

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

## Application: TURKEYS



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:**

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

**CURRENT AND PAST CERTIFICATES:**

<b>Does the operation hold a <u>current</u> Step certificate?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>If <u>YES</u></b>	<b>Issued by</b>	<input type="checkbox"/> AUS-MEAT	<input type="checkbox"/> EarthClaims	Lloyds Register
				<b>Certificate #</b>		<b>Expires on</b>	
					<b>Step level</b>		

<b>Has the operation ever held a Step certificate <u>in the past</u>?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>If <u>YES</u></b>	<b>Issued by</b>	<input type="checkbox"/> AUS-MEAT	<input type="checkbox"/> EarthClaims	Lloyds Register
				<b>Certificate #</b>		<b>Expired on</b>	
					<b>Step level</b>		

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

**SUBMITTED BY:**

- By the Operation.** *Please go to Signature section.*
- By a Designated Representative (affiliated with a supplier).** *If so, please complete the following, then go to Signature section.*

<b>Contact Person(s)</b>			
<b>Position(s)</b>			
<b>Contact Information</b>	<b>Email</b>	<b>Tel</b>	
<b>Preferred Method of Contact</b>	<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.

<b>Printed Name</b>			
<b>Signature*</b>		<b>Date</b>	

\* If the applicant uses the signature wizard on this fillable form, please use a digital image of your signature to 'sign' the document.

**Attention Applicants:** Page 2 and 3 will be shared with Global Animal Partnership for demographic analysis only. All details will remain confidential and will not be made public.

**GENERAL INFORMATION:**

<b>Total number of birds raised per year:</b>	
<b>Total number of flocks raised per year:</b> <i>Flock is defined as a barn/house of turkeys. The group can be kept all together or divided into smaller groups but is considered one flock. If poults are brooded together but are subsequently raised to different Step levels they would be considered two flocks and would require two sets of records.</i>	
<b>Will ALL turkeys be raised 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 G.A.P. birds raised per year:</b>	
<b>Total number of G.A.P. flocks raised per year:</b>	

**STEP-LEVEL**

What Step level are you aiming to achieve?			If raising birds to more than one Step level, what is the total # of G.A.P. birds raised per year by Step level?
<input type="checkbox"/> <b>Step 1</b>	no cages, no crates, no crowding	<i>Turkeys in Step 1 systems live in a stationary housing structure and are provided the space to express natural behavior</i>	
<input type="checkbox"/> <b>Step 2</b>	enriched environment	<i>Turkeys in Step 2 systems live in an enriched indoor environment</i>	
<input type="checkbox"/> <b>Step 3</b>	enhanced outdoor access	<i>Turkeys in Step 3 systems have seasonal outdoor access</i>	
<input type="checkbox"/> <b>Step 4</b>	pasture centered	<i>Turkeys in Step 4 systems live on pasture; during winter turkeys may be housed with continuous access to the outdoors</i>	
<input type="checkbox"/> <b>Step 5</b>	animal centered: no physical alterations	<i>Turkeys in Step 5 systems live continuously on pasture and may only be housed during extreme weather conditions</i>	
<input type="checkbox"/> <b>Step 5+</b>	animal centered: entire life on same farm	<i>Turkeys in Step 5+ systems live continuously on pasture, spend their entire lives on a single farm, and are processed at a mobile or on-farm slaughter facility</i>	

**OPERATION SITES & USE:**

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

Site	Physical Address (street, city, state/ province, zip/postal, country)	Management System	Size (acres)	Distance from Site 1 (time/hours)
1		<input type="checkbox"/> 100% indoor <input type="checkbox"/> seasonal outdoor access <input type="checkbox"/> pasture system		/ / / / /
2		<input type="checkbox"/> 100% indoor <input type="checkbox"/> seasonal outdoor access <input type="checkbox"/> pasture system		
3		<input type="checkbox"/> 100% indoor <input type="checkbox"/> seasonal outdoor access <input type="checkbox"/> pasture system		

**FLOCK INFORMATION:**

*Site numbers below are linked to table above*

<p><b>What's the name of the hatchery poults come from?</b> <i>If more than one, please provide the names of all hatcheries.</i></p>	
<p><b>What breed/strain of turkey do you raise for G.A.P.?</b> <i>Check all that apply.</i></p>	<input type="checkbox"/> Hybrid Grademaker <input type="checkbox"/> Hybrid XL Commercial <input type="checkbox"/> Hybrid Converter <input type="checkbox"/> Nicolas 300 <input type="checkbox"/> Nicolas 500 <input type="checkbox"/> Nicolas 700 <input type="checkbox"/> Bronze Broad-breasted <input type="checkbox"/> Bronze Medium <input type="checkbox"/> Auburn Broad-breasted <input type="checkbox"/> Auburn Medium <input type="checkbox"/> Black Broad-breasted <input type="checkbox"/> Black Medium <input type="checkbox"/> White Broad-breasted <input type="checkbox"/> White Medium <input type="checkbox"/> Other: _____

Site	Flock Info	Production Model	Growing Strategy
<b>1</b>	<input type="checkbox"/> raise toms only <input type="checkbox"/> raise hens only <input type="checkbox"/> raise both sexes separately <input type="checkbox"/> raise mixed flocks (toms & hens together)	<input type="checkbox"/> year round production <input type="checkbox"/> seasonal production	<input type="checkbox"/> process entire flock at once <input type="checkbox"/> thin flock during growing
<b>2</b>	<input type="checkbox"/> raise toms only <input type="checkbox"/> raise hens only <input type="checkbox"/> raise both sexes separately <input type="checkbox"/> raise mixed flocks (toms & hens together)	<input type="checkbox"/> year round production <input type="checkbox"/> seasonal production	<input type="checkbox"/> process entire flock at once <input type="checkbox"/> thin flock during growing
<b>3</b>	<input type="checkbox"/> raise toms only <input type="checkbox"/> raise hens only <input type="checkbox"/> raise both sexes separately <input type="checkbox"/> raise mixed flocks (toms & hens together)	<input type="checkbox"/> year round production <input type="checkbox"/> seasonal production	<input type="checkbox"/> process entire flock at once <input type="checkbox"/> thin flock during growing

<b>What is your expected livability per flock?</b>	<input type="checkbox"/> less than 85% <input type="checkbox"/> 85-88% <input type="checkbox"/> 89-91% <input type="checkbox"/> 91-94% <input type="checkbox"/> 95%+
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**BARN INFORMATION FOR G.A.P. BIRDS:**

Site	House/ Barn/Pen ID	# of floors	Length (ft)	Width (ft)	# of Birds Placed	Are birds in the barn currently at the time this app is submitted?	What is the next expected processing 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	
						<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 G.A.P.'s 5-Step® Animal Welfare Standards for Turkey?		
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) FEED AND WATER			
DOES THE OPERATION:		YES	NO
4	Provide access to drinking water at all times?	<input type="radio"/>	<input type="radio"/>
5	Provide feed ad-libitum?	<input type="radio"/>	<input type="radio"/>
6	Feed any animal (mammal, avian or fish) by-products or waste?	<input type="radio"/>	<input type="radio"/>

C) ANIMAL HEALTH			
DOES THE OPERATION:		YES	NO
7	To the best of your knowledge, use genetically modified or cloned turkeys?	<input type="radio"/>	<input type="radio"/>
8	Choose to raise breeds of turkeys that have any of the following? <i>(please check all that apply)</i> <input type="checkbox"/> good leg health <input type="checkbox"/> good immune function <input type="checkbox"/> low levels of mortality <input type="checkbox"/> ability to perch throughout their lives <input type="checkbox"/> the ability to range <input type="checkbox"/> low levels of injurious behavior	/	/
9	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? <i>Please review feed ingredients before answering.</i>	<input type="radio"/>	<input type="radio"/>
10	Have records to identify any animals/flocks treated with antibiotics, ionophores, growth hormones, beta agonists, arsenic-based drugs or sulfa drugs?	<input type="radio"/>	<input type="radio"/>
11	Keep daily mortality & cull records for each flock? <i>(excluding loss from predation)</i>	<input type="radio"/>	<input type="radio"/>
12	Have trained staff who are able to humanely euthanize turkeys when necessary?	<input type="radio"/>	<input type="radio"/>
13	Use the following method(s) to euthanize turkeys at <i>(check all that apply)</i> :		
	<b>0-5 weeks?</b> <input type="checkbox"/> gunshot <input type="checkbox"/> captive bolt <input type="checkbox"/> manual cervical dislocation <input type="checkbox"/> mechanical cervical dislocation <input type="checkbox"/> electrical stun-knife <input type="checkbox"/> gas stunning and killing <input type="checkbox"/> anesthetic overdose <input type="checkbox"/> blunt force trauma <input type="checkbox"/> other: _____ <input type="checkbox"/> N/A	<b>5-10 weeks?</b> <input type="checkbox"/> gunshot <input type="checkbox"/> captive bolt <input type="checkbox"/> manual cervical dislocation <input type="checkbox"/> mechanical cervical dislocation <input type="checkbox"/> electrical stun-knife <input type="checkbox"/> gas stunning and killing <input type="checkbox"/> anesthetic overdose <input type="checkbox"/> blunt force trauma <input type="checkbox"/> other: _____ <input type="checkbox"/> N/A	<b>10+ weeks?</b> <input type="checkbox"/> gunshot <input type="checkbox"/> captive bolt <input type="checkbox"/> manual cervical dislocation <input type="checkbox"/> mechanical cervical dislocation <input type="checkbox"/> electrical stun-knife <input type="checkbox"/> gas stunning and killing <input type="checkbox"/> anesthetic overdose <input type="checkbox"/> blunt force trauma <input type="checkbox"/> other: _____ <input type="checkbox"/> N/A

D) ANIMAL CARE AND MANAGEMENT				
DOES THE OPERATION:			YES	NO
14	Observe and monitor each flock at least twice each day?		<input type="radio"/>	<input type="radio"/>
15	Place poults within 2 hours of delivery?		<input type="radio"/>	<input type="radio"/>
16	Have any turkeys that are (check all that apply): <input checked="" type="checkbox"/> de-toed / toe trimmed <input checked="" type="checkbox"/> de-snooded <input checked="" type="checkbox"/> de-spurred <input checked="" type="checkbox"/> other: _____  <input checked="" type="checkbox"/> I don't have any birds with the physical alterations listed above			
17	Have any turkeys that are beak-trimmed?		<input type="radio"/>	<input type="radio"/>
	<b>If YES, please answer the following three questions:</b>			
	What is the method?	<input type="checkbox"/> infra-red (e.g. Novatech) <input type="checkbox"/> hot blade <input type="checkbox"/> other: _____		
	Where is it performed?	<input type="checkbox"/> at the hatchery <input type="checkbox"/> at the operation		
	Are turkeys ever re-trimmed during the grow-out period?		<input type="radio"/>	<input type="radio"/>
18	Have any turkeys that are toenail-conditioned?		<input type="radio"/>	<input type="radio"/>
	<b>If YES, please answer the following three questions:</b>			
	What is the method?	<input type="checkbox"/> microwave (e.g., Novatech) <input type="checkbox"/> hot blade <input type="checkbox"/> other: _____		
	Where is it performed?	<input type="checkbox"/> at the hatchery <input type="checkbox"/> at the operation		
	Are turkeys ever re-conditioned?		<input type="radio"/>	<input type="radio"/>
19	Use any of the following artificial devices to control feather pecking? (please check all that apply)		<input type="radio"/>	<input type="radio"/>
	<input type="checkbox"/> goggles <input type="checkbox"/> blinkers <input type="checkbox"/> contact lenses <input type="checkbox"/> other: _____			
20	Have a footpad dermatitis monitoring program at the plant?		<input type="radio"/>	<input type="radio"/>
21	Conduct a 100-bird lameness evaluation for each flock the week <u>before</u> processing?		<input type="radio"/>	<input type="radio"/>
22	What is the annual flock mortality for poults up to 9 days?	<input type="checkbox"/> 1% or less <input type="checkbox"/> 2% <input type="checkbox"/> 3% <input type="checkbox"/> 4% <input type="checkbox"/> 5% <input type="checkbox"/> 6%		
23	What is the annual flock mortality for turkeys 10 days and older?	<input type="checkbox"/> 3% or less <input type="checkbox"/> 4-5% <input type="checkbox"/> 6-10% <input type="checkbox"/> 11-12% <input type="checkbox"/> 13+%		

E) HOUSING				
DOES THE OPERATION:			YES	NO
24	Raise turkeys in cages? (excluding transport containers and fenced-in porches and outdoor enclosures that allow turkeys full range of motion)		<input type="radio"/>	<input type="radio"/>

E) HOUSING					
DOES THE OPERATION:			YES	NO	
25	Provide housing/shelter at all times that can protect turkeys from the elements and predation?				<input type="radio"/>
26	Maintain floors of all houses with friable (dry and loose) litter?			<input type="radio"/>	<input type="radio"/>
27	Have slatted and/or wire floors?			<input type="radio"/>	<input type="radio"/>
28	Assess air quality during daily flock monitoring?			<input type="radio"/>	<input type="radio"/>
	<b>If YES</b>	How is air quality assessed? <i>(please tick all that apply)</i> <input type="checkbox"/> sense of smell / sensory evaluation <input type="checkbox"/> calibrated meters or testing strips		/	
29	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 <input type="checkbox"/> birds live outside <input type="checkbox"/> I don't know			
30	From placement, what is the light/dark schedule at the operation?	<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"/> 3 hours <input type="checkbox"/> 4 hours <input type="checkbox"/> 5 hours <input type="checkbox"/> 6 hours <input type="checkbox"/> 7 hours <input type="checkbox"/> 8 hours <input type="checkbox"/> 9+ hours			
31	Use night lights?			<input type="radio"/>	<input type="radio"/>
32	Provide enrichments indoors?			<input type="radio"/>	<input type="radio"/>
	<b>If YES</b>	Please mark all types of enrichments provided:	<input type="checkbox"/> bales of hay/straw <input type="checkbox"/> edible hangers <i>e.g. hanging broccoli, cabbages etc.</i> <input type="checkbox"/> platforms <input type="checkbox"/> ramps <input type="checkbox"/> half barrels <input type="checkbox"/> pecking enhancements <i>e.g. rope, paper twist bundles, string bundles</i> <input type="checkbox"/> visual barriers <input type="checkbox"/> other: _____	/	
33	Provide perches in housing, whether permanent or mobile?				

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

F) FOR OPERATIONS THAT PROVIDE OUTDOOR ACCESS/ PASTURE-BASED SYSTEMS					
DOES THE OPERATION:			YES	NO	
34	How old are the turkeys when they are given continuous outdoor access during daylight hours?	<input type="checkbox"/> 4 weeks <input type="checkbox"/> 5 weeks <input type="checkbox"/> 6 weeks <input type="checkbox"/> 7 weeks <input type="checkbox"/> 8 weeks <input type="checkbox"/> 9+ weeks	/		
35	Do all flocks have outdoor access for a minimum of 5 weeks?			<input type="radio"/>	<input type="radio"/>
36	Is the outdoor area covered with vegetation and/or forage?			<input type="radio"/>	<input type="radio"/>
	<b>If YES</b>	What percentage of the outdoor area is covered with vegetation and/or forage? <input type="checkbox"/> < 25% <input type="checkbox"/> ≥ 25% - 49% <input type="checkbox"/> ≥ 50% - 74% <input type="checkbox"/> ≥ 75%		/	

F) FOR OPERATIONS THAT PROVIDE OUTDOOR ACCESS/ PASTURE-BASED SYSTEMS															
DOES THE OPERATION:														YES	NO
37	Do you provide any of the following in the outdoor area(s)? <i>(please check all that apply)</i>													<input type="radio"/>	<input type="radio"/>
	<input type="checkbox"/> bushes/shrubs <input type="checkbox"/> shade cloth <input type="checkbox"/> A-frame structures <input type="checkbox"/> other: _____ <input type="checkbox"/> no, none of the above													/	
38	Do all turkeys have access to shade in the outdoor/pasture areas?													<input type="radio"/>	<input type="radio"/>
39	Are perches provided in the outdoor areas?													<input type="radio"/>	<input type="radio"/>
40	Are turkeys ever housed seasonally due to inclement conditions?													<input type="radio"/>	<input type="radio"/>
	If YES	Do turkeys have access to an outdoor area when they are seasonally housed?											<input type="radio"/>	<input type="radio"/>	
	If YES	Do turkeys have continuous access by 7 weeks of age?											<input type="radio"/>	<input type="radio"/>	
	If YES	Compared to the total indoor floor space of the house, is the outdoor area for each flock: <input type="checkbox"/> < 50% of the indoor area <input type="checkbox"/> ≥ 50% - 99% <input type="checkbox"/> ≥ 100%											/		
		Does the outdoor area provide any of the following? <i>(check all that apply)</i>											<input type="radio"/>	<input type="radio"/>	
		<input type="checkbox"/> materials that encourage foraging behavior <i>(e.g. whole grains, hay)</i> <input type="checkbox"/> enrichments <input type="checkbox"/> litter <input type="checkbox"/> other: _____											/		
41	Please mark the months of the year that turkeys typically have <b>access to the outdoors/pasture</b> :														
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N/A	All Yr	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	

G) RODENT & PREDATOR CONTROL															
DOES THE OPERATION:														YES	NO
42	Consider rodents a problem?													<input type="radio"/>	<input type="radio"/>
43	Consider predators a problem?													<input type="radio"/>	<input type="radio"/>
44	Ever use the following to control predators?														
	Leg-hold traps											<input type="radio"/>	<input type="radio"/>		
	Egg traps											<input type="radio"/>	<input type="radio"/>		
	Neck snares											<input type="radio"/>	<input type="radio"/>		
	Conibear traps											<input type="radio"/>	<input type="radio"/>		
	Poisons											<input type="radio"/>	<input type="radio"/>		
	Drowning traps											<input type="radio"/>	<input type="radio"/>		

H) TRANSPORT AND LOADING															
DOES THE OPERATION:														YES	NO
45	Ensure that poults are delivered within 48 hours of hatching?													<input type="radio"/>	<input type="radio"/>
46	Who herds and loads turkeys?				Contact Information					Do they hold a current PHTQA certificate?					
	<input type="checkbox"/> SELF <input type="checkbox"/> transport company <input type="checkbox"/> producer group <input type="checkbox"/> contracted crew				Name & Tel:					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know					

H) TRANSPORT AND LOADING				
DOES THE OPERATION:			YES	NO
47	Do water lines in the house need to be raised prior to herding and loading?		<input type="radio"/>	<input type="radio"/>
48	Does feed withdrawal exceed 12 hours (from withdrawal to arrival at the plant?)		<input type="radio"/>	<input type="radio"/>
49	Are turkeys herded and loaded with mechanical loaders?		<input type="radio"/>	<input type="radio"/>
50	Are turkeys herded and loaded with conveyor belts?		<input type="radio"/>	<input type="radio"/>
51	Are the lights dimmed during herding and loading?		<input type="radio"/>	<input type="radio"/>
52	Are turkeys hand caught?		<input type="radio"/>	<input type="radio"/>
53	Are any turkeys that are left behind by the loading crews, culled on the same day the rest of the flock is transported?		<input type="radio"/>	<input type="radio"/>

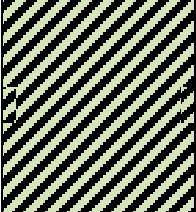
54	Who transports turkeys?	Contact Name Information		Do they hold a current PHTQA certificate?
	<input type="checkbox"/> same as above (Q46) <input type="checkbox"/> SELF <input type="checkbox"/> transport company <input type="checkbox"/> producer group <input type="checkbox"/> processing plant <input type="checkbox"/> birds are not transported	Name & Tel:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know

55	Are there written procedures for the driver to follow in the case of accident or emergency during transport?	<input type="radio"/>	<input type="radio"/>
56	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 turkeys <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	[Hatched Area]	

57	Where are turkeys transported to?	
	<input type="checkbox"/> birds are not transported <input type="checkbox"/> directly to processor	
	Average time from your operation to plant?	
	time (hrs)	

I) PLANS AND PROTOCOLS				
DOES THE OPERATION:			YES	NO
58	Have a <b>written</b> farm plan (e.g. protocols, policies, SOPs, farm manual, organic system plan, emergency procedures)?		<input type="radio"/>	<input type="radio"/>
59	Have a training program that includes animal management?		<input type="radio"/>	<input type="radio"/>
60	Have a bio-security program (e.g. footwear requirements, visitor logs etc)?		<input type="radio"/>	<input type="radio"/>



I) PLANS AND PROTOCOLS						
DOES THE OPERATION:			YES	NO		
61	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					
62	Have a back-up power supply?				<input type="radio"/>	<input type="radio"/>
	<b>If</b>	Does the back-up power supply have a failure alarm?			<input type="radio"/>	<input type="radio"/>
	<b>YES</b>	Is it tested periodically?			<input type="radio"/>	<input type="radio"/>

J) SLAUGHTER REQUIREMENTS						
<i>Note: if your operation does not deal directly with the plant, check with your producer group/co-op/marketing entity.</i>						
63	Is there a procedure in place to identify your operation's turkey flocks upon arrival at the slaughter and/or processing plant? (e.g. producer #; barn/floor identification#; flock identification, or other)		<input type="radio"/>	<input type="radio"/>		
64	Plant Information			Est #	Do they hold a current 3 <sup>rd</sup> party animal welfare certificate?	
	name of plant		address		tel	

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