources.</i>	
<input type="checkbox"/> Step 4	pasture centered	<i>Hens in Step 4 systems live on pasture; during winter hens may be housed with continuous access to a winter foraging area. Pullets must come from G.A.P. Certified sources.</i>	
<input type="checkbox"/> Step 5	animal centered: no physical alterations	<i>Hens in Step 5 systems live continuously on pasture and may only be housed during extreme weather conditions. Pullets must come from G.A.P. Certified sources.</i>	
<input type="checkbox"/> Step 5+	animal centered: entire life on same farm	<i>Hens in Step 5+ systems live continuously on pasture and may only be housed during extreme weather conditions. Hens are processed on-farm. Pullets are reared from day-old on the operation.</i>	

OPERATION SITES & USE:

List ALL locations used in a given year where pullets are raised and eggs are produced (**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			
4			
5			

<p>What breed/strain of hen do you raise for G.A.P.? <i>Check all that apply.</i></p>	<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"/> Other: _____	<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
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<p>Description of your production system: <i>Check all that apply.</i></p>	<input type="checkbox"/> 100% indoor <input type="checkbox"/> Seasonal pasture access & indoor housing in winter <input type="checkbox"/> Seasonal pasture access with winter foraging area <input type="checkbox"/> 100% pasture
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<p>Description of your housing system: <i>Check all that apply.</i></p>	<input type="checkbox"/> Colony cage system (furnished, enriched) <input type="checkbox"/> Battery cage system <input type="checkbox"/> Multi-tier aviary system <input type="checkbox"/> Pasture-based system with mobile houses <input type="checkbox"/> Pasture-based system with stationary houses <input type="checkbox"/> Cage-free barn (aviary)
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<p>How many cycles do hens, managed to the 5-Step® Standards, lay before flock depopulation? <i>Check all that apply.</i></p>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2+
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Site	House/ Barn	# of Floors	Length (ft) of House	Width (ft) of House	# of Chicks/Pullets Placed	Are birds in the barn currently at the time this app is submitted? <input type="checkbox"/> YES <input type="checkbox"/> NO	What is the expected end-of-lay 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	
						<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 G.A.P.'s 5-Step® Animal Welfare Pilot Standards for Laying Hens?		
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 laying hens?		
5	Have records to identify treatments given to hens (e.g. antibiotics, ionophores, beta agonists, arsenic-based drugs or sulfa drugs)?		
6	Have trained staff who are able to humanely euthanize laying hens when necessary?		
7	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"/> gunshot <input type="checkbox"/> gas stunning using multi-phase carbon dioxide, argon, nitrogen <input type="checkbox"/> de-braining <input type="checkbox"/> slitting throat <input type="checkbox"/> other: _____		
8	Use the following method(s) to euthanize laying hens: <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"/> gunshot <input type="checkbox"/> gas stunning using multi-phase carbon dioxide, argon, nitrogen <input type="checkbox"/> de-braining <input type="checkbox"/> slitting throat <input type="checkbox"/> other: _____		

E) HOUSING			
22	Use mobile housing?		
	If YES Does the operation provide at least 1.5ft ² (0.14m ²) per bird indoors at times when hens need to be excluded from pasture e.g. during extreme weather conditions? <input type="checkbox"/> n/a – hens never need to be excluded from pasture		
23	Maintain dry and loose litter on solid floors?		
24	Assess air quality during daily flock monitoring?		

25	What is the light intensity indoors during daylight hours?	<input type="checkbox"/> 10 lux <input type="checkbox"/> 20 lux <input type="checkbox"/> 30 lux <input type="checkbox"/> 40 lux <input type="checkbox"/> 50 lux	
26	From placement of pullets at the laying operation, what is the light/dark schedule?	Timing: <input type="checkbox"/> intermittent periods of darkness (e.g. 3 hours on, 3 hours off) <input type="checkbox"/> continuous periods of darkness Hours of darkness: <input type="checkbox"/> less than 4 hrs <input type="checkbox"/> 5 hrs <input type="checkbox"/> 6 hrs <input type="checkbox"/> 7 hrs <input type="checkbox"/> 8 hrs <input type="checkbox"/> 9+ hrs	

DOES THE OPERATION:		YES	NO
27	Provide aerial perches in housing? (<i>flat surfaces like straw bales and the edges of slatted platforms are not considered aerial perches</i>)		
28	Provide a minimum of 5" (12.5cm) of aerial perch space per hen?		
29	Provide at least 1 nest box for every 6 birds or at least 1ft ² (0.09m ²) of communal nesting space for every 10 birds?		

30	How old are hens when nest box training is complete?	<input type="checkbox"/> 18 wks <input type="checkbox"/> 21 wks <input type="checkbox"/> 24 wks <input type="checkbox"/> 19 wks <input type="checkbox"/> 22 wks <input type="checkbox"/> 25 wks <input type="checkbox"/> 20 wks <input type="checkbox"/> 23 wks <input type="checkbox"/> 26+ wks	
31	The nest box contains (<i>check all that apply</i>): <input type="checkbox"/> rubber matting <input type="checkbox"/> wood shavings <input type="checkbox"/> hay <input type="checkbox"/> straw <input type="checkbox"/> artificial grass (e.g. Astroturf) <input type="checkbox"/> other: _____ <input type="checkbox"/> nothing		
32	Use electrified wire in the house?		
	If YES They are positioned: <input type="checkbox"/> on water lines <input type="checkbox"/> around perimeter of house <input type="checkbox"/> other: _____		
	If YES They are used: <input type="checkbox"/> all the time <input type="checkbox"/> only during nest box training		

E) HOUSING			
33	Provide enrichments?		
If YES	The following enrichments are provided indoors? <i>(check all that apply)</i> <input type="checkbox"/> bales of straw/hay <input type="checkbox"/> bundles of string/ropes <input type="checkbox"/> spreading whole grains <input type="checkbox"/> half barrels <input type="checkbox"/> providing whole grubs/insects <input type="checkbox"/> visual barriers <input type="checkbox"/> edible hangers <input type="checkbox"/> other: _____ <input type="checkbox"/> edible pecking blocks		
If YES	They are provided by: <input type="checkbox"/> 18 wks <input type="checkbox"/> 21 wks <input type="checkbox"/> 24 wks <input type="checkbox"/> 19 wks <input type="checkbox"/> 22 wks <input type="checkbox"/> 25 wks <input type="checkbox"/> 20 wks <input type="checkbox"/> 23 wks <input type="checkbox"/> 26+ wks		

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

F) FOR OPERATIONS THAT PROVIDE ACCESS TO PASTURE			
34	How old are hens when they are typically given continuous daytime access to pasture?	<input type="checkbox"/> 18 wks <input type="checkbox"/> 21 wks <input type="checkbox"/> 24 wks <input type="checkbox"/> 19 wks <input type="checkbox"/> 22 wks <input type="checkbox"/> 25 wks <input type="checkbox"/> 20 wks <input type="checkbox"/> 23 wks <input type="checkbox"/> 26+ wks	
35	Please mark the months of the year that laying hens 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
36	Have an 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"/> less than 25% <input type="checkbox"/> ≥ 25% - 49% <input type="checkbox"/> ≥ 50% - 74% <input type="checkbox"/> 75+%		
37	Provide at least 5ft ² of pasture per bird at any one time?		
38	Provide provisions in the pasture area?		
If YES	What provisions are provided? <i>(check all that apply)</i> : <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: _____		

39	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		
40	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)		

41	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)	
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G) FOR OPERATIONS THAT REMOVE HENS FROM PASTURE IN WINTER

DOES THE OPERATION:		YES	NO
42	Provide access to a foraging area (e.g., a porch, veranda, or winter garden) when hens are removed from pasture for winter?		
43	Provide at least 1.5ft ² (0.14m ²) per bird in the foraging area?		
44	Provide a roof over the foraging area?		
45	Provide hens access to the foraging area for at least 6 daylight hours per day from 24 weeks of age?		
46	Use the following enrichments in the foraging area? (check all that apply) <input type="checkbox"/> bales of straw/hay <input type="checkbox"/> bundles of string/ropes <input type="checkbox"/> spreading whole grains <input type="checkbox"/> half barrels <input type="checkbox"/> providing whole grubs/insects <input type="checkbox"/> visual barriers <input type="checkbox"/> edible hangers <input type="checkbox"/> other: _____ <input type="checkbox"/> edible pecking blocks <input type="checkbox"/> I don't provide enrichments		

H) RODENT & PREDATOR CONTROL

DOES THE OPERATION:		YES	NO
47	Consider rodents a problem?		
If YES	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: _____		
48	Consider predators a problem?		
If YES	Use the following to control predators? (check all that apply): <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		

I) TRANSPORT, DEPOPULATION & SLAUGHTER

DOES THE OPERATION:		YES	NO
49	Keep records of the total number of pullets received?		
50	Keep records of dead-on-arrivals for each shipment of pullets?		

51	What happens to end of lay hens? <input type="checkbox"/> slaughtered on-farm OR <input type="checkbox"/> sent to another destination:			
	Destination Information <i>NOTE: please provide the name & address of destinations of hens below. If multiple destinations, please attach information in a separate attachment.</i>			Average time from your operation to next destination?
	<input type="checkbox"/> another operation <input type="checkbox"/> directly to slaughter <input type="checkbox"/> live market <input type="checkbox"/> don't know	name / city / state		time (hrs)

J) PLANS AND PROTOCOLS			
DOES THE OPERATION:		YES	NO
52	Have a written farm plan (e.g. protocols, policies, SOPs, farm manual, organic system plan, emergency procedures)?		
53	Have a training program that includes hen care and/or management?		
54	Have a bio-security program (e.g. footwear requirements, visitor logs etc)?		
55	Keep the following records for each shipment of eggs? (<i>check all that apply</i>) <input type="checkbox"/> date of transport <input type="checkbox"/> number of egg flats transported <input type="checkbox"/> Step-level <input type="checkbox"/> certificate number <input type="checkbox"/> certificate expiry date <input type="checkbox"/> I don't have shipment records		
56	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		
57	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 G.A.P.-approved certification company for review.