

Preparation Manufacturing Records

The purpose of the information to be gathered in these records is threefold:

1. **To assist Demeter licensees** in complying with section 4 –‘Biodynamic Preparations’ of the Demeter NZ *Organic Production Standards for Biodynamic Agriculture 2006*, pages 32 -36;
2. **To enable preparation manufacturers to trade** in preparations they have made (this includes bartering or giving away), in such a way that their preparations can be recognised as fit for purpose and of appropriate quality by Demeter NZ, and/or be recognised as permitted materials by other organic certifiers (e.g. BioGro NZ, AsureQuality);
3. **To encourage and assist preparation manufacturers and users** in complying with the **Agricultural Compounds and Veterinary Medicines (ACVM) Act 1997** and its regulations.

As operation plan for the preparation manufacture may be taken:

- A. Chapter 13 ‘The Biodynamic Preparations’ from *Biodynamics –New Directions for Farming and Gardening in New Zealand* (Random Century 1989) or,
- B. Chapters 4, 5 and 6 of *Grasp the Nettle* by Peter Proctor and Gillian Cole (Random House 1997)

Any significant deviation from the plan should be documented to maintain compliance with the ACVM Act 1997.

To comply with the ACVM Act 1997, you need to ensure the following:

1. You need to have a system to recall any batch of preparation from sale or supply. Each preparation record has a space for recording to whom the preparation was sold or given, but you as manufacturer may wish to keep a separate sheet for this, to comply with this ACVM Act’s requirement.
2. Before selling or giving away any preparation, an *Evaluation of BD Preps* form needs to be filled out for each preparation.
3. The packaging must clearly identify which preparation it contains and should include a batch number or year of manufacture.
4. These records must be retained for three years by the manufacturer (you).

You can use these pages in a variety of ways such as:

1. Use them to guide you what to record in your farm diary (they show the minimum)
2. Use as the basis of your legally required record – add additional notes as necessary
3. Supply a copy to anyone needing documentation for certification purposes, such as Demeter NZ or a certified grower. The list of recipients would probably not be included in that case or may not yet be complete.

Evaluation of BD Preps (E-version rows expand as you type in them)

Date:

Prep source:

Batch no. or year:

Type of prep (circle those applicable)

500	CPP	501	502	503	504	505	506	507	508
Biography supplied & complete									
Smell									
Moisture									
Colour									
Fibre									
Colloidal nature									
Physical assessment									
Foreign matter									
Macro life									
Summary									

Comparative rating

Raw material _____ *Best prep*

(e.g. cow manure) 1 2 3 4 5

(put an x somewhere in the line above)

Any other comments:

Opinion given by:

Preparation 500 Record.

Batch:

Year:

Name of preparation manufacturer: _____

(If region or group, include supervisor/s) _____

Date horns put down		Moon in		Ascending	
Weather		Constn.		Descending	

Any special reason for this day? _____

Date horns lifted		Moon in		Ascending	
Weather		Constn.		Descending	

Any special reason for this day? _____

How many times have the horns been used? _____ If varies please estimate

% 1 st time		%3 rd time	
%2 nd time		%4 th time	

If first time please give details of source _____

If not all cow horns give estimated % of non-cow horns _____

Source of cow manure	Approx No. of horns	Animals Demeter Certified? §	Feed 100% Demeter certified? §
Dairy cows			
Beef cows			
Yearling heifers			

§ If "no" for any part of these questions please provide details _____

Collected from:

Yard		Lactating stock?	Yes	
Paddock			No	

Feed in last 48 hours before manure collection (tick any applicable)

Rye/clover		Other (please describe)		Silage	
Kikuyu		Herbal ley		Grain	
Cocksfoot		Hay		Straw	

Method of horn filling _____

Depth of pit _____ Soil type _____

Describe pit location: _____

Number of horns in pit _____

When was last use of any prohibited material on the grazing area or around the pit?

Number of years 500 applications on this property _____

Significant features of pit location (Why did you choose this place?) _____

Anything used as mulch or worm bait on top of pit? _____

If stored since lifting give details of where and how stored (describe storage facility) _____

Was any material rejected at the time of lifting for quality reasons? If yes, please give:

1). Estimate of % of rejected material: _____

2.) What happened to rejected material (end-use): _____

Was there foreign matter in the lifted material? If so what and how much?

Describe storage of cow horns when not in use: _____

Any other comments regarding the putting down of this preparation 500: _____

This preparation has been sold or given to:

Name: _____ Date: _____ Amount: _____

Name: _____ Date: _____ Amount: _____

Name: _____ Date: _____ Amount: _____

Name: _____ Date: _____ Amount: _____

Name: _____ Date: _____ Amount: _____

Name: _____ Date: _____ Amount: _____

Declaration

I certify that the cow manure and horns (if first time used) were from healthy animals and that all the above information is correct

Signature _____ Date: _____

Please return this form or any enquiries to the office. Do not send preparation samples

Preparation 501 Record

Batch:

Year:

Name of preparation manufacturer: _____

(If region or group, include supervisor/s) _____

Date horns put down		Moon in		Ascending	
Weather		Constn.		Descending	

Any special reason for this day? _____

Date horns lifted		Moon in		Ascending	
Weather		Constn.		Descending	

Any special reason for this day? _____

How many times have the horns been used? _____ If varies please estimate

% 1 st time		%3 rd time	
%2 nd time		%4 th time	

If first time please give details of source _____

If not all cow horns give estimated % of non-cow horns _____

Source of quartz _____

Description of quartz – form, clear/milky/coloured etc. _____

Please state:

How and where it was ground _____

How you ensured it was not contaminated with any other substances (e.g. iron) _____

How you ensured it was ground fine enough _____

Method of horn filling _____

Depth of pit _____ Soil type _____

Describe pit location: _____

Number of horns in pit _____

Significant features of pit location (Why did you choose this place?) _____

When was last use of any prohibited material on or near the pit?

If stored since lifting give details of where and how stored (describe storage facility) _____

Was there foreign matter in the lifted material? If so what and how much?

Describe storage of cow horns when not in use: _____

Any other comments regarding the putting down of this preparation 500: _____

This preparation has been sold or given to:

Name: _____ Date: _____ Amount: _____

Name: _____ Date: _____ Amount: _____

Name: _____ Date: _____ Amount: _____

Name: _____ Date: _____ Amount: _____

Name: _____ Date: _____ Amount: _____

Name: _____ Date: _____ Amount: _____

Declaration

I certify that the horns (if first time used) were from healthy animals, that the quartz was not contaminated with any other substance and that all the above information is correct

Signature _____ Date: _____

Any special reason for this day? _____

If stored since lifting give details of where and how stored (describe storage facility) _____

Was any material rejected at the time of lifting for quality reasons? If yes, please give:

1). Estimate of % of rejected material: _____

2.) What happened to rejected material (end-use): _____

Was there foreign matter in the lifted material? If so what and how much?

Any other comments regarding the making of this preparation 502: _____

This preparation has been sold or given to:

Name: _____ Date: _____ Amount: _____

Name: _____ Date: _____ Amount: _____

Name: _____ Date: _____ Amount: _____

Name: _____ Date: _____ Amount: _____

Name: _____ Date: _____ Amount: _____

Name: _____ Date: _____ Amount: _____

Declaration

I certify that the stags' bladders were to the best of my knowledge from healthy animals and that all the above information is correct

Signature _____ Date _____

Please return this form or any enquiries to the office. Do not send preparation samples

Preparation 503 (Chamomile) Record Batch: _____ Year: _____

Flowers of *Matricaria chamomilla* dried, packed into cow's intestines and buried in autumn similarly to preparation 500. Recovered in spring

Name of preparation manufacturer: _____

(If region or group, include supervisor/s) _____

Chamomile flowers

Date(s) picked _____ location(s) picked _____

Stage of flowering when picked _____

How can you be sure they were uncontaminated? _____

Were they dried? If so, how and where? _____

Where were they stored and how did you keep them free from contamination ?

Cows' intestines

Where were they obtained? (please give as much detail as you can including how you ensured they were from a healthy cow and how fresh they were)

How intestines were filled _____

Date put down		Moon in		Ascending	
Weather		Constn.		Descending	

Any special reason for this day? _____

Depth of pit _____ Soil type _____

Were they placed in any receptacle? _____ If so, what? _____

When was the last prohibited material used on the soil where flowers were collected or around the pit? (date or prior to) _____

Location of pit _____ Number of years 500 applications _____

Significant features of pit location (Why did you choose this place?) _____

Date lifted		Moon in		Ascending	
Weather		Constn.		Descending	

Any special reason for this day? _____

If stored since lifting give details of where and how stored (describe storage facility) _____

Was any material rejected at the time of lifting for quality reasons? If yes, please give:

1). Estimate of % of rejected material: _____

2.) What happened to rejected material (end-use): _____

Was there foreign matter in the lifted material? If so what and how much?

Any other comments regarding the making of this preparation 503: _____

This preparation has been sold or given to:

Name: _____ Date: _____ Amount: _____

Name: _____ Date: _____ Amount: _____

Name: _____ Date: _____ Amount: _____

Name: _____ Date: _____ Amount: _____

Name: _____ Date: _____ Amount: _____

Name: _____ Date: _____ Amount: _____

Declaration

I certify that the cows' intestines were to the best of my knowledge from healthy animals and that all the above information is correct

Signature _____ Date _____

Preparation 504 (Nettle) Record

Batch:

Year:

All above ground parts of *Urtica dioica* harvested before or during flowering (no seeds), buried in ground for a full year.

Name of preparation manufacturer: _____

(If region or group, include supervisor/s) _____

Date(s) picked _____ location(s) picked _____

At what stage of growth were the nettles when picked _____

How can you be sure they were uncontaminated? _____

Was the nettle dried? If so, how and where? _____

Where was it stored and how did you keep it free from contamination ?

Date put down		Moon in		Ascending	
Weather		Constn.		Descending	

Any special reason for this day? _____

Depth of pit _____ Soil type _____

Were the nettles placed in any receptacle? _____ If so, what? _____

When was the last prohibited material used on the soil where the nettles were collected or around the pit? (date or prior to) _____

Location of pit _____ Number of years 500 applications _____

Significant features of pit location (Why did you choose this place?) _____

Date lifted		Moon in		Ascending	
Weather		Constn.		Descending	

Any special reason for this day? _____

If stored since lifting give details of where and how stored (describe storage facility) _____

Was any material rejected at the time of lifting for quality reasons? If yes, please give:

1). Estimate of % of rejected material: _____

2.) What happened to rejected material (end-use): _____

Was there foreign matter in the lifted material? If so what and how much?

Any other comments regarding the making of this preparation 504: _____

This preparation has been sold or given to:

Name: _____ Date: _____ Amount: _____

Name: _____ Date: _____ Amount: _____

Name: _____ Date: _____ Amount: _____

Name: _____ Date: _____ Amount: _____

Name: _____ Date: _____ Amount: _____

Name: _____ Date: _____ Amount: _____

Declaration

I certify that all the above information is correct

Signature _____ Date _____

Preparation 505 (Oak Bark) Record Batch: Year

Shavings of oak bark (*Quercus robur*) packed into fresh sheep or cow skull. Placed with rotting vegetation in a place eg barrel with water trickling through in the autumn. Recovered in spring, removed from skull.

Name of preparation manufacturer: _____

(If region or group, include supervisor/s) _____

Oak Bark

Date(s) gathered _____ location(s) gathered _____

How did you confirm the tree was *Quercus robur*? _____

Skull

Type of animal _____

Where was the skull obtained? (please give as much detail as you can including how you ensured that it was from a healthy animal and how fresh it was) _____

How was the skull cleaned, prepared, filled and closed? _____

Date put down		Moon in		Ascending	
Weather		Constn.		Descending	

Any special reason for this day? _____

Where was the skull put? Please give details of water source, its quality, and any other significant features _____

What vegetable matter was added, from what source, and how did you ensure that it was uncontaminated ? _____

Did any livestock have access to the outflowing water ? _____

Date retrieved		Moon in		Ascending	
Weather		Constn.		Descending	

Any special reason for this day? _____

If stored since lifting give details of where and how stored (describe storage facility)_____

Was any material rejected at the time of lifting for quality reasons? If yes, please give:

1). Estimate of % of rejected material:_____

2.) What happened to rejected material (end-use):_____

Was there foreign matter in the lifted material? If so what and how much?

Any other comments regarding the making of this preparation 505:_____

This preparation has been sold or given to:

Name: _____ Date: _____ Amount: _____

Name: _____ Date: _____ Amount: _____

Name: _____ Date: _____ Amount: _____

Name: _____ Date: _____ Amount: _____

Name: _____ Date: _____ Amount: _____

Name: _____ Date: _____ Amount: _____

Declaration

I certify that the skull was to the best of my knowledge from a healthy animal and that all the above information is correct

Signature _____ Date _____

Preparation 506 (Dandelion) Record Batch: Year

Flowers of *Taraxacum officinale* dried and wrapped in a bovine mesentery (membrane attaching colon to abdominal wall), buried in autumn similarly to preparation 500. Recovered in spring.

Name of preparation manufacturer: _____

(If region or group, include supervisor/s) _____

Dandelion flowers

Date(s) picked _____ location(s) picked _____

Stage of flowering when picked _____

How can you be sure they were uncontaminated? _____

Were they dried? If so, how and where? _____

Where were they stored and how did you keep them free from contamination ?

Mesentery

Where was it obtained? (please give as much detail as you can including how you ensured they were from a healthy cow and how fresh and how fat it was)

Was the preparation hung up first? If so please give dates and any other details.

Date put down		Moon in		Ascending	
Weather		Constn.		Descending	

Any special reason for this day? _____

Depth of pit _____ Soil type _____

Were they placed in any receptacle? _____ If so, what? _____

When was the last prohibited material used on the soil where flowers were collected or around the pit? (date or prior to) _____

Significant features of pit location (Why did you choose this place?) _____

When was last use of any prohibited material on or near the pit?

Location of pit _____ Number of years 500 applications _____

Significant features of pit location (Why did you choose this place?) _____

Date lifted		Moon in Constn.		Ascending	
Weather				Descending	

Any special reason for this day? _____

If stored since lifting give details of where and how stored (describe storage facility) _____

Was any material rejected at the time of lifting for quality reasons? If yes, please give:

1). Estimate of % of rejected material: _____

2.) What happened to rejected material (end-use): _____

Was there foreign matter in the lifted material? If so what and how much?

Any other comments regarding the making of this preparation 503: _____

This preparation has been sold or given to:

Name: _____ Date: _____ Amount: _____

Name: _____ Date: _____ Amount: _____

Name: _____ Date: _____ Amount: _____

Name: _____ Date: _____ Amount: _____

Name: _____ Date: _____ Amount: _____

Name: _____ Date: _____ Amount: _____

Declaration

I certify that the cows' intestines were to the best of my knowledge from healthy animals and that all the above information is correct

Signature _____ Date _____

Preparation 507 (Valerian) Record Batch: Year

Fresh or dried flowers of *Valerian officinalis* steeped in water for 3 days, pressed and filtered.

Name of preparation manufacturer: _____

(If region or group, include supervisor/s) _____

Date(s) picked _____ location(s) picked _____

Stage of flowering when picked _____

How can you be sure they were uncontaminated? _____

Were they dried? If so, how and where? _____

Where were they stored and how did you keep them free from contamination ?

Details of water source and quality _____

Weight of fresh or dried, trimmed flowers: _____

Amount of water added: _____

Weight of press cake: _____

Date of pressing: _____

Any special reason for this day? _____

How and when was the preparation filtered? _____

How and where has the preparation been stored? _____

How have you kept it free from contamination? _____

Any other comments regarding the making of this preparation 503: _____

This preparation has been sold or given to:

Name: _____ Date: _____ Amount: _____

Name: _____ Date: _____ Amount: _____

Name: _____ Date: _____ Amount: _____

Name: _____ Date: _____ Amount: _____

Name: _____ Date: _____ Amount: _____

Name: _____ Date: _____ Amount: _____

Declaration

I certify that all the above information is correct

Signature _____ Date _____

Cowpat Pit Record.

Batch:

Year:

Name of preparation manufacturer: _____

(If region or group, include supervisor/s) _____

Date put down		Moon in		Ascending	
Weather		Constn.		Descending	

Method of mixing and time spent mixing materials: _____

Quantity and source of compost preparations added _____

Dimensions of pit _____ Depth of pit _____

Materials for lining and roof of pit _____

Soil type _____ Number of years 500 applications: _____

When was last use of any prohibited material on grazing area or around the pit (date or prior to?)

Location of pit _____

Significant features of pit location (Why did you choose this place?) _____

If stored since lifting give details of where and how stored (describe storage facility) _____

Was any material rejected at the time of lifting for quality reasons? If yes, please give:

1). Estimate of % of rejected material: _____

2.) What happened to rejected material (end-use): _____

Was there foreign matter in the lifted material? If so what and how much?

Other comments regarding the making of this cowpat pit:

This cowpat pit preparation has been sold or given to:

Name: _____ Date: _____ Amount: _____

Name: _____ Date: _____ Amount: _____

Name: _____ Date: _____ Amount: _____

Name: _____ Date: _____ Amount: _____

Name: _____ Date: _____ Amount: _____

Name: _____ Date: _____ Amount: _____

Declaration

I certify that the cow manure was from healthy animals and that all the above information is correct

Signature _____ Date: _____

Please return this form or any enquiries to the office. Do not send preparation samples