

# G.A.P.'s 5-Step® Animal Welfare Pilot Standards Application: **LAYING HENS**



Please fill in this 8-page application as completely and accurately as possible.  
 Incomplete applications will be returned and delay audit scheduling.  
 Answers should reflect what your operation is currently doing.

OPERATION CONTACT INFO:			
Name of Operation			
Contact Person(s)			
Position(s)			
Mailing Address <small>(street, city, state/ province, zip/postal, country)</small>			
Contact Information	Email	Tel	
Preferred Method of Contact	<input type="checkbox"/> Tel	<input type="checkbox"/> Email	
Name of supplier/producer group/coop/marketing arm that the operation is affiliated with, if any.			

CURRENT AND PAST CERTIFICATES:							
Does the operation hold a <u>current</u> Step certificate?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<u>If YES</u>	Issued by	<input type="checkbox"/> AUS-MEAT	<input type="checkbox"/> EarthClaims	<input type="checkbox"/> Lloyds Register
				Certificate #		Expires on	
				Step Level			
Has the operation ever held a Step certificate <u>in the past</u> ?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<u>If YES</u>	Issued by	<input type="checkbox"/> AUS-MEAT	<input type="checkbox"/> EarthClaims	<input type="checkbox"/> Lloyds Register
				Certificate #		Expired on	
				Step Level			

Has the operation ever had a 5-Step audit where it wasn't certified?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<u>If YES</u>	Conducted by	<input type="checkbox"/> AUS-MEAT	<input type="checkbox"/> EarthClaims	<input type="checkbox"/> Lloyds Register
				Date of audit			
				Reason for outcome:			

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

**OPERATION or DESIGNATED REPRESENTATIVE'S SIGNATURE:**

You represent and acknowledge that all information on this 8-page application herein is accurate.  
 Regardless of who signs this document, the owner of the operation is responsible for accuracy and content of this application.

Printed Name			
Signature*		Date	

\* If the applicant uses the signature wizard on this fillable form, please follow program instructions to embed your signature.

**GENERAL INFORMATION:**

<b>How many flocks are on the operation?</b> <i>Flock is defined as a barn/house of hens. The group can be kept all together or divided into smaller groups but is considered one flock.</i>	
<b>How many hens per flock?</b>	
<b>Target number of eggs produced per hen:</b>	_____ eggs or _____ dozen
<b>Target number of eggs produced per flock:</b>	_____ eggs or _____ dozen
<b>Will ALL flocks be managed according to the 5-Step Standards?</b>	<input type="checkbox"/> YES, proceed to Step-rating section <input type="checkbox"/> NO, only some flocks will be Step-rated, proceed to next question
<b>Total number of flocks managed to the 5-Step Standards:</b>	

**STEP-LEVEL**

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

**OPERATION SITES & USE:**

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

Site	Physical Address of the Operation (street, city, state/ province, zip/postal, country)	Size (acres)	Distance from Site 1 (time/hours)
1			
2			
3			

**Where are pullets sourced from?** *All operations need to complete this question even if it is not required for the Step level applied for. Please provide the name & address of all pullet rearers.*

Contact Name Information		Do they hold a current G.A.P. certificate?
name:	address:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
name:	address:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know

<b>What breed/strain of hen do you raise for G.A.P.?</b> <i>Check all that apply.</i>	<input type="checkbox"/> Isa Brown <input type="checkbox"/> Isa White <input type="checkbox"/> Shaver Brown <input type="checkbox"/> Shaver Black <input type="checkbox"/> Shaver White <input type="checkbox"/> Hy-Line W-80 <input type="checkbox"/> Hy-Line Brown <input type="checkbox"/> Hy-Line Silver Brown <input type="checkbox"/> Hy-Line W-36	<input type="checkbox"/> Tetra Brown <input type="checkbox"/> Tetra Amber <input type="checkbox"/> Tetra Harco <input type="checkbox"/> Tetra White <input type="checkbox"/> Dekalb Brown <input type="checkbox"/> Dekalb White <input type="checkbox"/> Bovans Brown <input type="checkbox"/> Bovans Black <input type="checkbox"/> Bovans White	<input type="checkbox"/> Lohmann Brown <input type="checkbox"/> Lohmann Tradition <input type="checkbox"/> Lohmann Silver <input type="checkbox"/> Lohmann Sandy <input type="checkbox"/> Lohmann LSL Classic <input type="checkbox"/> Lohmann Dual <input type="checkbox"/> Brown Nick
	<input type="checkbox"/> Other: _____		

<b>Description of your production system:</b> <i>Check all that apply.</i>	<input type="checkbox"/> 100% indoor <input type="checkbox"/> Seasonal pasture access & indoor housing in winter <input type="checkbox"/> Seasonal pasture access with winter foraging area <input type="checkbox"/> 100% pasture
<b>Description of your housing system:</b> <i>Check all that apply.</i>	<input type="checkbox"/> Colony cage system (furnished, enriched) <input type="checkbox"/> Battery cage system <input type="checkbox"/> Multi-tier aviary system <input type="checkbox"/> Pasture-based system with mobile houses <input type="checkbox"/> Pasture-based system with stationary houses <input type="checkbox"/> Cage-free barn (aviary)

<b>How many cycles do hens, managed to the 5-Step Standards, lay before flock depopulation?</b> <i>Check all that apply.</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2+
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Site	House/ Barn	# of Floors	Length (ft) of House	Width (ft) of House	# of Pullets Placed	Are hens in the barn currently at the time this app is submitted?	What is the expected end- of-lay date?
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	

**For each of the following questions, please answer by checking the appropriate box.**  
**Your answers should reflect your operation's current situation or practice.**

A) GENERAL		YES	NO
1	Has the operation's owner or farm manager read the 5-Step Animal Welfare Rating Pilot Standards for Laying Hens?		
2	Are there any standards for the Step-level you are aiming to achieve that are not currently met on the operation? <b>If YES</b> Please provide the Standard number and additional details:		
3	Are there any laws or regulations (local, state, provincial, federal) that prohibit adherence to any of the 5-Step standards? <b>If YES</b> Please provide the Standard number and additional details:		

B) ANIMAL SOURCE & HEALTH		YES	NO																
<b>DOES THE OPERATION:</b>																			
4	To the best of your knowledge, use genetically modified or cloned laying hens?																		
5	Have records to identify treatments given to hens (e.g. antibiotics, ionophores, beta agonists, arsenic-based drugs or sulfa drugs)?																		
6	Have trained staff who are able to humanely euthanize laying hens when necessary?																		
7	Use the following method(s) to euthanize laying hens: <i>(check all that apply)</i> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> manual cervical dislocation</td> <td><input type="checkbox"/> gas stunning using carbon monoxide</td> </tr> <tr> <td><input type="checkbox"/> mechanical cervical dislocation</td> <td><input type="checkbox"/> anesthetic overdose</td> </tr> <tr> <td><input type="checkbox"/> blunt force trauma</td> <td><input type="checkbox"/> electrical stun knife</td> </tr> <tr> <td><input type="checkbox"/> captive bolt (penetrating or non-penetrating)</td> <td><input type="checkbox"/> decapitation</td> </tr> <tr> <td><input type="checkbox"/> gas stunning using multi-phase carbon dioxide, argon, nitrogen</td> <td><input type="checkbox"/> gunshot</td> </tr> <tr> <td></td> <td><input type="checkbox"/> de-braining</td> </tr> <tr> <td></td> <td><input type="checkbox"/> slitting throat</td> </tr> <tr> <td></td> <td><input type="checkbox"/> other: _____</td> </tr> </table>	<input type="checkbox"/> manual cervical dislocation	<input type="checkbox"/> gas stunning using carbon monoxide	<input type="checkbox"/> mechanical cervical dislocation	<input type="checkbox"/> anesthetic overdose	<input type="checkbox"/> blunt force trauma	<input type="checkbox"/> electrical stun knife	<input type="checkbox"/> captive bolt (penetrating or non-penetrating)	<input type="checkbox"/> decapitation	<input type="checkbox"/> gas stunning using multi-phase carbon dioxide, argon, nitrogen	<input type="checkbox"/> gunshot		<input type="checkbox"/> de-braining		<input type="checkbox"/> slitting throat		<input type="checkbox"/> other: _____		
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	<input type="checkbox"/> slitting throat																		
	<input type="checkbox"/> other: _____																		

C) ANIMAL CARE & MANAGEMENT		YES	NO															
<b>DOES THE OPERATION:</b>																		
8	Observe and monitor each flock at least twice each day?																	
9	Have any hens that have their beaks modified <i>(e.g. tipped, trimmed etc)</i> ? <b>If YES, please answer the following three questions:</b> <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 30%;">What was the method?</td> <td><input type="checkbox"/> infra-red <i>(e.g. Novatech)</i></td> <td><input type="checkbox"/> hot blade</td> </tr> <tr> <td></td> <td colspan="2"><input type="checkbox"/> other: _____</td> </tr> <tr> <td>Where was it performed?</td> <td colspan="2"><input type="checkbox"/> hatchery</td> </tr> <tr> <td></td> <td colspan="2"><input type="checkbox"/> pullet grower</td> </tr> <tr> <td></td> <td colspan="2"><input type="checkbox"/> at my operation</td> </tr> </table>	What was the method?	<input type="checkbox"/> infra-red <i>(e.g. Novatech)</i>	<input type="checkbox"/> hot blade		<input type="checkbox"/> other: _____		Where was it performed?	<input type="checkbox"/> hatchery			<input type="checkbox"/> pullet grower			<input type="checkbox"/> at my operation			
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Where was it performed?	<input type="checkbox"/> hatchery																	
	<input type="checkbox"/> pullet grower																	
	<input type="checkbox"/> at my operation																	
	Are hens ever re-trimmed or tipped during the grow-out period?																	
10	Use the following devices to control feather pecking? <i>(check all that apply)</i> <table border="0" style="width: 100%; margin-top: 5px;"> <tr> <td><input type="checkbox"/> goggles</td> <td><input type="checkbox"/> contact lenses</td> </tr> <tr> <td><input type="checkbox"/> blinkers</td> <td><input type="checkbox"/> other: _____</td> </tr> <tr> <td colspan="2" style="text-align: center;"><input type="checkbox"/> I don't use the above devices</td> </tr> </table>	<input type="checkbox"/> goggles	<input type="checkbox"/> contact lenses	<input type="checkbox"/> blinkers	<input type="checkbox"/> other: _____	<input type="checkbox"/> I don't use the above devices												
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C) ANIMAL CARE & MANAGEMENT			
DOES THE OPERATION:		YES	NO
11	Restrict feed and/or water to induce molting?		
12	Assess and record feather loss/damage when flock is 40 weeks old?		
13	Keep daily mortality & cull records for each flock?		
14	What is the average flock mortality (includes culls but excludes loss from predation)?	<input type="checkbox"/> 2% or less <input type="checkbox"/> 3% <input type="checkbox"/> 4% <input type="checkbox"/> 5% <input type="checkbox"/> 6% <input type="checkbox"/> 7+%	

D) FEED & WATER			
DOES THE OPERATION:		YES	NO
15	Provide access to drinking water at all times?		
16	Provide feed ad-libitum during daylight hours?		
17	Feed any animal (mammal or avian) by-products or waste?		
18	Ever use a supplement, pre-mixed feed, or vitamin and/or mineral product containing antibiotics, ionophores, growth hormones, beta agonists, arsenic-based drugs, or sulfa drugs? (please review feed ingredients before answering)		

E) HOUSING			
DOES THE OPERATION:		YES	NO
19	Keep laying hens in cages? (e.g. battery cage, colony cage, enriched cages, modified cages, furnished cages)		
20	Provide housing/shelter at all times that can protect laying hens from the elements and predation?		
21	Use stationary housing?		
	<b>If YES</b> Does the operation provide at least 1.5ft <sup>2</sup> (0.14m <sup>2</sup> ) per bird indoors?		
22	Use mobile housing?		
	<b>If YES</b> Does the operation provide at least 1.5ft <sup>2</sup> (0.14m <sup>2</sup> ) per bird indoors at times when hens need to be excluded from pasture e.g. during extreme weather conditions? <input type="checkbox"/> n/a – hens never need to be excluded from pasture		
23	Maintain dry and loose litter on solid floors?		
24	Assess air quality during daily flock monitoring?		

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

E) HOUSING			YES	NO
DOES THE OPERATION:			YES	NO
27	Provide aerial perches in housing? <i>(flat surfaces like straw bales and the edges of slatted platforms are not considered aerial perches)</i>			
28	Provide a minimum of 5" (12.5cm) of aerial perch space per hen?			
29	Provide at least 1 nest box for every 6 birds or at least 1ft <sup>2</sup> (0.09m <sup>2</sup> ) of communal nesting space for every 10 birds?			
30	How old are hens when nest box training is complete?	<input type="checkbox"/> 18 wks <input type="checkbox"/> 21 wks <input type="checkbox"/> 24 wks <input type="checkbox"/> 19 wks <input type="checkbox"/> 22 wks <input type="checkbox"/> 25 wks <input type="checkbox"/> 20 wks <input type="checkbox"/> 23 wks <input type="checkbox"/> 26+ wks		
31	The nest box contains <i>(check all that apply)</i> : <input type="checkbox"/> rubber matting <input type="checkbox"/> wood shavings <input type="checkbox"/> hay <input type="checkbox"/> straw <input type="checkbox"/> artificial grass (e.g. Astroturf) <input type="checkbox"/> other: _____ <input type="checkbox"/> nothing			
32	Use electrified wire in the house?			
	<b>If YES</b> They are positioned: <input type="checkbox"/> on water lines <input type="checkbox"/> around perimeter of house <input type="checkbox"/> other: _____			
	<b>If YES</b> They are used: <input type="checkbox"/> all the time <input type="checkbox"/> only during nest box training			
33	Provide enrichments?			
	<b>If YES</b> The following enrichments are provided indoors? <i>(check all that apply)</i> <input type="checkbox"/> bales of straw/hay <input type="checkbox"/> bundles of string/ropes <input type="checkbox"/> spreading whole grains <input type="checkbox"/> half barrels <input type="checkbox"/> providing whole grubs/insects <input type="checkbox"/> visual barriers <input type="checkbox"/> edible hangers <input type="checkbox"/> other: _____ <input type="checkbox"/> edible pecking blocks			
	<b>If YES</b> They are provided by: <input type="checkbox"/> 18 wks <input type="checkbox"/> 21 wks <input type="checkbox"/> 24 wks <input type="checkbox"/> 19 wks <input type="checkbox"/> 22 wks <input type="checkbox"/> 25 wks <input type="checkbox"/> 20 wks <input type="checkbox"/> 23 wks <input type="checkbox"/> 26+ wks			

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



G) RODENT & PREDATOR CONTROL					
DOES THE OPERATION:			YES	NO	
47	Consider rodents a problem?				
	<b>If YES</b>	Use the following to control rodents? <i>(check all that apply)</i> : <input type="checkbox"/> rodenticide <input type="checkbox"/> tin cats <input type="checkbox"/> bait stations <input type="checkbox"/> drowning traps <input type="checkbox"/> glueboards <input type="checkbox"/> other: _____			
48	Consider predators a problem?				
	<b>If YES</b>	Use the following to control predators? <i>(check all that apply)</i> : <input type="checkbox"/> guardian animals <input type="checkbox"/> gunshot <input type="checkbox"/> drowning traps <input type="checkbox"/> leg-hold traps <input type="checkbox"/> egg traps <input type="checkbox"/> snares <input type="checkbox"/> conibear traps <input type="checkbox"/> poisons <input type="checkbox"/> other: _____			

H) TRANSPORT, DEPOPULATION & SLAUGHTER					
DOES THE OPERATION:			YES	NO	
49	Keep records of the total number of pullets received?				
50	Keep records of dead-on-arrivals for each shipment of pullets?				

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

J) PLANS AND PROTOCOLS					
DOES THE OPERATION:			YES	NO	
52	Have a <b>written</b> farm plan (e.g. protocols, policies, SOPs, farm manual, organic system plan, emergency procedures)?				
53	Have a training program that includes hen care and/or management?				
54	Have a bio-security program (e.g. footwear requirements, visitor logs etc)?				
55	Keep the following records for each shipment of eggs? <i>(check all that apply)</i> <input type="checkbox"/> date of transport <input type="checkbox"/> number of egg flats transported <input type="checkbox"/> Step-rating <input type="checkbox"/> certificate number <input type="checkbox"/> certificate expiry date <input type="checkbox"/> I don't have shipment records				
56	Use electricity to operate? <i>(check all that apply)</i> <input type="checkbox"/> ventilation system <input type="checkbox"/> watering system <input type="checkbox"/> feeders <input type="checkbox"/> lights <input type="checkbox"/> n/a				
57	Have a back-up power supply?				
	<b>If YES</b>	Does the back-up power supply have a failure alarm?			
		Is it tested periodically?			

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