

Global Animal Partnership's Animal Welfare Standards

Program Application: PIG FARMS



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 (street, city, state/ province, zip/postal, country)			
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 certificate?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If <u>YES</u>	Issued by	<input type="checkbox"/> LISA	<input type="checkbox"/> EarthClaims	<input type="checkbox"/> Lloyds Register
				Certificate #	Expires on		
				Step rating			
Has the operation ever held a Step certificate <u>in the past</u> ?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If <u>YES</u>	Issued by	<input type="checkbox"/> LISA	<input type="checkbox"/> EarthClaims	<input type="checkbox"/> Lloyds Register
				Certificate #			
				Step rating			
Has the operation ever had a 5-Step audit where it wasn't certified?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If <u>YES</u>	Conducted by	<input type="checkbox"/> LISA	<input type="checkbox"/> EarthClaims	<input type="checkbox"/> Lloyds Register
				Date of audit			
				Reason for outcome			

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

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 & USE:

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

Site	Physical Address (street, city, state/ province, zip/postal, country)	Operation Type	Management System	Size (acres)	Distance from Site 1 (miles)
1		<input type="checkbox"/> farrow to wean <input type="checkbox"/> weaner/nursery <input type="checkbox"/> farrow to finish <input type="checkbox"/> finisher	<input type="checkbox"/> 100% indoor <input type="checkbox"/> indoor/outdoor <input type="checkbox"/> seasonal pasture access <input type="checkbox"/> year round pasture		
2		<input type="checkbox"/> farrow to wean <input type="checkbox"/> weaner/nursery <input type="checkbox"/> farrow to finish <input type="checkbox"/> finisher	<input type="checkbox"/> 100% indoor <input type="checkbox"/> indoor/outdoor <input type="checkbox"/> seasonal pasture access <input type="checkbox"/> year round pasture		
3		<input type="checkbox"/> farrow to wean <input type="checkbox"/> weaner/nursery <input type="checkbox"/> farrow to finish <input type="checkbox"/> finisher	<input type="checkbox"/> 100% indoor <input type="checkbox"/> indoor/outdoor <input type="checkbox"/> seasonal pasture access <input type="checkbox"/> year round pasture		
4		<input type="checkbox"/> farrow to wean <input type="checkbox"/> weaner/nursery <input type="checkbox"/> farrow to finish <input type="checkbox"/> finisher	<input type="checkbox"/> 100% indoor <input type="checkbox"/> indoor/outdoor <input type="checkbox"/> seasonal pasture access <input type="checkbox"/> year round pasture		

ANIMAL INFORMATION:

Site numbers below are linked to table above

Site	# of Sows currently at each location	# of Gilts currently at each location	# of Unweaned Piglets currently at each location	# of Weaners currently at each location	# of Finishers currently at each location	# of Boars currently at each location
1						
2						
3						
4						

What breed(s) of pig do you raise?	Boars:	Sows:	Market:
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What is the average litter size (born)?	<input type="checkbox"/> 7 piglets or less	<input type="checkbox"/> 8-9	<input type="checkbox"/> 10-11	<input type="checkbox"/> 12-13	<input type="checkbox"/> 14+	<input type="checkbox"/> N/A
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What is the average litter size (weaned)?	<input type="checkbox"/> 7 piglets or less	<input type="checkbox"/> 8-9	<input type="checkbox"/> 10-11	<input type="checkbox"/> 12-13	<input type="checkbox"/> 14+	<input type="checkbox"/> N/A
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What age do you wean?	<input type="checkbox"/> 21days	<input type="checkbox"/> 28days	<input type="checkbox"/> 35days	<input type="checkbox"/> 42days	<input type="checkbox"/> 56days	<input type="checkbox"/> N/A
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If you are a farrow-to-wean operation or grow weaners, how many do you market each year?	
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If you are a farrow-to-finish or a finishing operation, how many finishers do you market each year?	
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Will ALL pigs be raised according to the 5-Step Standards?	<input type="checkbox"/> YES	<input type="checkbox"/> NO, only some groups will be Step-rated
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If NO	What is the estimated number of animals raised annually according to the 5-Step Standards?	
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STEP RATING:

What Step level are you aiming to achieve?		
<input type="checkbox"/> Step 1	no crates, stalls, or cages	<i>Pigs in Step 1 systems live in a permanent housing structure and are provided the space to express natural behavior</i>
<input type="checkbox"/> Step 2	enriched environment	<i>Pigs in Step 2 systems live in an enriched indoor environment</i>
<input type="checkbox"/> Step 3	enhanced outdoor access	<i>Pigs in Step 3 systems have access to the outdoors</i>
<input type="checkbox"/> Step 4	pasture centered	<i>Pigs in Step 4 systems live continuously on pasture; during winter pigs may be housed with continuous access to the outdoors</i>
<input type="checkbox"/> Step 5	animal centered: no physical alterations	<i>Pigs in Step 5 systems live continuously outdoors 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>Pigs in Step 5+ systems live continuously on pasture, spend their entire lives on a single farm, and are processed at a mobile or on-farm slaughter facility</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 Pigs?		
2	Does the operation hold any other certifications that conflict with the 5-Step standards and requirements? If YES Please describe:		
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 HEALTH		YES	NO
DOES THE OPERATION:			
4	To the best of your knowledge, use genetically modified or cloned pigs?		
5	Select and/or raise pigs for their ability to do well in your production system and in the geographic area of the operation?		
6	Ever feed a supplement, pre-mixed feed, or mineral product containing antibiotics, ionophores, growth hormones, beta agonists or sulfa drugs? <i>Please review feed ingredients before answering.</i>		
7	Ever use antibiotics for market animals?		
8	Ever use ionophores for market animals?		
9	Ever use beta agonists for market animals?		
10	Ever use sulfa drugs for market animals?		
11	Use the following method to identify treated market animals? <i>Check all that apply:</i> <input type="checkbox"/> ear notch <input type="checkbox"/> ear tag <input type="checkbox"/> segregated <input type="checkbox"/> other, please explain: _____		
12	What happens to treated market animals (i.e. sell to auction, market through conventional markets, direct market)?		
13	Have records to identify animals treated with antibiotics, ionophores, growth hormones, beta agonists, or sulfa drugs?		

B) ANIMAL HEALTH <i>continued</i>					
DOES THE OPERATION:			YES	NO	
14	Have written protocols to follow when sick animals are seen?				
15	Have trained staff who are able to humanely euthanize pigs when necessary?				
16	Use the following method(s) to euthanize (<i>check all that apply</i>):				
	piglets (up to 12lbs)? <input type="checkbox"/> gunshot <input type="checkbox"/> penetrating captive bolt <input type="checkbox"/> non-penetrating captive bolt <input type="checkbox"/> anesthetic overdose <input type="checkbox"/> blunt force trauma <input type="checkbox"/> other: _____ <input type="checkbox"/> N/A	nursery pigs (13-70lbs)? <input type="checkbox"/> gunshot <input type="checkbox"/> penetrating captive bolt <input type="checkbox"/> non-penetrating captive bolt <input type="checkbox"/> anesthetic overdose <input type="checkbox"/> blunt force trauma <input type="checkbox"/> other: _____ <input type="checkbox"/> N/A	pigs (71lbs+)? <input type="checkbox"/> gunshot <input type="checkbox"/> penetrating captive bolt <input type="checkbox"/> non-penetrating captive bolt <input type="checkbox"/> anesthetic overdose <input type="checkbox"/> blunt force trauma <input type="checkbox"/> other: _____ <input type="checkbox"/> N/A		

C) ANIMAL SOURCING					
DOES THE OPERATION:			YES	NO	
17	Ever source pigs from other locations (replacement gilts, bred sows, boars, weaners, feeders)? If NO, go to question 20. If YES, please complete questions 18 and 19.				

18	Where are weaner and feeder pigs sourced from? Please provide the name & address of <u>all</u> sources of pigs. <i>NOTE: if multiple sources, please attach information in a separate attachment</i> <input type="checkbox"/> N/A			
	Where are pigs sourced from?	Sourcing Information		Average time from source to your operation?
	<input type="checkbox"/> farrowing operation <input type="checkbox"/> nursery <input type="checkbox"/> sale or auction barn	name / city / state		time (hrs)
	<input type="checkbox"/> farrowing operation <input type="checkbox"/> nursery <input type="checkbox"/> sale or auction barn	name / city / state		time (hrs)
	<input type="checkbox"/> farrowing operation <input type="checkbox"/> nursery <input type="checkbox"/> sale or auction barn	name / city / state		time (hrs)

19	Where are replacement gilts, sows and boars sourced from? Please provide the name & address of <u>all</u> sources of pigs. <i>NOTE: if multiple sources, please attach information in a separate attachment</i> <input type="checkbox"/> N/A			
	Where are pigs sourced from?	Sourcing Information		Average time from source to your operation?
	<input type="checkbox"/> direct farm sale <input type="checkbox"/> breeding stock sale <input type="checkbox"/> sale or auction barn	name / city / state		time (hrs)
	<input type="checkbox"/> direct farm sale <input type="checkbox"/> breeding stock sale <input type="checkbox"/> sale or auction barn	name / city / state		time (hrs)
	<input type="checkbox"/> direct farm sale <input type="checkbox"/> breeding stock sale <input type="checkbox"/> sale or auction barn	name / city / state		time (hrs)

D) ANIMAL CARE & MANAGEMENT			YES	NO
DOES THE OPERATION:			YES	NO
20	Use electric prods (other than when there is a risk to an animal or stock person)?			
21	Use farrowing crates?			
22	Use gestation stalls?			
23	Use tethers?			
24	Restrain animals in stalls for more than 4 hours?			
25	Tail dock (including removing the tip)?			
26	Clip teeth?			
27	File or grind teeth?			
28	Spay gilts or sows?			
29	Detusk boars?			
30	Routinely trim tusks?			
	If YES	What is the trimming method? <input type="checkbox"/> dehorning wire <input type="checkbox"/> bolt cutter <input type="checkbox"/> other: _____		
31	Nose-ring sows?			
	If YES	Which ring is used? <input type="checkbox"/> disc <input type="checkbox"/> septum		
	If YES	How many rings per sow? <input type="checkbox"/> 1 <input type="checkbox"/> 2-3 <input type="checkbox"/> 4+		
32	Individually identify breeding animals (sows, replacement gilts, boars)?			
33	Ear notch?			
	If YES	At what age? <input type="checkbox"/> 10 days or less <input type="checkbox"/> 11-14 days <input type="checkbox"/> 15-21days <input type="checkbox"/> 22+ days		
	If YES	What is the notching method? <input type="checkbox"/> ear notcher <input type="checkbox"/> side cutter <input type="checkbox"/> scalpel/knife <input type="checkbox"/> other: _____		
34	Keep records on mortality?			
35	What is the annual average pre-weaning mortality?	<input type="checkbox"/> 9% or less <input type="checkbox"/> 10% <input type="checkbox"/> 11-12% <input type="checkbox"/> 13-14% <input type="checkbox"/> 15-19% <input type="checkbox"/> 20% or less <input type="checkbox"/> N/A		
36	What is the annual average mortality for weaners?	<input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> 3% <input type="checkbox"/> 4% <input type="checkbox"/> 5% <input type="checkbox"/> 6%+ <input type="checkbox"/> N/A		
37	What is the annual average mortality for finishers?	<input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> 3% <input type="checkbox"/> 4% <input type="checkbox"/> 5% <input type="checkbox"/> 6%+ <input type="checkbox"/> N/A		
38	What is the annual average breeding herd mortality?	<input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> 3% <input type="checkbox"/> 4% <input type="checkbox"/> 5% <input type="checkbox"/> 6%+ <input type="checkbox"/> N/A		
39	Keep lameness records?			
40	What is the annual % lameness in the herd?	<input type="checkbox"/> ≤1% <input type="checkbox"/> 2% <input type="checkbox"/> 3% <input type="checkbox"/> 4% <input type="checkbox"/> 5% <input type="checkbox"/> 6%+ <input type="checkbox"/> N/A		

D) ANIMAL CARE & MANAGEMENT			
41	At what age does the operation castrate piglets?	<input type="checkbox"/> we don't castrate <input type="checkbox"/> 10 days or less <input type="checkbox"/> 11-14 days <input type="checkbox"/> 15-21days <input type="checkbox"/> 22+ days	
42	What is the castration method?	<input type="checkbox"/> scalpel/knife <input type="checkbox"/> side cutter <input type="checkbox"/> other: _____	

E) FEED & WATER				
DOES THE OPERATION:			YES	NO
43	Provide access to drinking water at all times?			
44	Provide feed daily?			
45	Feed any animal (mammal, avian or fish) by-products or waste?			

F) HOUSING				
DOES THE OPERATION:			YES	NO
46	Provide bedding in pig housing?			
47	Use slatted floors?			
	If YES	What is the percentage (%) of slatted flooring of the total floor area? <input type="checkbox"/> 10% <input type="checkbox"/> 15% <input type="checkbox"/> 20% <input type="checkbox"/> 25% <input type="checkbox"/> 30%+		
48	Regularly assess air quality?			
49	Use artificial lights for 16+ consecutive hours per day?			
50	Use artificial lighting indoors that is less than 50 lux / 5 fc?			
51	Provide enrichments indoors?			
	If YES	Please mark all types of enrichments provided: <input type="checkbox"/> long straw <input type="checkbox"/> whole crop peas or barley <input type="checkbox"/> hay <input type="checkbox"/> compost <input type="checkbox"/> silage <input type="checkbox"/> peat <input type="checkbox"/> wood chips <input type="checkbox"/> sisal rope <input type="checkbox"/> branches <input type="checkbox"/> other: _____		

G) STOCKING DENSITY AT THE OPERATION:								
52	My stocking density is in: <input type="checkbox"/> ft ² per animal or <input type="checkbox"/> m ² per animal <i>(check one only)</i>							
	Please indicate your stocking density for the following animal groups <i>(if you don't raise certain stages of production on your farm, check n/a where appropriate):</i>							
	Nursery pigs <i>(up to 35lbs)</i>	Nursery pigs <i>(36- 55lbs)</i>	Market pigs <i>(56-112lbs)</i>	Market pigs <i>(112lbs+)</i>	Boars <i>(up to 350lbs)</i>	Boars <i>(350lbs+)</i>	Farrowing Sows	Gestating Sows
_____	_____	_____	_____	_____	_____	_____	_____	
<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	

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

H) FOR OPERATIONS THAT PROVIDE OUTDOOR ACCESS														YES	NO
53	Is the pasture/range covered with vegetation?														
	If YES	Minimum vegetation cover is: <input type="checkbox"/> less than 25% of the area <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> more than 50%													
54	Do pigs have access to housing or shelter?														
55	Do the houses or shelter have bedding?														
56	Does the operation provide shade in all outdoor/ pasture areas?														
57	Does the operation provide the following in the outdoor area? <i>Check all that apply:</i> <input type="checkbox"/> wallows <input type="checkbox"/> showers <input type="checkbox"/> sprinklers <input type="checkbox"/> other: _____ <input type="checkbox"/> no, none of the above														
58	Provide enrichments outdoors?														
	If YES	Please mark all types of enrichments provided: <input type="checkbox"/> long straw <input type="checkbox"/> whole crop peas or barley <input type="checkbox"/> hay <input type="checkbox"/> compost <input type="checkbox"/> silage <input type="checkbox"/> peat <input type="checkbox"/> wood chips <input type="checkbox"/> sisal rope <input type="checkbox"/> branches <input type="checkbox"/> other: _____													
59	Please mark the months of the year that farrowing sows 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	
60	Please mark the months of the year that gestating sows 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	
61	Please mark the months of the year that boars 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	
62	Please mark the months of the year that replacement gilts 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	
63	Please mark the months of the year that nursery, weaners and feeders 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	
64	Please mark the months of the year that finishers 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	

I) RODENT & PREDATOR CONTROL					
DOES THE OPERATION:			YES	NO	
65	Consider rodents a problem?				
66	Consider predators a problem?				
67	Ever use the following to control predators?				
	Leg-hold traps				
	Egg traps				
	Neck snares				
	Conibear traps				
	Poisons				
	Drowning traps				

J) TRANSPORT

If pigs are never transported off your operation, please check this box and go to the Plans & Protocols Section:

68	<p>Does your operation schedule transport for pigs to the next destination or does the group you supply arrange transport?</p> <p><input type="checkbox"/> I schedule transport <input type="checkbox"/> My producer group schedules transport</p> <p><i>If you do not schedule transport, please have your producer group/co-op/marketing entity complete the remainder of this section.</i></p>	
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69	Who transports the pigs? Please provide the name & address of transportation companies. <i>NOTE: if the operation transports pigs, enter SELF in this section.</i>			
	Who transports pigs?	Contact Name Information		Do they hold a current PTQA certificate?
	<input type="checkbox"/> SELF <input type="checkbox"/> Transport company <input type="checkbox"/> Producer group <input type="checkbox"/> Processing plant	name	tel:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
<input type="checkbox"/> SELF <input type="checkbox"/> Transport company <input type="checkbox"/> Producer group <input type="checkbox"/> Processing plant	name	tel:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	

70	Where are pigs transported to next? Please provide the name & address of <u>all</u> destinations of pigs. <i>NOTE: if multiple destinations, please attach information in a separate attachment</i>			
	Where are pigs transported to?	Destination Information		Average time from your operation to next destination?
	<input type="checkbox"/> another operation <input type="checkbox"/> collection point <input type="checkbox"/> directly to processor <input type="checkbox"/> sale or auction barn	name / city / state		time (hrs)
<input type="checkbox"/> another operation <input type="checkbox"/> collection point <input type="checkbox"/> directly to processor <input type="checkbox"/> sale or auction barn	name / city / state		time (hrs)	

J) TRANSPORT		YES	NO
71	Are electric prods used to load/unload pigs (other than when there is a risk to an animal or stock person)?		
72	Does the trailer have access doors or points for the driver to reach an animal if necessary?		
73	Do pigs have access to water until loading begins?		
74	Are transport practices modified during times of excessive heat and/or cold?		
75	Does the operation keep the following transport records? <i>Check all that apply:</i> <input type="checkbox"/> date of transport <input type="checkbox"/> head count <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"/> DOAs <input type="checkbox"/> I don't have transport records		

K) COLLECTION POINTS		YES	NO
76	Does your operation ever use collection points?		
77	Does the collection point hold a GAP certified certificate? <input type="checkbox"/> N/A		

L) PLANS & PROTOCOLS		YES	NO
DOES THE OPERATION:			
78	Have a written farm plan (e.g. protocols, policies, SOPs, farm manual, organic system plan, emergency procedures)?		
79	Have a training program that includes animal management?		
80	Have a bio-security program (e.g. closed herd, footwear requirements, visitor logs etc)?		
81	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		
82	Have a back-up power supply?		
if	Does the back-up power supply have a failure alarm?		
YES	Is it tested periodically?		

M) SLAUGHTER REQUIREMENTS			
<i>Note: if your operation does not deal directly with the plant, check with your producer group/co-op/marketing entity.</i>			
83	Who processes pigs from your operation? Please provide the name & address of all processing plants.		
	Plant Information		Est #
	Do they hold a current 3 rd party animal welfare certificate?		
	name	address	tel
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know

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