



Name: _____

Make copies of this form as needed.

Year: _____

LIVESTOCK INPUT INVENTORY

Account # _____

New applicants: Submit this form with your Livestock Organic System Plan. List all livestock inputs except feedstocks.
Updating clients: Submit this form with your Annual Update. List ONLY livestock inputs that are NEW to your operation this year (previous input inventories are retained in your file). **All clients: Submit product labels and ingredient information for inputs not previously approved by MOSA or OMRI listed.**

Office Use Only					Description of Restrictions	Complete Input Name	Manufacturer Name	Purpose for Use (feed supplement, health input, equipment sanitation, etc.)	Location Used (specific type and age of livestock, facility, equipment, etc.)	Proposed for use, ingredients provided	Received MOSA approval for use	OMRI listed
Status												
Status	<input type="checkbox"/> Allowed <input type="checkbox"/> Allowed with restrictions <input type="checkbox"/> Prohibited									<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Status	<input type="checkbox"/> Allowed <input type="checkbox"/> Allowed with restrictions <input type="checkbox"/> Prohibited									<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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