# Annual Data for Certification

Demeter Certification Trademark

**Licensee or applicant name:** Click here to enter text.

## 1. Breakdown of land managed

**Give areas of all crops to be listed on the certificate. State size of the area used for each or estimate the percentage of the total applicable area (Required by Demeter International) and the harvested yields**

**(a) Total area applied to certified crops (include pasture)** Click here to enter text.  **(ha)** (See note (a) below.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Crop (*separate crops on each line – no combinations e.g. “Fruit” unless individual crop type is less than 0.1 Ha)*** | **(b) Area applied to crop**See note (b) below. | **(c) Actual planted area of crop** See note (c) below. | **(d) Harvested Yields**See note (d) below. |
| . | . | . | . |
| . | . | . | . |
| . | . | . | . |
| . | . | . | . |
| . | . | . | . |
| . | . | . | . |
| . | . | . | . |
| . | . | . | . |
| **Total of areas for all crops** | =. | . | . |
|  | **This column total should** **match total (a) above**  |  |  |

**Total land under my/our management**

**Note (a)** Total area applied to certified crops is all land you can’t use for any other purpose because it is devoted to crops –includes pathways, headlands, turning places etc. that you need for all crops. **Note (b)** Area applied to this crop is all the land that you can’t use for any other purpose because it is tied up with this specific crop -includes pathways, headlands etc. The entries in this column should add up to the number you put for total (a). **Note (c)** Actual planted area - this is also called the canopy area, or the area excluding pathways, headlands etc. **Note (d)** Amount of crop harvested for the period.

## 2. Biodynamic Field Spray Preparations, Composts and Liquid Manures Spread

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Type** | **Where from? (Ensure source info listed last column this page or in s.8 below )** | **Where used? (Write “Whole farm” or give reference to farm map. Ensure farm map is supplied)** | **Prepped?-Y /N (Liquid manures and CPP only)** | **What rate? (portions or weight /ha)** | **When was it used (date)?** | **Refer to document number** |
| P500 | BD Assoc | Blocks: Home, Well, 3rd Gully, Simpsons | n/a | 2.5 port/ha | 17 Aug 2010 | 11(source);Map 2 |
| . | . | . | . | . | . | . |
| . | . | . | . | . | . | . |
| . | . | . | . | . | . | . |
| . | . | . | . | . | . | . |
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| . | . | . | . | . | . | . |
| . | . | . | . | . | . | . |
| . | . | . | . | . | . | . |
| **Was preparation 500 used on all land? (Y/N)** | . |  |
| **Was preparation 501 used on all crops? (Y/N)** | . |  |
| **Were compost preparations used in all manures made from plant or animal wastes? (Y/N)** | . |  |

##  3. Use of compost preparations (and cow pat pit used as an inoculant)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Type**  | **Where from? (Ensure source info listed last column this page or in s.8 below )** | **What used in?** | **When was it used?** | **How much was used?** | **How big was the heap or brew? (litres or cubic m)** | **Refer to document number** |
| eg502-507 | Own – see s8. below | Compost windrow | 27-28 March 11 | 6 sets | 30 cu. m | 22 |
| . | . | . | . | . | . | . |
| . | . | . | . | . | . | . |
| . | . | . | . | . | . | . |
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| . | . | . | . | . | . | . |
| . | . | . | . | . | . | . |
| . | . | . | . | . | . | . |
| Did the effect of compost preparations reach all parts of the certified area? (Y/N)  | . |  |

## 4. Use of fertilising and soil conditioning amendments permitted in organic certification but where the Demeter conditions differ (refer to Tables 5-1 and 6-1 of the Standards)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Material** | **Amount brought-in during reporting period** | **Where did it come from?** | **BioGro approved?** | **How much used?**  | **Where was it used? (Paddock no. and/or crop)** | **When was it used?** | **Amount left (at report close-off date)** |  **Refer to document number** |
| E.g. Peat | 50kg | Joe’s Ag Ltd, Waipa | Yes | all | Potting mix | 13/5/19 | nil | 13,14 |
| . | . | . | . | . | . | . | . | . |
| . | . | . | . | . | . | . | . | . |
| . | . | . | . | . | . | . | . | . |

## 5. Plant pest and disease materials permitted in organic certification but where the Demeter conditions differ (refer to Tables 5-2 and 6-2 of the Standards)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Product trade name (copy from label)\***  | **Reason** | **Date applied** | **Block or paddock** | **Crop treated Species and variety** | **Active ingredient (copy chemical name from label)** | **% Active ingredient in product (copy from label)** | **Amount of product used****(measure)**  | **Applied to –** **(area)** | **Refer to document number** |
| E.g. WeedenzTM Rapid | Weed control | 11/9/10 | 3 ways vineyard | Wine grapes – sauvignon blanc | Plant derived fatty acids | 700g/litre | 70ml | 0.83ha | 25 |
| . | . | . | . | . | . | . | . | . | . |
| . | . | . | . | . | . | . | . | . | . |
| . | . | . | . | . | . | . | . | . | . |

## 6. Animal feed materials permitted in organic certification but where the Demeter conditions differ (refer to Table 7-1 of the Standards)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Material (e.g. animal proteins, fish proteins)** | **Unit (e.g. large round bale)**  | **Where from?** | **Certific-ation** | **Amount obtained**  | **Amount fed out** | **Fed to include number of animals** | **Left at end of the period** | **Refer to document number** |
| E.g. Fish Meal | 20 kg | BioSea | BioGro  | 1 | all | 150 cows | Nil | 34 |
| . | . | . | . | . | . | . | . | . |
| . | . | . | . | . | . | . | . | . |
| . | . | . | . | . | . | . | . | . |

##  7. Composts and liquid manures made including brought-in manures reprocessed

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Type (e.g. liquid seaweed manure)** | **Ingredient materials** | **How much made? (Measure at start)** | **Date maturing****completed**  | **Compost preps declared in 3 above?** | **Observations (heating, bubbling etc)** | **Observations of final quality** | **How much left in stock at end of period?** | **Refer to document number** |
| . | . | . | . | . | . | . | . | . |
| . | . | . | . | . | . | . | . | . |
| . | . | . | . | . | . | . | . | . |
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| . | . | . | . | . | . | . | . | . |

## 8. Biodynamic preparations and cowpat pit made (list what you made)

 **Please ensure that the document recorded here is the Preparation Making Record form**

|  |  |
| --- | --- |
| **Type** | **Record form doc number** |
| .. | . |
| .. | . |
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## 9. Stocking rate - manure loading on land

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Livestock type/breed** | **Average number on farm over whole year (a)** | **Nitrogen (kg) produced per animal per year\* (b)** | **Total nitrogen****Column (a) x (b)** | **Phosphorus (kg) produced per animal per year\* (c)** | **Total phosphorus****Column (a) x (c)** | **Default figures for nitrogen (N) and phosphorus (P2O5) output per animal per year** |
| E.g. Friesian Bulls | 3 | 67 | 201 | 59 | 177 | Breeding bulls: 67 kg N, 59 kg P2O5Cows & cattle over 2yrs: 56 kg N, 49 kg P2O5Cattle 1-2 yrs: 40 kg N, 34 kg P2O5Calves: 16 kg N, 15 kg P2O5Sheep & goats over 1 yr: 5. 6 kg N, 4.9 kg P2O5; Sheep & goats up to 1yr: 1.1 kg N, 1 kg P2O5Breeding sows with piglets: 31 kg N, 27 kg P2O5Poultry: 0.4 kg N, 0.3 kg P2O5 \*Use the default figures unless you have better figures – e.g. those calculated from feed budgets |
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| . | . | . | . | . | . |
| **Total Nitrogen****Total Phosphorus** | = .= . | **Total area (ha)** | **=** . | **Divide total N and P2O5 by total area (ha)** | **Nitrogen/ha****Phosphorus/ha** | = .= . |

## 10. Brought-in livestock

|  |  |  |  |
| --- | --- | --- | --- |
| **Identification** | **Source** | **Status** | **Veterinary treatments** |
| **Date****onto****property** | **No. of animals** | **Type of stock –****species, breed, age, sex** | **How identified -unambiguously?** | **Where from?\*\*** | **Verified \*\*\* certification? (What cert?)** | **Within W/h period of any treatment?****Yes/ No** | **Into which paddock?** | **Refer to document number** |
| E.g. 1/4/11 | 22 | Suffolk 2th ewes | Different breed from other sheep | Joe Brown | No - uncert  | Yes | Pond paddock | 28 |
| . | . | . | . | . | . | . | . | . |
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| . | . | . | . | . | . | . | . | . |

\*Unambiguous identification - we need details of actual tag numbers and markings, so the inspector can identify them from this report

\*\*Where from: Give enough detail to match what’s in this table to the attached certificate or management declaration. Attach full details.

\*\*\*Certification: Certified animals require documentation, or status is lost. Attach details in numbered document.

***Have your livestock been under TB movement control in the period?...*** Click here to enter text.

## 11. Livestock treatment and management records

***Include homoeopathic and herbal remedies, as well as conventional chemicals***

**11(a) Current period treatments**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No. of anim-als** | **Type of stock – species, breed, sex, age** | **Identifying marks natural or tag nos.)** | **Demeter status before treating** | **Treated with: (copy from label)** | **Active ingredient (copy from label)** | **Why treated?** | **Date treated** | **Label w/h Period (Copy)** | **Sent to which paddock****(s).** | **At which date(s)?** | **Refer to doc-ument number** |
| E.g. 200 | All Friesian cows | All tags | Full | Devon apple tonic | Apple cider vinegar | Tonic | Every week | Nil | Changes weekly | Weekly | 29 |
| . | . | . | . | . | . | . | . | . | . | . | . |
| . | . | . | . | . | . | . | . | . | . | . | . |
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| --- |
| **11(b) Tracking and disposal of livestock following treatment with prohibited remedies**  |
| ***For livestock treated in this reporting period.*** (These cannot be used to supply Demeter meat, milk, wool, or other products)Please give the following information supplementary to that you gave in table 13 (a) |
| Identification details e.g. tag numbers | Please state here how the uncertified products from these animals are kept separate from Demeter certified products, and how they are described or labelled if sold |
| . | . |
| . | . |
| . | . |
| . | . |
| . | . |
| ***For all other livestock on the farm, that were treated with prohibited materials at any time during life*** (These cannot be sold for Demeter meat but can supply products after a year) |
| Type of stock | Year treated | How permanently identified | Identification details e.g. tag numbers | Date sent away (if permanently off property)  |
| . | . | . | . | . |
| . | . | . | . | . |
| . | . | . | . | . |
| . | . | . | . | . |
| . | . | . | . | . |

## 12. Other animal welfare

**12(a) Surgical procedures and mutilations**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Breed and type** | **How many?** | **Age of animal** | **When?** | **Why?** | **Refer to** **document number** |
| **Tail dockings** | . | . | . | . | . | . |
| **Nose ringings** | . | . | . | . | . | . |
| **Castrations** | . | . | . | . | . | . |
| **De-beakings** | . | . | . | . | . | . |
| **Teeth cutting** | . | . | . | . | . | . |
| **Velvettings** | . | . | . | . | . | . |
| **De-hornings** | . | . | . | . | . | . |
| **Other** | . | . | . | . | . | . |
|  | . | . | . | . | . | . |

***If drugs used, record in livestock treatment form***

**12(b) Close confinement of animals – does** **not include short period in crush e.g. for foot treatment, but does include calves, piglets, chicks etc. in special pens.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Confinement by**  | **Breed & type** | **How many?** | **Age of** **Animal** | **When confined?** | **How long for?** | **Why?** |
| **Tethering** | . | . | . | . | . | . |
| **Pig pen** | . | . | . | . | . | . |
| **Crate** | . | . | . | . | . | . |
| **Farrowing pen** | . | . | . | . | . | . |
| **Cage** | . | . | . | . | . | . |
| **Fowl house or barn** | . | . | . | . | . | . |
| **Other** | . | . | . | . | . | . |
| **Other** | . | . | . | . | . | . |

##

## 13. Produce harvested and dispatched

**13 (a) Finished Demeter produce to domestic customers (i.e. won’t be further processed) – continue on separate sheet if necessary**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Who are your customers?** **A. List large customers by name (include internal customers).** **B. For small customers group by type** | **What types of produce did you send them?** | **Sold as Demeter certified? Yes/No** | **Approx per cent of your turnover** | **Ref to****Doc number** |
| B. Farmers market customers, Newtown | Green and root vegetables | Yes | 35% | 44 |
|  A. Green Distribs, Market St, Greenton  | Strawberries | No | 5% | 45 |
| . | . | . | . | . |
| . | . | . | . | . |
| . | . | . | . | . |
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| . | . | . | . | . |
| . | . | . | . | . |
| . | . | . | . | . |
| . | . | . | . | . |

**13(b) Produce to export as Demeter or to Demeter processing – continue on separate sheet if necessary (include own processing)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Type** | **Packaging** | **Amount** | **Packer/exporter/****Processor** | **Destination** | **Date off farm** | **Refer to****Document****number** |
| . | . | . | . | . | . | . |
| . | . | . | . | . | . | . |
| . | . | . | . | . | . | . |
| . | . | . | . | . | . | . |

Produce packed off farm and or exported should be discussed with Demeter New Zealand beforehand

**13(c) Labelling and consumer information (complete the three panels below. (If YES, additional information is needed)**

|  |  |  |
| --- | --- | --- |
| **Have you used labels referring to Demeter or certified biodynamic during the year or propose to use them in future?** | **Have you supplied promotional material or product info during the year or propose to supply some in future?**  | **Do you have info referring to Demeter or certified biodynamic on a website? Or do you propose to do so? (If proposing, supply draft text)** |
| YES or NO? Choose an item.If YES I attach copies as document number . | YES or NO? Choose an item.If YES, I attach it as doc number . | YES or NO? Choose an item. If YES, at www . |

## 14. Peer Review and biodynamic development

|  |  |  |
| --- | --- | --- |
| **Development Option** | **Have you undertaken this in the past 3 years? (yes/no)** | **Details** |
| **Peer Review** | Choose an item. | . |
| **Host events involving the farm (e.g. prep making, student visits)** | Choose an item. | . |
| **Make three visits to other biodynamic farms** | Choose an item. | . |
| **Engage a formal biodynamic consultant acceptable to Demeter New Zealand** | Choose an item. | . |
| **Attend a recognised biodynamic course** | Choose an item. | . |

## 15. Other Information

|  |  |
| --- | --- |
| All subcontractors have been under my/our daily direction and their work has met the requirement of the standards. | Choose an item. |
| Prohibited materials have **not** been applied to the land managed, except as described elsewhere in this report. | Choose an item. |
| Requirements of NZ law in relation to health and hygiene, safety and fair labour practices have been met. \* | Choose an item. |

\*This question has been added to meet Demeter International requirements for fair treatment of workers.

## 16. Changes to the Farm Profile and Management Plan.

**(Ensure that you have gone through the Farm Profile and Management Plan templates to confirm your information still accurately reflects your situation. Specific sections you have been asked to amend will be noted in your previous year’s renewal letter.)**

16(a) Are any changes needed to your Farm Profile? Choose an item.

 If Yes, please attach a copy with Track Changes marked to this report.

16(b) Are any changes needed to your Management Plan? Choose an item.

 If Yes, please attach a copy with Track Changes marked to this report.

16(c) Are any changes made to licensees responsible for the property described in this report? Choose an item.

 If Yes and the new licensee is a non-owner manager of the property, please provide documentary evidence of the owner’s authority to meet Demeter obligations.