



APPENDIX E APICULTURE

This document is an Appendix to the **initial** and **extension** Producer Certification Application and Contract (Doc # 5.2.1 and 5.2.1-NOP), and is completed when a producer is applying for certification of apiary products. It is necessary to fully describe and update the apiary portion of your Organic Production Plan and is used for all certification programs including the “NOP Only” and “NOP Plus” applications.

1.0 APICULTURE INFORMATION [NSC .310, 4.4; NOP 205.201]

Name: _____
Producer No. _____ Year: _____

1.1 Nature of Apiculture Operation

Generally describe the nature of the organic (and non-organic) wild crop harvesting operation.

The on-farm honey processing and handling plan should be recorded in **Appendix B – On-Farm Processing** (Doc # 5.2.1 B) If on-farm processing is substantial (as determined by Pro-Cert) this operation must be evaluated as a separate entity. Request and complete Processor/Handler Application & Contract (Doc # 6.2.1).

1.2 Apiculture Produce List

List the apiculture products to be certified as organic:

1.3 Apiculture Production Area Description

1. Complete **Table 1.3** attached.
2. Attach map(s) indicating the general foraging area, including the hive sites, and the 3.5 km foraging area for each site.

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3. Generally describe the nature of the forage area to be harvested, i.e. physical features, flora & fauna, etc.

1.4 Peripheral Development Description

Clearly identify on the above map(s), the location of residential, commercial, government and industrial developments within the foraging area. Describe the nature of waste effluent (solid, liquid and gaseous) treatment and disposal. Indicate potential of the above for contamination of the foraging area with unpermitted substances:

2.0 ORIGIN OF BEES [NSC .310, 7.1.8]

2.1 Replacement Bees

Document the source of replacement bees:

Is the supplier organic? ____ Yes ____ No

If **No**, what is the minimum time from purchase to removal of apiculture products from the hive? _____

2.2 Conversion

How long has the operation been managed organically? _____

Has all non-organic wax been replaced with organic wax during the conversion periods? ____ Yes ____ No

If **No**, what is the time frame for the completion of replacement? _____

3.0 HIVE LOCATION & FORAGING AREA [NSC .310, 7.1.9]

3.1 Hive Location

Describe the management practices used to maintain the hive sites (i.e. weed control, pest control, etc.):

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Describe the nature of non-permitted substance use (i.e. pesticides) within the foraging area(s) for the hives:

Are Genetically Modified Organisms produced within the foraging area of the hive site(s) ___ Yes ___ No

If **Yes**, describe the nature of the production: _____

Is all land within the forage area organically managed? ___ Yes ___ No

If **No**, what practices are in place to maximize access to organically managed land? _____

4.0 FEEDING [NSC .310;7.1.10]

Identify the water source for the hive site(s) on map of the forage area.

If a continuous supply of clean water is not available in the foraging area, what measures are taken to provide water to the colonies: _____

Is there any supplemental feeding of the colonies? ___ Yes ___ No

If **Yes**, document the reasons for supplemental feeding, the time frames in which the feeding will occur and the nature of the food provided: _____

What provision is made for adequate food to be supplied during the dormancy period? _____

How long before honey flow is supplemental feeding suspended? _____

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5.0 COLONY MANAGEMENT [NSC .310, 7.1.11]

Describe procedures in place to identify each hive: _____

Describe procedures in place to document all activities related to removal of the honey supers and transport to extraction _____

What is the source of comb foundation? _____

Is the source certified organic? ____ Yes ____ No
 If **Yes**, attach copy of suppliers Certificate of Conformity
 If **No**, document your search for available organic comb foundation in your Chronological Log.

Are there any physical modifications to the bees (i.e. wing clipping of queens)? ____ Yes ____ No

Describe methods used to remove bees from the hives: _____

Are smokers used in bee management? ____ Yes ____ No
 If **Yes**, what is the nature of the fuel used in the smokers? _____

Are colonies destroyed on an annual basis? ____ Yes ____ No

6.0 HIVE CONSTRUCTION [NSC .310, 7.1.12]

Describe the nature of the materials used in construction of the hives: _____

Are exterior surfaces painted? ____ Yes ____ No
 If **Yes**, is the paint a non-lead base paint? ____ Yes ____ No

Is plastic foundation used? ____ Yes ____ No
 If **Yes**, what practices are in place to prevent contact with the plastic? _____

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7.0 HEALTH CARE, DISEASE & PEST MANAGEMENT [NSC .310 7.1.13 &14]

What efforts are made to promote healthy and genetically diverse colonies? _____

What preventative health care practices are utilized in the operation? _____

How often are queens renewed? _____

Describe the breeding and selection process used in selection of queens: _____

What practices are employed to isolate diseased hives? _____

Describe the disease control program employed, including equipment used and management procedures: _____

List any substances used for disease and pest control in and around the hives.

Substance	Purpose	Composition	Source
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have allopathic drugs (i.e. antibiotics) been used, or will they be used in the next 12 months? ___ Yes ___ No
 If **Yes**, document the reason for use, and procedures in place to isolate the hive(s) and production from the same:

If treatment with prohibited substances occur, records documenting the isolation of the hive and the sale of the produce harvested from the hive to the conventional market must be available for review at the time of inspection.

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8.0 PRODUCER ATTESTATION

I, being the aforementioned producer, hereby do affirm and verify that the above information is accurate and correct to the best of my knowledge.

Producer's signature: _____ Date: _____

9.0 ATTACHEMENTS

- Table 1.3 Hive Site(s) and Foraging Area Map
- Table 1.3 Hive Site(s) and Foraging Areas
- Production Record
- I have made copies of this questionnaire and other supporting documents for my own records.
[This document must be attached to Doc # 5.2.1 as part of that Application and Contract for organic certification].

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Figure 1.3 Hive Site(s) & Foraging Area Map

Provide excerpts from the RM or County maps and indicate via bold outline the location of all hive sites. Assign a number to each separate site. Indicate the 3.5 km foraging area surrounding each hive site.



