



OFF-FARM MANURE/BEDDING VERIFICATION

Use this form to provide information on bulk off-farm manure and/or bedding materials. Have the supplier of your manure and/or bedding complete this form. (Note: This form does not apply to packaged and labeled products.)

I have provided _____ with _____
(MOSA client name) (manure and/or bedding)

SECTION 1: Off-Farm Manure Verification

MANURE Type of animals: _____

Check manure type

liquid manure solid semi-solid dehydrated pelleted other: _____

Does the manure contain added ingredients (digesters, minerals, barn lime, etc.)?

No Yes _____
(list inputs added)

Does the manure contain *bedding?

No Yes _____
(list type(s) of *bedding in the manure)

Does the *bedding contain added ingredients (materials for ammonia control, deodorizers, sanitizers, etc.)?

No Yes _____
(list inputs added)

*If bedding is wood based, provide verification (below) that the wood shavings/sawdust come from raw and untreated sources.

Manager Name (print) _____

Company/Farm Name _____

Address _____ **City** _____ **State** _____ **Zip** _____

Phone _____ **Email** _____

Signature of Manager _____ **Date** _____

SECTION 2: Off-Farm Bedding Verification (Complete this section only if wood-based bedding is being used.)

BEDDING Type _____ Source _____
(sawdust, wood shavings, etc.) (farm or company name)

Does the wood based bedding come from untreated sources? No Yes

If no, list wood source/ingredients: _____

Manager Name (print) _____

Company/Farm Name _____

Address _____ **City** _____ **State** _____ **Zip** _____

Phone _____ **Email** _____

Signature of Manager _____ **Date** _____