

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

Application: MEAT SHEEP



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 current Step certificate?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If YES	Issued by	<input type="checkbox"/> LISA	<input type="checkbox"/> EarthClaims	<input type="checkbox"/> Lloyds Register	
				Certificate #	Expires on			
				Step Level				
Has the operation ever held a Step certificate in the past?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If YES	Issued by	<input type="checkbox"/> LISA	<input type="checkbox"/> EarthClaims	<input type="checkbox"/> Lloyds Register	
				Certificate #				
				Step Level				
Has the operation ever had a 5-Step audit where it wasn't certified?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If YES	Conducted by	<input type="checkbox"/> LISA	<input type="checkbox"/> EarthClaims	<input type="checkbox"/> Lloyds Register	
				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 use a digital image of your signature to 'sign' the document.

GENERAL OPERATION INFORMATION:

What type of operation do you have?

- ewe-lamb only** (has breeding flock and sells weaned lambs to another operation)
- ewe-lamb-finisher** (raises animals from birth to slaughter; may also sell some weaned lambs to another operation; and may also buy in animals and raise to slaughter)
- feeder operation** (buys in weaned lambs raises to slaughter)
- other** (please describe):

What breed(s) of sheep do you raise?	Ewes		Rams	
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Site	Physical Address	City	State / Province	Zip / Postal	Country	Size (acres)	# of Months Sheep Use Site Each Year	Distance from Site 1 (miles)
1*								
2								
3								
4								

*Site 1 is home ranch / main site

NUMBER OF ANIMALS ON ENTIRE OPERATION

Please complete the following based on total number of animals of each category that are on-site at the time of application:

Site	# of Rams	# of Ewes	# of Lambs (unweaned)	# of Market Animals (weaned lambs, feeders, or finishers)	# of Replacement Ewes
1*					
2					
3					
4					

Will all sheep be raised according to the 5-Step standards? For example, a feeder operation may have multiple programs with Step-rated and non-Step-rated animals, this would be considered a split operation so the answer for this operation would be 'no'.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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What number of animals do you expect to market as Step-rated this year?	
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WHAT STEP-LEVEL ARE YOU AIMING TO ACHIEVE?

<input type="checkbox"/> Step 1	no crowding	<i>Sheep typically live on pasture and may be removed for finishing.</i>
<i>There is no Step 2 for sheep.</i>		
<i>There is no Step 3 for sheep.</i>		
<input type="checkbox"/> Step 4	pasture centered	<i>Sheep live on pasture throughout their life. If sheep have to be temporarily removed from pasture to protect their welfare, special provisions are made for their care. The use of feedlots, or finishing lots is prohibited.</i>
<input type="checkbox"/> Step 5	animal centered: no physical alterations	<i>Sheep live continuously on pasture for their entire life. Physical alterations, such as castration, tail-docking and ear notching are not permitted.</i>
<input type="checkbox"/> Step 5+	animal centered: entire life on same farm	<i>Sheep 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 Pilot Program for Meat Sheep?		
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) FEED AND WATER			
DOES THE OPERATION:		YES	NO
4	Provide access to drinking water at all times?		
5	Provide access to grazing, hay, haylage, silage, straw or corn stover at all times?		
6	Use any mammal, avian or fish by-products or waste in feed, supplements or mineral blocks?		
C) ANIMAL HEALTH			
DOES THE OPERATION:		YES	NO
7	To the best of your knowledge, use genetically modified or cloned sheep?		
8	Ever use artificial insemination (AI) to breed sheep?		
	If YES Which type(s) of AI are used? <i>Check all that apply:</i> <input type="checkbox"/> laparoscopic (surgical) <input type="checkbox"/> vaginal <input type="checkbox"/> cervical		
9	Ever feed a supplement, pre-mixed feed, or mineral product containing antibiotics, ionophores, beta agonists or sulfa drugs? <i>Please review feed ingredients before answering.</i>		
10	Ever use antibiotics, ionophores, beta agonists or sulfa drugs to treat market animals?		
	If YES What percentage (%) of the market animals in the flock have been treated?		
	If YES How are treated animals identified? <i>Check all that apply:</i> <input type="checkbox"/> ear notch <input type="checkbox"/> ear tag <input type="checkbox"/> segregated <input type="checkbox"/> other		
	If YES OTHER , please explain:		
	If YES How/where are treated animals marketed?		
11	Have records to identify animals treated with antibiotics, ionophores, beta agonists, or sulfa drugs?		
12	Have protocols to follow when lame animals are seen?		
13	Ever use organophosphates (an active ingredient in many commercially available fly and parasite control compounds that could be applied topically as a dust, rub, spray, ear tag, or mineral block)?		

D) ANIMAL HEALTH <i>continued</i>		
DOES THE OPERATION:		
14	Use the following method(s) to euthanize sheep (<i>check all that apply</i>): <input type="checkbox"/> firearm <input type="checkbox"/> knife <input type="checkbox"/> barbiturates <input type="checkbox"/> captive bolt gun (penetrating or non-penetrating) <input type="checkbox"/> blunt force trauma <input type="checkbox"/> other: _____	

E) ANIMAL CARE AND MANAGEMENT		
DOES THE OPERATION:		
15	Observe breeding flocks at least (<i>check all that apply</i>): <input type="checkbox"/> once a day <input type="checkbox"/> every 2 days <input type="checkbox"/> once a week <input type="checkbox"/> once every 2 weeks <input type="checkbox"/> other: _____ <input type="checkbox"/> I do not have a breeding flock	
16	Observe market animals at least (<i>check all that apply</i>): <input type="checkbox"/> once a day <input type="checkbox"/> every 2 days <input type="checkbox"/> once a week <input type="checkbox"/> once every 2 weeks <input type="checkbox"/> other: _____ <input type="checkbox"/> I do not keep weaned lambs or other market animals	
17	Use the following to move/handle sheep (<i>check all that apply</i>): <input type="checkbox"/> sorting sticks/shepherd's hooks <input type="checkbox"/> paddles/flags <input type="checkbox"/> flight zone/point of balance <input type="checkbox"/> stock/herding dogs <input type="checkbox"/> electric prod <input type="checkbox"/> other: _____	

DOES THE OPERATION:			YES	NO	
18	Tail dock animals? ❑ N/A – I only keep rat tailed or fat tailed sheep				
	If YES	Average age when lambs are tail docked (weeks)			
		What is the method used?	<input type="checkbox"/> rubber ring <input type="checkbox"/> scalpel <input type="checkbox"/> bloodless clamp <input type="checkbox"/> cauterizing blade <input type="checkbox"/> other: _____		
		Who performs it?	<input type="checkbox"/> farm personnel <input type="checkbox"/> veterinarian <input type="checkbox"/> other: _____		
		Is anesthetic used? (e.g. lidocaine)			
	Is analgesic used? (e.g. xylazine)				

E) ANIMAL CARE AND MANAGEMENT <i>Continued</i>				
DOES THE OPERATION:			YES	NO
19	Castrate ram lambs? ☐ N/A – I only have a feedlot/finisher operation			
If <u>YES</u>	Average age when lambs are castrated (weeks)			
	What is the method used?	<input type="checkbox"/> rubber ring <input type="checkbox"/> scalpel <input type="checkbox"/> bloodless clamp <input type="checkbox"/> other: _____		
	Who performs it?	<input type="checkbox"/> farm personnel <input type="checkbox"/> veterinarian <input type="checkbox"/> other: _____		
	Is anesthetic used? (For example lidocaine)			
	Is analgesic used? (For example xylazine)			
20	Tip* the horns of animals? (*remove insensitive horn tip, the portion of horn with no nerves or blood supply)			
21	Carry out mulesing*? (*remove wool bearing skin from the sheep's hindquarters)			
22	Brand sheep (this includes horn branding)?			
23	Shear sheep? ☐ N/A I only have hair sheep			
If <u>YES</u>	How often are sheep shorn?			
24	Crutch* or dag* sheep? (*clip the wool around the tail and hind legs of sheep)			
If <u>YES</u>	How often does crutching/dagging take place?			
25	Ear notch or ear split animals?			
If <u>YES</u>	What is the method used?	<input type="checkbox"/> notching tool <input type="checkbox"/> scalpel <input type="checkbox"/> other: _____		
	What area of the ear is removed by notching?	_____ %		
26	How are breeding animals identified? (please check all that apply)	<input type="checkbox"/> plastic dangle tags <input type="checkbox"/> RFID/EID <input type="checkbox"/> ear notch <input type="checkbox"/> not identified <input type="checkbox"/> other: _____		
27	How are market animals identified? (please check all that apply)	<input type="checkbox"/> ear tags <input type="checkbox"/> RFID/EID <input type="checkbox"/> ear notch <input type="checkbox"/> lot tag <input type="checkbox"/> other: _____		
28	What is the typical breeding flock mortality?	<input type="checkbox"/> 5% or less <input type="checkbox"/> 6-7% <input type="checkbox"/> 8-9% <input type="checkbox"/> 10-11% <input type="checkbox"/> 12+% ☐ N/A I do not have a breeding flock		
29	What is the typical pre-weaning lamb mortality?	<input type="checkbox"/> 10% or less <input type="checkbox"/> 11-15% <input type="checkbox"/> 16-20% <input type="checkbox"/> 21+% ☐ N/A I do not have a breeding flock		
30	What is the typical post-weaning market animal mortality?	<input type="checkbox"/> 3% or less <input type="checkbox"/> 4-5% <input type="checkbox"/> 6-7% <input type="checkbox"/> 8-9% <input type="checkbox"/> 10+% ☐ N/A I do not keep weaned lambs		
31	What is the typical lameness level in the flock?	<input type="checkbox"/> 3% or less <input type="checkbox"/> 4-5% <input type="checkbox"/> 6-7% <input type="checkbox"/> 8-9% <input type="checkbox"/> 10+%		

F) THE LAMB CROP **N/A - I do not have a breeding flock**
Please go to Q34
Please answer the following questions considering lambs that were reared by ewes – not artificially reared lambs

32	What was the most recent lambing window(s)? e.g. 15 Jan to 15 Mar	Start		End	
	What was the weaning date(s) or expected weaning date? e.g. 20 June				
	What is the average age for weaning lambs - (in weeks)?				
	Total # of lambs weaned in last lamb crop:				
	Total # of lambs weaned younger than 8 weeks of age in last lamb crop:				

Please answer the following question considering lambs that were artificially reared **N/A - I do not artificially rear lambs**
Please go to Q34

33	What is the average age for weaning artificially reared lambs (in weeks)	
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G) LIVING ENVIRONMENT

DOES THE OPERATION:		YES	NO
34	Provide shelter* for all animals? (*includes trees, bushes, shade cloths, and/or shade from a structure, mountains, hills, etc.)		

FOR OPERATIONS THAT UTILIZE HOUSING **N/A - I do not use housing**
Please go to Q41
For pen sizes please continue on a separate sheet if necessary.

35	How big are the pens in housing?	Pen size 1 _____ X _____ <input type="checkbox"/> ft <input type="checkbox"/> m	Number of pens this size _____
		Pen size 2 _____ X _____ <input type="checkbox"/> ft <input type="checkbox"/> m	Number of pens this size _____
		Pen size 3 _____ X _____ <input type="checkbox"/> ft <input type="checkbox"/> m	Number of pens this size _____
36	How many animals are kept in each pen?	Pen size 1 _____ Pen size 2 _____ Pen size 3 _____	

DOES THE OPERATION: YES NO

37	Is bedding provided in each pen?			
38	Are enrichments provided in housing where lambs more than 7 days and less than a year old are kept?			
	If YES	What kind of enrichments are used? <input type="checkbox"/> straw or hay bales <input type="checkbox"/> wooden platforms <input type="checkbox"/> other: _____		
39	Is any part of the floor slatted?			
	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+%		
40	Do sheep have access to the outdoors when they are housed?			
	If YES	How big are the outdoor areas/pens?	Pen size 1 _____ X _____ <input type="checkbox"/> ft <input type="checkbox"/> m	Number of pens this size _____
			Pen size 2 _____ X _____ <input type="checkbox"/> ft <input type="checkbox"/> m	Number of pens this size _____
		Pen size 3 _____ X _____ <input type="checkbox"/> ft <input type="checkbox"/> m	Number of pens this size _____	
	How many animals use each outdoor area? Pen size 1 _____ Pen size 2 _____ Pen size 3 _____			

H) MONTHS OF THE YEAR EACH ANIMAL GROUP HAS PASTURE/RANGELAND ACCESS														
41	ewe flock (including unweaned lambs)													
	<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
42	breeding rams													
	<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
43	weaned lambs/market animals													
	<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
44	replacement stock													
	<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) FEEDLOT DETAILS <i>defined as a pen used to grow and finish market animals (dry lots, feedlots, finishing pens, backgrounding pens, holding facilities, pen corrals, and confinement systems).</i>		<input type="checkbox"/> N/A - I do not use feedlots <i>Please go to Q47</i>
45	How much space is given per animal? <i>e.g. 55 ft² per animal. If it varies then please indicate the range.</i>	<input type="checkbox"/> ft ² <input type="checkbox"/> m ²
46	What is the maximum time an individual animal would be on a feedlot?	days

J) PREDATOR CONTROL					
DOES THE OPERATION:			YES	NO	
47	Consider predators a problem?				
	If YES	Which predators are a problem? <i>(please check all that apply)</i>	<input type="checkbox"/> coyotes <input type="checkbox"/> wolves <input type="checkbox"/> bears <input type="checkbox"/> buzzards <input type="checkbox"/> other: _____	<input type="checkbox"/> mountain lions/cougars <input type="checkbox"/> bobcats <input type="checkbox"/> alligators <input type="checkbox"/> domestic/feral dogs	
If YES	Does the operation, or contractors working with their permission, ever use the following to control predators? <i>(please check all that apply)</i>	<input type="checkbox"/> firearm <input type="checkbox"/> leg-hold traps <input type="checkbox"/> neck snares <input type="checkbox"/> poisons <input type="checkbox"/> other: _____	<input type="checkbox"/> live traps <input type="checkbox"/> egg traps <input type="checkbox"/> conibear traps <input type="checkbox"/> drowning traps		

K) TRANSPORT AND LOADING					
DOES THE OPERATION:			YES	NO	
48	Provide sheep with access to water until loading begins?				
49	Ever use electric prods to load/unload sheep?				
50	Use a trailer with access doors or points for the driver to access an animal if necessary?				

51	Who transports sheep? <i>Check all that apply</i>		Contact Name Information		
	<input type="checkbox"/> SELF <input type="checkbox"/> transport company <input type="checkbox"/> producer group <input type="checkbox"/> processing plant <input type="checkbox"/> sheep are not transported	Name & Tel:			
		Name & Tel:			

K) TRANSPORT AND LOADING <i>Continued</i>			
DOES THE OPERATION:		YES	NO
52	Are there written procedures for the driver to follow in the case of accident or emergency during transport?		
53	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 sheep <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		

L) SOURCING			
DOES THE OPERATION:		YES	NO
54	Source animals (breeding or market animals) from other operations?		
If <u>YES</u>	Do you source animals from video auctions?	<input type="checkbox"/> YES If YES, please indicate category: <input type="checkbox"/> breeding <input type="checkbox"/> market <input type="checkbox"/> both	
		Please provide name(s) of the video auction used to purchase animals that are on the farm today:	
		Name:	
		Name:	
If <u>YES</u>	Do you source animals from dedicated sheep sales?	<input type="checkbox"/> YES If YES, please indicate category: <input type="checkbox"/> breeding <input type="checkbox"/> market <input type="checkbox"/> both	
		Please provide name(s) of the dedicated sheep sale used to purchase animals that are on the farm today:	
		Name:	
		Name:	
If <u>YES</u>	Do you source animals from sale barns/ yards?	<input type="checkbox"/> YES If YES, please indicate category: <input type="checkbox"/> breeding <input type="checkbox"/> market <input type="checkbox"/> both	
		Please provide name(s) of the sale barn/yard used to purchase animals that are on the farm today:	
		Name:	
		Name:	
If <u>YES</u>	Did you source from a direct farm sale?	<input type="checkbox"/> YES If YES, please indicate category: <input type="checkbox"/> breeding <input type="checkbox"/> market <input type="checkbox"/> both	
		Please provide name(s) of all the farms that supplied animals that are on the farm today:	
		Name:	
		Name:	

L) SOURCING				
DOES THE OPERATION:			YES	NO
55	Have records for all sheep purchased?			

M) SHIPPING TO				
56	Where are sheep normally transported to after leaving your operation? <i>(Check all that apply)</i>			
If YES	Sheep ship to...	Please provide details of next destination: <i>Please continue on a separate sheet if necessary and submit with this application</i>		
	<input type="checkbox"/> another operation	Name & Tel:		Time to destination (hrs):
	<input type="checkbox"/> dedicated sheep sale	Name & Tel:		Time to destination (hrs):
	<input type="checkbox"/> collection point	Name & Tel:		Time to destination (hrs):
	<input type="checkbox"/> sale barn/yard	Name & Tel:		Time to destination (hrs):
	<input type="checkbox"/> other: _____	Name & Tel:		Time to destination (hrs):
	<input type="checkbox"/> directly to slaughter plant	<i>please provide further information in Q58 & 59</i>		
	<input type="checkbox"/> not sure yet			
<input type="checkbox"/> sheep are not transported				

N) PLANS AND PROTOCOLS				
DOES THE OPERATION:			YES	NO
57	Have a written farm plan (e.g. protocols, policies, SOPs, farm manual, emergency procedures)?			

O) SLAUGHTER REQUIREMENTS					
				<input type="checkbox"/> N/A - I only have a breeder flock	
<i>Note: if your operation does not deal directly with the plant, check with your producer group/co-op/marketing entity.</i>					
58	What is the transport time from your operation to the plant (in hours)?				
59	Plant Information			Est #	Do they hold a current 3rd party animal welfare certificate?
	name of plant	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 G.A.P.-accredited certification company for review.