

American Humane Certified™ Farm Manual Templates Laying Hens- Free Range & Pasture

The purpose of assembling a Farm Manual is to facilitate the audit process by aiding the producer in organizing and gathering the required information so that is ready for review at the time of the audit. Please complete the Farm Manual Information/ Checklist form on Page 2 that lists the required policies and procedures needed and where we may quickly find this information for your individual farm.

If this information is available in your own farm manual, you may include a copy of that and simply note the page number or section where the information can be found in the checklist on Page 2 of this document. If you do not already have a farm manual, you may fill out the manual template that follows the checklist. **You are not required to submit both.**

If you have questions as you fill out your responses to the standards or the required Farm Manual information, please contact the American Humane Certified™ Program office. Thank you for participating in the American Humane Certified™ program.

Farm Manual Checklist

Farm Manual Information/ Checklist Please Complete This Checklist	Producer's Farm Manual Section/ Page # Attached	American Humane Certified™ Template Forms Attached
Company Policy & Employee Code of Conduct		
Company Policy		
Employee Code of Conduct		
Animal Welfare Incident Report		
Office Records & Documentation		
Records of Production		
Building Checklists		
Standard Operating Procedures		
Emergency Response Plan		
Nutrition, Lighting, Animal Health Plans		
Animal Health Plan		
Nutrition Plan		
Lighting Program		
Biosecurity & Sanitation Plans		
Biosecurity Plan, Structural/ Access		
Biosecurity Plan, Operational		
Cleaning & Sanitation Plan		
Waste Disposal Plan		
SOPs for Pullets		
SOPs for Exterior Access		
Catching & Handling SOPs		
Transportation & Processing Plant SOPs		
Records of Stockperson Training		
Training of all Stockpersons		
Specialized Training		
Training of On-Farm Crews		
Training of Outside Workers		
Inspections of Hens		
Inspections & Maintenance of Equipment		
Equipment Inspections		
Inspections of Water Systems		
Inspections of Auxiliary Water Supply		
Inspections of Alarm Systems		
Ventilation & Environmental Controls		
Monitoring of Ammonia		
Molting Policy		
Backfilling Policy (N/A: Back-Filling Not Allowed)	n/a	n/a
Beak-Trimming Policy		
Euthanasia Policy		
Additional Forms		

American Humane Certified™ Farm Manual Templates

Note: The following are sample templates provided for your convenience and to assist in assembling your Farm Manual. For the full Farm Manual template, please contact a Field Operations Manager for the American Humane Certified™ program. These templates do not address all required documentation. Additional documentation is required that is not listed in the following templates. Refer to the *Animal Welfare Standards* for all required documentation.

Company Policy & Employee Code of Conduct

Name of Company: _____

- *Note: this form or a similar company document must be provided to employees in their native language as needed, and must be signed by all employees. Please provide a printed, signed copy for the auditor's review.*

Company Policy

- As a participant in the American Humane Certified™ program, this company is committed to providing an environment that promotes high standards of animal welfare, through adherence to the requirements of the **American Humane Certified™ Animal Welfare Standards** and participation in the American Humane Certified™ program.
- This company has implemented a “zero-tolerance” policy regarding willful acts of abuse towards the animals. Kicking, throwing, yelling at, purposefully scaring, and other willful acts of abuse towards the animals or acts of neglect in the animals’ care will not be tolerated. If it is determined that any employee has engaged in willful acts of abuse towards the animals, the employee may be immediately dismissed.
- This company has implemented a “whistle-blower” policy. Any employee who reports animal welfare issues to his or her superiors will not be retaliated against.

Employee Code of Conduct

- All personnel are expected to handle the hens in a positive and compassionate manner at all times.
- Each worker has the responsibility for, and is expected to contribute to, upholding high standards of animal welfare at all times as each performs his or her duties.
- In addition to the worker’s assigned duties, each worker must also be aware that the basic requirements such as adequate feed, water, lighting, ventilation, temperature control, and biosecurity must be provided to the hens at all times. If any of these basic necessities are lacking, immediate corrective actions must be taken and a supervisor or the AWO must be notified.
- All personnel have access to the **Animal Welfare Incident Report** or a similar company document or company protocol. Personnel must complete and submit this document or otherwise report whenever they observe incidences related to animal welfare that cause them concern.

Designated Animal Welfare Officer

- The designated Animal Welfare Officer(s) for this company is (are):

Company Policy & Employee Code of Conduct (cont.)

Name of Company: _____

Designated AWO(s) _____

- *I, the undersigned employee, have read and understand my responsibilities under the “Company Policy” and the “Employee Code of Conduct” stated above.*

Date	Employee Name	Employee Signature	Supervisor

**This form is provided for your use. Farm records
with this information may be substituted.**

Animal Welfare Incident Report

Company Name _____ Location _____ Date of Report _____

Form to be filled out by witness. Please print.

Please list all animal welfare infractions witnessed including date, time, location of incident(s), incident details and employees involved. Be specific and include reference to the **American Humane Certified™ Animal Welfare Standards Audit Tool** item # (example: M15) if possible. Use back of form or additional paper if necessary and attach any relevant backup documentation.

➤ *I, the undersigned, witnessed the above animal welfare infractions.*

Printed name: _____ Signature: _____ Date: _____

NOTE: This form may be submitted in confidence to: **American Humane Farm Program, 1400 16th Street NW, Suite 360, Washington, DC 20036** or fax: **202-450-2335**. Questions in regards to reporting farm animal welfare issues may be directed to: **202-841-6080**.

IF POSSIBLE, PLEASE COMPLETE THE FOLLOWING:

I received the above report from _____ on _____
(witness) (date)

Printed name of supervisor _____ Signature _____

Copy of report signed by supervisor and witness to be returned to witness.

Records of Production Animal Movement Logs

Name of Company: _____

Site Name: _____

Date	# of Birds	Incoming/ Outgoing	Source	Any Treatment on Arrival?

**This form is provided for your use. Farm records
with this information may be substituted.**

Records of Production (cont.) Numbers of Mortalities

Name of Company: _____

Site Name: _____

Date	# of Birds	Age of Birds	Cause of Death (if known)	Necropsy Performed?
				<input type="radio"/> Y <input type="radio"/> N
				<input type="radio"/> Y <input type="radio"/> N
				<input type="radio"/> Y <input type="radio"/> N
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**This form is provided for your use. Farm records
with this information may be substituted.**

Records of Production (cont.) Numbers of Culls

Name of Company: _____

Site Name: _____

Date	# of Birds	Age of Birds	Reason(s) for Culling	Method Used	Name of Trained/ Approved Worker

**This form is provided for your use. Farm records
with this information may be substituted.**

Name of Company: _____

Site Name: _____

[illegible]

Appendix A: Farm Manual Page 10
American Humane Certified™ Animal Welfare Standards for Laying Hens- Free Range & Pasture
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Revision Date September 2021

Building Checklists / Farm Data

- *The following records and documentation must be made available to the auditor at the time of the audit. Producers may use their own forms for records or they may use these template forms.*

PRODUCER/ COMPANY NAME:		
AUDIT FARM LOCATION:		
AUDIT FARM: Address: City: State: ZIP: Country:	FARM MANAGER: Email: Office #: Cell #: Alt #: Fax #:	STOCKPERSON: Email: Office #: Cell #: Alt #: Fax #:
CHICK SUPPLIER: NAME: Address: City: State: ZIP: Country: Contact: Contact #:	PROCESSOR (End of Flock): NAME: Address: City: State: ZIP: Country: Contact: Contact #:	
(<i>Optional</i>) Name of Marketing or Producer Group if under Forward Contract:		
List any Quality Assurance Programs Routinely Implemented:		
Target Air Quality Parameters/ Ammonia:		
Details of Lighting Program:		

American Humane Farm Program

AUDIT FARM:	COMPANY NAME:
<p><u>ALL AHC FLOCKS ON-SITE:</u></p> <p>Total AHC Flocks On-Site: _____</p> <p><u>FOR AUDITED FLOCK ONLY:</u></p> <p>Type of House/ Shelter: <input type="radio"/> All Litter Barn <input type="radio"/> Partially Slatted Barn <input type="radio"/> Multitier Aviary* <small>(*if appl. Manu/Model)</small> <input type="radio"/> Mobile House <input type="radio"/> Other as described* <small>(*give short description)</small></p> <p style="margin-left: 100px;">Type of Hens: <input type="radio"/> White <input type="radio"/> Brown <input type="radio"/> Other as described* <small>(*give short description)</small></p> <p>No. of Hens at Placement: _____ No. Hens Currently: _____ Audit Indoor/Shelter Area (ft²): _____ <small>(sum of ALL indoor/ sheltered usable area, excl. nest)</small> _____ vs. _____ Actual (ft²) Req'd (ft²)</p> <p>Littered Floor Space (ft²): _____ <small>(i.e. the sq. footage of the usable area noted above that has litter)</small> _____ vs. 15% Actual % Req'd %</p> <p>Type of Nest Provided: <input type="radio"/> Colony <input type="radio"/> Individual</p> <p>Audited Nest (ft² or No.): _____ _____ vs. _____ Actual Req'd</p> <p>Length of Qualifying Perch Total Linear Perch (inches): _____ Total Qual. Floor Edge (inches): _____ _____ vs. _____ Actual (in) Req'd (in)</p> <p>% elevated at least 16 inches: _____ vs. 20% Actual (%) Req'd (%)</p> <p>Other Notes: _____ <small>(enter ONLY if needed)</small></p> <p>Date of Population: _____ Date for De-Population: _____</p> <p>Final Disposition of Spent Hens: <input type="radio"/> On-Site Euthanasia <input type="radio"/> Transport/ Humane Slaughter <input type="radio"/> Other</p>	
<p>Conv. or Organic? <input type="radio"/> Conventional <input type="radio"/> Organic</p> <p>Free Range or Pasture? <input type="radio"/> Free-Range <small>(The total of all exterior space including all acreage used in the rotation program, as well as any land with temporary restrictions from access due to revegetation and/or maintenance of land)</small> <input type="radio"/> Pasture <small>(total of all exterior space no less than: 1 acre/ 2,000 hens i.e. 21.8 sq. ft./ hen)</small> <small>(total of all exterior space no less than: 2 1/2 acres/ 1,000 hens i.e. 108.9 sq. ft./ hen)</small></p> <p>Total Available Outside Space Before Rotation/ Restrictions (ft²): _____ _____ ft² per hen</p> <p>Is Outside Access Rotated? <input type="radio"/> No <input type="radio"/> Yes</p> <p>Rotation Pattern: _____ <small>(Note: a minimum of 25% must be available at any one time.)</small> <small>(Give brief description of area available at any time, e.g. "1/4 rotation")</small></p> <p>Type of Feeder: <input type="radio"/> Trough-style <input type="radio"/> Pan <input type="radio"/> Other OR Mix</p> <p>Length OR No. of Feeders (inches or No.) Double-sided Trough: _____ Single-sided Trough: _____ Perimeter/Round: _____ No. of Feeders*: _____ <small>(*ONLY if needed, e.g. "52 feeder pans")</small> _____ vs. _____ Actual Req'd</p> <p>Type of Waterer: <input type="radio"/> Nipple <input type="radio"/> Trough <input type="radio"/> Other OR Mix</p> <p>No. of Nipples (No.): _____ No. of Waterers* (No.): _____ <small>(*ONLY if needed, e.g. "362 bells")</small> _____ vs. _____ Actual Req'd</p> <p>No. of Ext. Water (No.): _____</p>	

Building Checklists / Farm Data (cont.)

American Humane Farm Program



Building Checklists / Farm Data (cont.)

➤ *This sheet is provided for any miscellaneous notes or calculations, if needed.*

AUDIT FARM:	COMPANY NAME:
<div data-bbox="121 699 354 844">ADDITIONAL INFORMATION/ WORKSHEETS (if needed)</div>	

Standard Operating Procedures (SOPs)

Name of Company: _____

- *Note: attach the Company SOPs to this document, which must as a minimum conform to the following. Sections of the SOPs relevant to the duties of each employee must be provided to them in their native language as needed, and each employee must sign that they have been provided this document.*

“Standard Operating Procedures (SOPs)

SOPs must be available in the main office in regularly updated, comprehensive written instructions, in workers’ native language as necessary, relating to daily, weekly, and monthly activities and procedures including but not limited to:

- ☐ Workers must sign and date that they understand and have been provided copies of the sections of the SOPs that are relevant to their assigned duties;
- ☐ Twice daily inspections of animals and facilities, and records to be kept by responsible personnel;
- ☐ Daily inspections of equipment (especially feed and water systems), routine maintenance and cleaning, and back-up protocols as well as records to be kept by the responsible personnel;
- ☐ Daily monitoring and recording of maximum and minimum house temperatures (unless automatically recorded);
- ☐ Daily monitoring of ventilation settings/ rates, any necessary adjustments (where applicable), and records of monthly ammonia readings;
- ☐ Description of lighting program, including light intensity readings;
- ☐ Any additional procedures to maintain compliance with any applicable local, state, and federal regulations;
- ☐ Any biosecurity protocols (e.g. maintaining screens, checking rodent bait, etc.);
- ☐ Maintenance and testing of auxiliary power supply;
- ☐ Maintenance and testing of alarm systems; and
- ☐ Maintenance and testing of automatic ventilation systems.

Note: SOPs for specific operations, where applicable:

- ☐ Catching. Carrying & Handling/ End-of-Flock Disposition SOPs
- ☐ Transportation SOPs.”

-
- I, the undersigned employee, have read and understand my duties per the Standard Operating Procedures, and have been provided a copy of the SOPs relevant to my duties.

Employee Name _____

Date _____

Employee Signature _____

Supervisor _____

Emergency Response Plan

Name of Company: _____

- *Note: Keep a copy of the Emergency Response Plan at the Main Office, and when barns are not located on the same property, keep a copy at the barn site as well next to the main entry.*

Local emergency services numbers are posted by phones?

☐ Yes ☐ No

Emergency Service

Telephone #

Local fire department: _____

Emergency water supplies: _____

Local Utility: _____

Other: _____

Emergency contact numbers and a calling schedule are posted by phones?

☐ Yes ☐ No

List at least three responsible persons to contact in case of emergency:

Emergency Contact

Telephone #

Alternate #

1. _____

2. _____

3. _____

Provides details of contingency plans and precautions to cope with severe events/ emergencies in order to safeguard the welfare of the animals, and the procedures to be followed by responsible personnel in these occurrences or by those discovering an emergency such as fire, floods, storms or other severe weather, interruption of power or water, interruption of supplies, etc.?

☐ Yes ☐ No

Animal Health Plan

Name of Company: _____

Farm Location(s): _____

Flock Dates/ Flock ID: _____

- *Note: attach a copy of the Animal Health Plan (AHP). This plan must be developed in consultation with the flock veterinarian with whom the producer has a valid Veterinarian Client-Patient Relationship (VCPR). A VCPR exists when the flock veterinarian affirms that s/he knows the specific circumstances of the flock and of the producer's operation and accepts responsibility for making medical judgments about the health of the flock and whether treatment is needed; and when the producer agrees to follow any instructions or recommendations of the flock veterinarian related to the health of the flock.*

A written Animal Health Plan (AHP) must be available at the main office. This plan must include:

- ☐ Certification or proof that the AHP has been developed in consultation with the flock veterinarian:
 - The flock veterinarian must sign and date the AHP; and
 - The AHP must be annually updated;
- ☐ Records of vaccination protocols and any vaccinations;
- ☐ Records of treatment protocols and any treatments, including:
- ☐ Identification of the animal(s);
- ☐ The type of treatment and reason for the treatment;
- ☐ Dates of treatment;
- ☐ The types/route of administration and quantities of medications used;
- ☐ Details of the therapeutic use, defined as treatment, prevention and control, as allowed by current laws, of any antibiotics (including ionophores), antiparasitics, and antifungals, which includes the requirements that antibiotics, antiparasitics, and antifungals must only be used therapeutically as prescribed by the flock veterinarian;
- ☐ Therapeutic use must be for individual animals OR for specific groups of animals only when specified by the flock veterinarian through determination that the entire group is at high risk of contracting disease;
- ☐ Therapeutic use is in conformance with the latest edition of the FDA **Judicious Use of Antimicrobials for Poultry Veterinarians** and complies with withdrawal periods;
- ☐ Records of any surgical procedures;
- ☐ Tolerance levels for overall flock performance;
- ☐ Causes of morbidity and mortality where known; and
- ☐ Targets for other aspects of flock health.
- ☐ Livestock and poultry must not be implanted or injected with any growth hormone/ growth promoter or fed antibiotics (except ionophores) or fed beta-agonists for the purpose of boosting growth or feed efficiency.

NOTE: Treatment must never be withheld to maintain an antibiotic-free production policy. Animals must be given appropriate treatment, including antibiotics, if prescribed by the flock veterinarian, regardless of antibiotic-free production policy.

Flock Veterinarian _____

Signature _____

Date _____

Animal Health Plan (cont.)

Vaccination Program

<u>Age</u>	<u>Product</u>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Coccidia Prevention Program

External Parasite Control Program

**Animal Health Plan (cont.)
Medication/ Treatment Records**

Name of Company: _____

Date	House	Medication/ Treatment	Reason	Responsible Person

**This form is for your use. Farm records with
this information may be substituted.**

Nutrition Plan

Name of Company: _____

Site Name(s): _____

Flock Dates/ Flock ID: _____

Diet Formulation/ ID: _____

➤ *Note: There must be certification or proof that the following statements are true for the specified producer, sites, flocks, and diet formulations. The flock nutritionist may sign this letter, or may provide similar evidence as acceptable methods of proof:*

- The diet noted above has been developed in accordance with the guidelines provided by the most recently published National Research Council (NRC) standards.
- Growth hormones/ growth promoters are not used as additives to the feed in the diet formulation(s) noted above (*Note: growth hormones are not permitted for use in poultry in the United States*).
- In-feed antibiotics or anti-parasitic agents are not used in the diet formulation noted above, except and unless for therapeutic reasons as prescribed by an attending veterinarian and as documented in the Animal Health Plan.

➤ *The Nutrition Plan must also as a minimum:*

- Include specifications for a diet which is adjusted as appropriate to the hens' age and species/strain in order to promote balanced nutrition;
- Specify that changes to the diet must be introduced gradually;
- Specify that feed intake for animals must be monitored when changing feed type to ensure that animals do not lose weight; and
- Include specifications for a diet which includes mineral supplements, including coarse calcium, provided in adequate quantity to sustain healthy bone strength for the laying hens.

Notes:

Flock Nutritionist _____

Signature _____

Date _____

Nutrition Plan (cont.)

Feed Suppliers:

Name: _____

Address: _____

Telephone #: _____

Mills used: _____

☐ Major source ☐ Minor source

Does feed mill comply with FDA requirements for feed safety? ☐ Yes ☐ No

Name: _____

Address: _____

Telephone #: _____

Mills used: _____

☐ Major source ☐ Minor source

Does feed mill comply with FDA requirements for feed safety? ☐ Yes ☐ No

Feed Documentation

Are feed documents available for at least one year? ☐ Yes ☐ No

(Keep a representative tag for each ingredient used,
Replacing old with current tags as rations change)

Are there records of feed constituents? ☐ Yes ☐ No

Describe feed storage: _____

Number of days' supply of feed is available on the farm: _____

Does supplier carry out any tests and/or safeguards
on raw materials or finished feed? ☐ Yes ☐ No

Notes:

Lighting Program

Name of Company: _____

Site Name(s): _____

- *Note: Attach or provide a description of the lighting program for each house/ fixed shelter, which must as a minimum conform to the following:*

The lighting system in houses/ fixed shelters must be designed and maintained to regulate a daily cycle for all hens. The lighting program for each house must be documented and light intensity measured quarterly with records on file. The lighting program must provide within each 24-hour period:

- ☐ A minimum continuous period of 8 hours of daytime light.
 - ☐ The daytime light levels must be an average minimum of 10 lux (1 foot-candle) throughout the house at the head height of the birds, excluding areas in the shade of equipment and at the nests.
 - ☐ Patches of high intensity sunlight or artificial light must be avoided.
- ☐ A minimum period of 6 hours of continual darkness or the natural period of darkness, if less.
“Darkness” refers to the substantial dimming of light to allow the birds to rest.

Biosecurity Plan, Structural

Name of Company: _____

➤ *Note: provide details of the Biosecurity Plan, Structural, which must include as a minimum the following provisions:*

- ☐ Description of and maintenance schedule for physical methods for discouraging pests, predators, and wild birds;
- ☐ Description of company biosecurity policies and procedures for employees;
- ☐ Description of the policies and procedures for the deterrence of unapproved visitors; and
- ☐ Descriptions of the policies and procedures for approved visitors including the logging of all approved visitors. Non-farm personnel are not permitted on the site unless approved by farm managers, and unless appropriate precautions have been taken, including compliance with the company policy on “downtime” i.e. time away from contact with other poultry.

Is an all-in, all-out production system used? ☐Yes ☐No

Is there any certification of the health status of the incoming chicks? ☐Yes ☐No

Describe:

Describe procedures/policies used to minimize disease risks associated with farm/ranch visitors and entry of delivery vehicles.

Is access restricted to specific areas of farm? ☐Yes ☐No

Are vehicles disinfected prior to entering the farm? ☐Yes ☐No

Describe how roads and buildings are secured:

Additional Notes:

Biosecurity Plans, Operational

Name of Company: _____

➤ *Note: provide details of the Biosecurity Plan, Operational, which must include as a minimum the following provisions:*

- ☐ The maintenance of outdoor areas adjacent to surrounding buildings to keep vegetation short and tidy within at least 24" from the house (i.e. removing vegetation that provides shelter to pests and predators);
- ☐ The maintenance of outdoor areas immediately surrounding the range or pasture to remove vegetation, debris piles, etc. that may provide shelter to pests, predators, and wild birds;
- ☐ Descriptions of policies and procedures for the deterrence and control of pests and predators, maintenance schedules and personnel responsible for baiting and trapping, etc.;
- ☐ The removal of feed sources and the protection of bulk feed and water supplies to reduce the attraction of pests, rodents, mold, etc.;
- ☐ The protocols for personnel working with older flocks to limit contact with pullets; and
- ☐ The provision and maintenance of protective clothing, foot baths, and/or shower facilities for workers, where appropriate.

Pest Control Policy: List methods/products used for control:

Rodents

traps _____ ☐ Yes ☐ No
bait _____ ☐ Yes ☐ No
limited access _____ ☐ Yes ☐ No
covered feed storage _____ ☐ Yes ☐ No

Wild Birds

bait _____ ☐ Yes ☐ No
nets _____ ☐ Yes ☐ No
covered feed storage _____ ☐ Yes ☐ No
noise or visual deterrents _____ ☐ Yes ☐ No

Flies

bait _____ ☐ Yes ☐ No
environmental control (e.g., frequent cleaning) _____ ☐ Yes ☐ No

Additional Notes:

Biosecurity Plans, Operational (cont.)

Foot Baths: list type used and how often solution is changed:

(skip if not applicable to operation)

Feed and Water

Feed storage area

Is feed kept covered? ☐Yes ☐No

Are feed storage areas cleaned between deliveries of feed? ☐Yes ☐No

How often are feed systems cleaned? _____

Water

Are water meters used and is daily water consumption recorded? ☐Yes ☐No

How often are water systems cleaned? _____

Are water systems disinfected? ☐Yes ☐No

If yes, what is used: _____

Are any water filtration/purification systems used? ☐Yes ☐No

If yes, please list: _____

Are “clean to dirty” work routines used? ☐Yes ☐No

Additional Notes:

Cleaning & Sanitation Plan

Name of Company: _____

➤ *Note: provide details of the Cleaning & Sanitation Plan, which must include as a minimum the following provisions:*

- ☐ details for routine/ scheduled cleaning procedures; and
- ☐ details for cleaning procedures between end-of-flock disposition and restocking:
Following end-of-flock disposition, all houses must be thoroughly cleansed, disinfected, and tested negative from infectious agents as specified in the Animal Health Plan.

List Compounds/products/methods used on farm to clean/disinfect:

Buildings and Equipment Cleaning/Disinfecting Procedures

Buildings

preparation _____
cleaning method _____
disinfection _____
resting (drying) _____
drains _____

Equipment

preparation _____
cleaning method _____
disinfection _____
resting (drying) _____

Additional Notes:

Waste Disposal Plan

Name of Company: _____

- *Note: provide details of the Waste Disposal Plan, which must include as a minimum the following provisions:*

Each farm must maintain a Waste Disposal Plan which details protocols for the safe and proper disposal of medical waste, sharps, carcasses, and other waste that poses a potential threat to animal and human health and safety.

- How is medical waste (needles, scalpel blades, medicine containers, syringes, etc.) disposed of? _____

Are sharps containers used?

☐ Yes ☐ No

- Has farm completed a formal training program in waste management? ☐ Yes ☐ No

Type of training: _____

Date of completion: _____

Additional Notes:

SOPs for Pullets

Name of Company: _____

➤ *For company owned rearing houses only: Attach Standard Operating Procedures (SOPs) for Pullets, which must include as a minimum:*

- ☐ Pullets must be reared on litter and provided with the minimum space allowance for the adult laying flock per E20, adjusted proportionately based on the pullets' current average weight versus the anticipated average weight of the adult hens. *(E.g. White/ lightweight pullets require at least $50\% \times 1.0 = 0.5$ square feet per pullet when the average weight of the pullet is 50% of the anticipated weight of the adult hen.)*
- ☐ Feeding and watering systems for pullets must be similar to those in the laying house.
- ☐ Auditors must be given access to on-site rearing houses during audit, where applicable.
- ☐ Premises and equipment must be thoroughly disinfected and cleaned before restocking.
- ☐ Elements such as perches and litter/ scratch areas must be included in the facilities so that pullets are prepared for introduction to the laying environment

➤ *Note: See "Beak-Trimming Policy" also.*

Additional Notes:

SOPs for Exterior Access

Name of Company: _____

- *For Houses with Exterior Access only: Attach Standard Operating Procedures (SOPs) for Exterior Access, which must include as a minimum:*

Exterior Access SOPs must be available for all Free Range and Pasture systems and must include as a minimum:

- ☐ Inspection of the hens and the outdoor facilities, conducted twice daily as a minimum;
- ☐ Maintenance of required shade and where provided screening to deter predators, rodents, and wild birds; and
- ☐ Schedule for when hens have access to the exterior, i.e. daily procedures for opening/closing access to exterior:
 - ☐ A company policy must be available that describes the weather conditions for which the birds are provided exterior access, as well as the conditions for which the birds are secured in the house.
 - ☐ The birds must be provided access to the outdoor areas for a minimum of 8 hours daily during daylight hours, weather permitting. All exit areas must normally be open during this time, except when precluded by inclement weather conditions.
 - ☐ Protection must be provided from predators and wild birds, and birds must be closed in the house (or mobile shelter) at night, when the outside temperatures are excessively cold or hot, and when other adverse weather conditions are expected. *Note: Under situations of high risk for avian influenza or other highly pathogenic infectious diseases, birds can remain indoors as recommended by the veterinarian.*
- ☐ If a dust-bathing environment for hens is provided outdoors, the SOPs must describe the provision and maintenance of a suitable substrate for dust-bathing, with access allowed for at least 4 hours every day;
- ☐ The Exterior Access SOPs must:
 - ☐ Include provisions for the maintenance and active management to remedy damaged or sodden ground and allow the vegetation to regrow in order to provide an appropriate cover of living vegetation to the extent required by the type of outdoor access (i.e. Free Range or Pasture); and
 - ☐ Include a program for the mitigation of pathogen buildup and when required by the flock veterinarian a program for testing must be performed between flocks to show the reduction or elimination of pathogenic contamination.

SOPs for Exterior Access (cont.)

Name of Company: _____

Additionally for Free-Range and Pasture Systems:

- ☐ There must be demonstration or proof that the location of the free range or pasture-based system provides local climatic conditions suitable for hens to access the exterior for the majority of the year, and permits the area to be provided with a substantial cover of living vegetation:
 - ☐ Records must be available for at least one year documenting the number of days that it was necessary to secure the birds indoors due to inappropriate weather conditions.
 - ☐ The daily records must show that the number of individual days for which it was necessary to secure the birds indoors due to unacceptable weather conditions did not exceed 90 days in total. *(I.e., records must show that weather conditions were acceptable for providing birds with access to the free range or pasture area for at least 275 days of the year.)*

Note: The 90-day total does not include any days in which the birds were secured indoors per the recommendation of the flock veterinarian due to a specific disease risk or other health concern.

- ☐ *(If applicable: required for all systems that employ rotation)* Documentation must be available describing the rotation schedule for the relocation of mobile housing units or the rotation schedule for access to specific portions of the pasture or free range.

Catching & Handling SOPs

Name of Company: _____

➤ *Note: Attach Catching & Handling SOPs, which must include the following minimum provisions:*

- ☐ All personnel involved in catching and handling of birds must have received proper training to verify competence and full awareness in their duties and responsibilities.
- ☐ Managers must provide the catching staff full and detailed written instructions for catching, handling, loading, and unloading.

Animal Welfare Officer

An Animal Welfare Officer (AWO) must be designated and present for each occurrence of flock disposition. The AWO is responsible for supervising, monitoring, and maintaining high welfare standards throughout the end-of-flock disposition process.

Name(s) of designated AWO(s) _____

Water and Feed Withdrawal

- ☐ Hens must be provided water up to the time when catching begins.
- ☐ Hens must be provided feed up to 1 hour prior to the time when catching begins.
- ☐ When transported, hens must not be deprived of feed for more than 16 hours in total, including the period up to the time of processing.

Where possible, feeders, waterers, and other obstacles must be raised or removed from the house prior to catching to minimize the risk of bruising. Catching must take place in low lighting to minimize birds' fear reactions. *Catching is recommended to be done at night or early morning.* Adequate, draft-free ventilation at bird height must be provided for uncaught birds up to time of loading.

Catching

- ☐ When possible, the hens should be caught individually and supported by both hands in an upright position.
- ☐ Where this is impractical, no more than three birds are to be carried in one hand. Birds must be held by both legs at all times, and never by the wings or the neck.
- ☐ Birds must be handled as minimally as possible, and must be placed directly into the transport coop or the approved euthanasia receptacle within 20 seconds of being caught.
- ☐ The catch supervisor must check that all birds are upright in the transport coop or euthanasia receptacle, that no appendages are caught in the coop or receptacle doors, and that the birds are not piled atop one another.

Access routes to the chicken house must be adequately designed and maintained to permit the safe passage of transport vehicles/ euthanasia receptacles.

Unfit birds must not be transported but instead must be immediately and humanely euthanized.

End-of-Flock Euthanasia

For routine, on-farm disposal of flocks at the end of the production cycle using CO₂, there must additionally be full documentation of the procedure used including records for the amount of gas used. Refer to the latest UEP standards “Guidelines for Euthanasia and On-Farm Depopulation of Entire Flocks” for more information regarding required protocols and documentation in order to demonstrate full compliance with the UEP.”

- *Note: Where applicable, provide documentation of full compliance with UEP guidelines for end-of-flock euthanasia.*
- **Note: Outside contractors must provide Certificate(s) of Conformance to these SOPs.** *By signing below, Contractor is certifying that all workers have been trained to the attached standards, and all workers are held to the Standards of Care in the Employee Code of Conduct.*

Contracted Company: _____ Date _____

Name of Contractor Rep: _____ Signature _____

Transportation & Processing SOPs

Name of Company: _____

➤ *Note: Attach Transportation SOPs, which must include the following provisions as a minimum:*

Transportation SOPs

Personnel in charge of transportation and transport equipment, including non-employees, must be trained in the proper handling of hens when loading and unloading them and while in transit. This may be verified through SOPs or COCs.

Noise levels from all sources must be minimized as possible during loading, unloading, and transport.

In periods of hot weather, hens must be transported at night or in the coolest part of the day OR systems must be in place to provide cooling during load out of the birds.

- ☐ The transport SOP's must address when high ambient temperature or high humidity poses a threat of heat stress to the birds during catching, loading, and unloading.
- ☐ The SOPs must describe appropriate actions to take to reduce the risk of heat stress on the birds, including the receipt of weather forecasts of the expected temperature, supplemental ventilation, etc.

Hens reared in houses with tunnel ventilation must be pre-adapted to warmer temperatures if they are transported during hot weather.

The transport SOP must identify steps that are to be taken to shelter and protect the birds when they are transported during extreme weather.

The transport SOPs must address procedures to be followed in the event of an emergency, such as an accident.

Every effort must be made to ensure journeys are completed without unnecessary delays, i.e. drivers must be aware of any potential traffic problems and plan their journey accordingly.

The person supervising the catching and loading of birds must work closely and coordinate with the processing plant to minimize the time birds spend waiting on the vehicle.

If it is necessary to keep birds on a stationary vehicle, the driver must take action to avoid thermal stress to the birds.

- *Note: Certificate(s) of Conformance to these SOPs may be used for outside contractors.*
- *By signing below, Contractor is certifying that all workers have been trained to the attached standards, and all workers are held to the Standards of Care in the Employee Code of Conduct.*

Contracted Company: _____ Date _____

Name of Contractor Rep: _____ Signature _____

Transportation & Processing SOPs (cont.)

Name of Company: _____

- *Note: Attach Processing SOPs, which must include all provisions noted in the **Animal Welfare Standards** as a minimum.*
- *Note: Certificate(s) of Conformance to the Processing SOPs may be used for outside contractors. If used, they must include COCs confirming specifically:*
 - *That the maximum time for the hens in transport, from the start of loading to the completion of unloading of the transport coops, will not exceed 12 hours; AND*
 - *That once the birds have arrived at their destination, they must be humanely slaughtered per all requirements of the "Processing" section of the **Animal Welfare Standards**.*

Processing SOPs

- *Note: Certificate(s) of Conformance to these SOPs may be used for outside contractors.*
- *By signing below, Contractor is certifying that all workers have been trained to the attached standards, and all workers are held to the Standards of Care in the Employee Code of Conduct.*

Contracted Company: _____ Date _____

Name of Contractor Rep: _____ Signature _____

Records of Stockperson Training

Training of All Stockpersons

Name of Company: _____

Type of Training: _____
(if applicable, attach documents/ description)

Name of Trainer: _____ Date of Training: _____

➤ *I, the undersigned employee, have attended the provided training and understand how it is relevant to my duties and responsibilities.*

Name of Employee/ Trainee	Signature of Employee/ Trainee	Date

**This form is for your use. Farm records with
this information may be substituted.**

Records of Stockperson Training (cont.)

Specialized Training

Name of Company: _____

- Employee: By signing below, you are confirming that you have received training which includes “hands-on” instruction in the topic noted & your proficiency has been confirmed by the trainer.
- Trainer: By initialing below, you are confirming the employee’s proficiency in the training topic through your direct observation.

[illegible]

This form is for your use. Farm records with this information may be substituted.

Records of Stockperson Training (cont.) On-Farm Crews and Outside Workers

Name of Company: _____

- *Note: provide documentation conforming to the **Animal Welfare Standards** for the training of on-farm crews and outside workers.*

Inspections of Hens

Name of Company: _____

House ID: _____

- *The stockperson performing the inspections must proceed in a careful, deliberate manner to avoid frightening the hens unnecessarily, i.e. by making loud noises, sudden movements, etc., and must follow a path that allows them to see all of individual hens in the house.*
- *During inspections or at any other time, if any animal is found to be in severe pain or is suffering from severe sickness or injury then the animal must be immediately and humanely euthanized by qualified personnel.*

Date	Time	Inspection By	Number Mortalities	Number Culls	Remarks

**This form is for your use. Farm records with
this information may be substituted.**

Name of Company: _____
House ID: _____

[illegible]

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Revision Date September 2021

Equipment Inspections (cont.)

Name of Company: _____

House ID: _____

Inspections of Water Systems

Records must be kept showing the following:

- ☐ water availability is checked daily;
- ☐ water flow rate is monitored and recorded weekly and is verified using water meters or the graduated cylinder methodology; and
- ☐ water lines are flushed between flocks.

Inspections of Auxiliary Power Supply

- ☐ Records must be kept showing that the auxiliary power supply (such as a standby generator), is tested weekly under load, with the outcome of the test documented.
- ☐ The records must show that the auxiliary power supply is available and has sufficient capacity to operate critical equipment such as fans, feeders, waterers, and lights for at least 24 hours.

Inspections of Alarm Systems

- ☐ Records must be kept showing that alarm systems (audible & remote) for the controlled environment house are tested weekly, with the outcome of the test documented.
- ☐ The records must show that the alarm systems are operational even if the principal electricity has failed.

Alarm systems must be installed and functional for giving notification in the event of an emergency (e.g. during a power failure, high temperatures, water failure, etc.)

Ventilation & Environmental Controls

- ☐ Maximum and minimum temperatures must be monitored and recorded daily.
- ☐ Ventilation equipment must be checked daily and maintained for proper operation, with records kept.
- ☐ Ventilation rates must be monitored daily and adjusted as necessary in order to maintain minimum ventilation requirements and to maintain air quality parameters.
- ☐ Documentation on ventilation system must be available that includes information on design, capacity, and CFM rating.
- ☐ A backup plan must be in place to safeguard birds from suffering pain or distress as a result of a malfunction of the ventilation equipment.

Monitoring of Ammonia Levels

- ☐ Ammonia levels, measured monthly at the height of the hens at multiple locations in the house, are ideally less than 10 parts per million (ppm) but must not exceed 25 ppm.
- ☐ If a monthly ammonia test result is in excess of 25 ppm, a program of ammonia mitigation must be adopted with records kept, and testing must be performed daily until ammonia levels drop below 25 ppm.

Molting Policy

Name of Company: _____

➤ *Note: If applicable, attach Molting Policy, which must include as a minimum:*

Molting Policy

Hens MUST NOT be induced to molt by withholding feed and/ or water.

- ☐ Non-feed/ non-water withdrawal methods for inducing a molt must meet current recommendations for non-feed and non-water withdrawal molting per the American Veterinary Medical Association (AVMA).
- ☐ Records must be kept of any molting program, and must show that only non-feed withdrawal methods in accordance with the AVMA were used.

Mortality Levels During Non-Feed Withdrawal Molting

If the mortality level within a house is in excess of 0.5% in 24 hours for three successive days during the non-feed/ non-water withdrawal molting, a veterinary investigation must be made to determine the cause and if necessary to remedy the problem.

Beak-Trimming Policy

Name of Company: _____

- *Note: Outbreaks of injurious feather-pecking and cannibalism are possible in cage free systems, and this harmful behavior may quickly affect a considerable proportion of the flock if not addressed.*

*For this reason, though the practice of beak-trimming/ tipping is undesirable, it is permitted to be performed only as a preemptive measure to mitigate the risks of injurious feather-pecking and cannibalism if beaks are left intact. Attach Beak-Trimming Policy, which must as a minimum conform to the **Animal Welfare Standards**:*

- ☐ Beak-trimming/ tipping may only be performed where there is a concern about cannibalism. Beak-trimming/ tipping must not be performed to prevent feed wastage.
- ☐ The pullets' beaks should be tipped, i.e. blunted, where possible. Otherwise, beak-trimming must remove no more than 1/3 of the upper and lower beaks, measured from the tip to the entrance to the nostrils.
- ☐ Pullets which have been recently trimmed/ tipped must be monitored to help ensure that they are consuming adequate feed and that they are able to use the waterers.
- ☐ Pullets which were recently trimmed/ tipped must not be exposed to other high-stress procedures such as transport or vaccination. *Note: it is recommended that Vitamin K and C are added to the water before and after beak-trimming, and that the hens are provided with additional feed 1 week following.*
- ☐ (Select if applicable) If pullets are sourced from a hatchery that performs the beak-trimming/ tipping:
 - ☐ Beak-trimming/ tipping must be performed within the first 24 hours of life using infrared laser equipment.
 - ☐ records must be kept with a Certificate of Conformance from the hatchery stating that beak-trimming/ tipping was performed by trained personnel using the proper equipment and per all requirements detailed in this Beak-Trimming Policy.
- ☐ (Select if applicable) If performed on-site:
 - ☐ beak-trimming/ tipping must be performed only by trained personnel using approved procedures and appropriate, well-maintained equipment. Records must be kept of: the names of the stockpersons who have undergone training for the correct beak-trimming/ tipping procedures; the name of the trainer; confirmation that the trainees' competence in performing the procedure was validated by the trainer, including proper techniques and proper use of any equipment; and the date(s) that the training occurred.
 - ☐ Beak-trimming/ tipping must be performed no later than 10 days of age by the use of a machine with a blade and cauterizer, to minimize pain and stress.
- ☐ Beak-trimming on older birds, including 'touch-up' trimming, must not be performed as a matter of course.

Note: The producer should take care when selecting birds to avoid genetic strains with undesirable traits, particularly aggressiveness and a tendency to feather peck.

Beak-Trimming Policy (cont.)

Name of Company: _____

Action Plans for Deterring Injurious Feather-Pecking and Cannibalism

The producer must have plans in place to discourage the spread of injurious feather-pecking and cannibalism. If outbreaks of injurious feather-pecking and cannibalism do occur:

- ☐ Methods to discourage the spread of injurious feather-pecking and cannibalism must be conducted without delay.
- ☐ Artificial appliances (such as blinkers attached to the beak or nostrils, or contact lenses) designed to stop injurious feather-pecking and cannibalism must not be used.
- ☐ The producer must notify the American Humane Certified™ program that the problem exists and must explain the steps that the producer proposes to take in order to mitigate the problem, and the producer must provide regular updates to the American Humane Certified™ program regarding the success of the mitigation.
- ☐ Methods should include removing the offending birds if they are identifiable and segregating injured birds as first steps, followed by reducing light levels and providing distractions/enrichments to the birds and/or providing additional perches or panels so that subordinate hens can retreat.
- ☐ If these measures still do not mitigate the problem, the producer must contact the American Humane Certified™ program for additional recommendations.

The American Humane Certified™ program will not consider beak-trimming of older birds except as a method of last resort if other measures fail.

Euthanasia Policy

Name of Company: _____

- *Note: “The Euthanasia Policy includes provisions for routine euthanasia (culls), end-of-flock euthanasia, and emergency euthanasia (including mass disposal during disease outbreaks such as for highly pathogenic Avian Influenza). Euthanasia and disposal of carcasses must be consistent with applicable local, state, and federal regulations.”*
- *Attach the Euthanasia Policy and applicable records, which must as a minimum conform to the following provisions:*
- ☐ “Only properly trained farm personnel or the flock veterinarian are to perform euthanasia.
- ☐ Training records which identify: the names of the stockpersons who have undergone training; the name of the trainer; the specific method(s) of euthanasia covered in the training; confirmation that the trainees’ competence in performing the procedure was validated by the trainer, including proper techniques and proper use of any equipment; and the date(s) that the training occurred.
- ☐ Procedures stating that:
 - If there is any doubt as to whether euthanasia is required: the veterinarian or properly trained personnel must be called at an early stage to advise whether treatment is possible; OR
 - If the veterinarian or properly trained personnel determine that an animal is in severe, uncontrollable pain or is unable to move on its own accord, then the animal must be promptly and humanely euthanized to prevent further suffering.
- ☐ For euthanasia methods requiring equipment: records showing that equipment has been maintained per the manufacturer’s recommendations and that it is required to be stored securely, protected, and kept clean.
- ☐ The approved methods of euthanasia that are to be used for each age group of animals and under what circumstances, i.e. for routine culling or for emergency euthanasia for flocks. These methods must be performed promptly to prevent further suffering and must comply with the latest edition of the American Veterinary Medical Association’s **AVMA Guidelines for the Euthanasia of Animals**.
- ☐ The farm performs one of the following approved methods of on-farm euthanasia:
 - Cervical dislocation, to be used in an emergency or for euthanizing a very small number of birds. Cervical dislocation involves stretching the neck to dislocate the first vertebrae in the neck from the skull and cause extensive damage to the major blood vessels. Use of equipment that crushes the neck rather than dislocates the spine, such as pliers, is never acceptable practice.
 - Electrical stunning, immediately followed by neck cutting.
 - Captive bolt euthanasia.
 - Carbon dioxide, or other suitable gas/ gas mixture, delivered in an appropriate container at acceptable concentrations.
 - Any other method approved by the latest edition of the **AVMA Guidelines for the Euthanasia of Animals**.
- ☐ Procedures stating that the persons performing euthanasia must verify that each animal has been properly euthanized. If necessary, the same or an alternate method is performed immediately to help ensure that the animal does not suffer.
- ☐ For other than routine culls, logs stating the reason for euthanasia, the date, the competent personnel performing the euthanasia, the numbers of animals euthanized, and the procedure used.
- ☐ Routine, on-farm disposal of flocks at the end of the production cycle must meet the requirements of this section. See “End-of-Flock Disposition” section.
- ☐ Procedures for the proper disposal of carcasses, and records of the name of the outlet through which all such carcasses are disposed, unless carcasses are disposed of on-farm, in which case records are kept of the disposal method. Disposal must meet all state, local, and/or federal regulations.

Nothing stated here is intended to discourage the prompt diagnosis and appropriate treatment of any ill or injured animal.”



Euthanasia Policy
Records

Individuals Trained and Approved to Perform Euthanasia:

- *The individuals listed have been trained in the specific method(s) of euthanasia noted. The trainer has confirmed and validated the trainee’s competence in performing the procedure(s) noted, and records of this training have been kept on file:*

Date	Name of Trainee/ Stockperson	Name of Trainer	Method(s) of Euthanasia

**This form is for your use. Farm records with
this information may be substituted.**

Euthanasia Policy (cont.) Records (cont.)

Approved Methods of Euthanasia:

Age of Birds	Euthanasia Method for Routine Culling	Emergency Euthanasia Method

- Emergency Euthanasia Plan (by age group) – **Post in visible location.**

Business name: _____

Veterinarian name and phone number: _____

Rendering or disposal service: _____

Producers must keep a copy of the ***AVMA Guidelines for the Euthanasia of Animals*** with their flock plans.

- Carcass Disposal Policy

Method of carcass disposal (if rendering company or dead hauler used, list name and number):

Method used to restrict access/viewing of the public to carcasses present on farm/ranch:

Method used to reduce fly and odor nuisance:

On-Site Standards Reference

Name of Producer: _____

Name of Farm: _____

- *Note: “A printed or electronic copy of the current **American Humane Certified™ Animal Welfare Standards for Laying Hens- Free Range & Pasture** must be available on-site as a reference for all personnel in the facility.”*
- *This notice is not required; however, this may be posted at each site as an aid to personnel.*

A current copy of the

**American Humane Certified™
Animal Welfare Standards
for Laying Hens- Free Range & Pasture**

is available for download at:

www.HumaneHeartland.org/our-standards



