

## 2022 Supplier Ingredient Affidavit: Eggs



5612 Randolph Road  
Rockville, MD 20852

Farm Name

Contact Person

Physical Farm Street Address, City

State, Zip Code

Primary phone number | Other phone number

Email address

(301) 816-1133

Total number of hens: \_\_\_\_\_

Is your product USDA certified organic?  Yes  No

Which third party animal welfare certifier conducts your annual inspection?

Does a third-party Animal Welfare certifier audit your operation?  Yes  No

### Animals

Are any of your animals genetically cloned or altered?  Yes  No

Is the practice of food withdrawal used to induce a molt?  Yes  No

Are animals physically altered in any way (debeaking, beak trimming, toe clamping)? If so, please explain which procedure and why.

---

---

---

---

How are sick animals managed?

---

---

---

---

### Feed

Is feed free from mammalian- or avian-derived protein (with the exception of eggs)?  Yes  No

Is feed free from animal by products?  Yes  No

Is feed free from growth promoters and sub-therapeutic antibiotics including ionophores and coccidiostats?  Yes  No

Is feed GMO free?  Yes  No

Initial: \_\_\_\_\_

**Environment**

How much indoor floor space (square feet) is available per hen? \_\_\_\_\_

If nesting boxes are used, how many nest boxes are provided? \_\_\_\_\_

If a community nest system is used, what is the square footage of the overall area? \_\_\_\_\_

Are hens allowed access to a free-range outdoor environment?  Yes  No

Is at least 50% of the outdoor area soil or soil with vegetative cover?  Yes  No

Please state if porches, "winter gardens" or covered verandas are used.

---

---

---

---

How many hours per day do the hens have access to pasture? \_\_\_\_\_

How many days per year do the hens have access to pasture? \_\_\_\_\_

If pastured, what is your rotational grazing plan?

---

---

---

---

Is pasture treated with pesticides, fungicides, or herbicides?  Yes  No

What protections are provided to protect animals against inclement weather?

---

---

---

---

What protections are provided against predators?

---

---

---

---

What is your pest management plan?

---

---

---

---

**Initial:** \_\_\_\_\_

<b>DECLARATION</b>
--------------------

*By executing this declaration, you are agreeing to be bound by all applicable laws and regulations, and agree that you are responsible for compliance with any applicable local laws. This affidavit shall remain in effect for one (1) year, **expiring on December 31, 2022.***

I, \_\_\_\_\_, an authorized representative of the company, \_\_\_\_\_, certify under penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_  
**Signature of Authorized Representative**

\_\_\_\_\_  
**Date**