

# G.A.P.'s Animal Welfare Pilot Standards

## 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> G.A.P. 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"/> Lloyds Register
				Certificate #		Expires on	
Has the operation ever held a G.A.P. 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"/> Lloyds Register
				Certificate #		Expired on	
Has the operation ever had a G.A.P. 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"/> Lloyds Register
				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:**

<b>How many flocks are on the operation?</b> <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>	
<b>How many pullets per flock?</b>	
<b>Total number of pullets raised per year:</b>	
<b>Will <u>ALL</u> pullets be raised according to G.A.P. Standards?</b>	<input type="checkbox"/> YES, proceed to Operation Sites & Use section <input type="checkbox"/> NO, only some flocks will be G.A.P. certified, proceed to next question
<b>Total number of flocks raised to the G.A.P. standards:</b>	

**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:**

<b>Where are chicks sourced from?</b> Please provide the name & address of <u>all</u> hatcheries.	
<b>Contact Name Information</b>	
name:	address:
name:	address:
<b>What breed/strain of hen do you raise for G.A.P.?</b> <i>Check all that apply.</i>	<input type="checkbox"/> Isa Brown <input type="checkbox"/> Tetra Brown <input type="checkbox"/> Lohmann Brown <input type="checkbox"/> Isa White <input type="checkbox"/> Tetra Amber <input type="checkbox"/> Lohmann Tradition <input type="checkbox"/> Shaver Brown <input type="checkbox"/> Tetra Harco <input type="checkbox"/> Lohmann Silver <input type="checkbox"/> Shaver Black <input type="checkbox"/> Tetra White <input type="checkbox"/> Lohmann Sandy <input type="checkbox"/> Shaver White <input type="checkbox"/> Dekalb Brown <input type="checkbox"/> Lohmann LSL Classic <input type="checkbox"/> Hy-Line W-80 <input type="checkbox"/> Dekalb White <input type="checkbox"/> Lohmann Dual <input type="checkbox"/> Hy-Line Brown <input type="checkbox"/> Bovans Brown <input type="checkbox"/> Brown Nick <input type="checkbox"/> Hy-Line Silver Brown <input type="checkbox"/> Bovans Black <input type="checkbox"/> Hy-Line W-36 <input type="checkbox"/> Bovans White <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 Pilot Standards for Pullets?		
2	Are there any standards you are aiming to achieve that are not currently met on the operation?		
	<b>If YES</b> 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?		
	<b>If YES</b> Please provide the Standard number and additional details:		

B) ANIMAL SOURCE & HEALTH		YES	NO
<b>DOES THE OPERATION:</b>			
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"/> 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		YES	NO
<b>DOES THE OPERATION:</b>			
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> ?		
<b>If YES, please answer the following four questions:</b>			
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 <sup>2</sup> (0.04m <sup>2</sup> ) per chick during the first 4 weeks of life?			
20	Provide at least 1ft <sup>2</sup> (0.09m <sup>2</sup> ) 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?	<b>Timing:</b> <input type="checkbox"/> intermittent periods of darkness (e.g. 3 hrs on, 3 hrs off) <input type="checkbox"/> continuous periods of darkness  <b>Hours of darkness:</b> <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:**



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 &amp; 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 <b>written</b> 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?				
	<b>If</b>	Does the back-up power supply have a failure alarm?			
	<b>YES</b>	Is it tested periodically?			

**Please submit this completed application to your preferred G.A.P.-approved certification company for review.**