



Apiary Organic System Plan

*Please complete this form in its entirety if you are new applicant. Please also ensure that you attach the Apiculture Organic System Plan Annual Update. Sign this form and attach supporting documentation as specified in Section 9 of the Apiculture Organic System Plan Annual Update. Any incomplete information may lead to a delay in certification. Use additional sheets if necessary. Mark any sections that do not apply to your operation as "Not Applicable." Contact your Chapter Administrator or the Humboldt office, if you have any questions regarding the completion of this form. **This form is confidential when completed.***

SECTION 1: General Information

Operation Name:	Operator Number:
-----------------	------------------

↑ **The Operation Name must be an individual, a corporation, an association, or an organization recognized as a legal entity. This name goes on the certificate.**

Other Name (s):

↑ **Other Name(s) may be another name by which the certificate holder is commonly known in the marketplace or the name the holder commonly does business under. This name may be added on the certificate but must clearly be referred to as "doing business as" or "DBA." Leave blank if you don't have any.**

Contact Person's Name:

Secondary Contact Person's Name (if applicable):
--

PHYSICAL INSPECTION LOCATION INFORMATION			OPERATION'S CONTACT INFORMATION		
Address:			<input type="checkbox"/> Same information as inspection location		
City:	Province:	Postal Code:	Mailing Address:		
City:	Province:	Postal Code:	City:	Province:	Postal Code:
Phone 1:		Phone 2:	Phone 1:		Phone 2:
Cell:		Fax:	Cell:		Fax:
E-mail Address:			E-mail Address:		
Web Site:			Web Site:		

Please provide directions to the inspection location(s) and indicate when you are available to contact:

1. Please list previous organic certification applications to other agencies (name, year(s) of application, outcome of application).
--

Applicant Initials: _____ Date: _____

SECTION 2: Apiculture Origin and Identification Systems

1. Please describe how each hive is identified.	
2. Are new hives produced within the operation? <u>If yes</u> , please explain the process of developing new hives:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Please note that an organic certificate and addendum is required for all purchased hives.</i>	

SECTION 3: Apiculture Feed

1. Please describe the forage and water sources available to the hives.		
2. Do you consider that you have adequate food supplies maintained, including sufficient reserves for the colony to survive dormancy periods?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. If you have had to feed any of the colonies to overcome a temporary feed shortage, have you maintained adequate records to show that feeding only occurred between the last honey harvest and 15 days before the start of the next nectar or honeydew flow period?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Have you ensured that any supplemental feed provided to the bees was not provided less than 30 days before the harvest of honey?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. If you did provide any supplemental feed to the bees, please complete the table below.	<input type="checkbox"/> N/A	
FEED MATERIAL	SOURCE	ORGANIC?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Please describe the records that are maintained to document feeding (dates, amounts fed, etc.)		

SECTION 4: Colony Management

<p>1. a. How often are hives checked?</p> <p><input type="checkbox"/> Daily</p> <p><input type="checkbox"/> Weekly</p> <p><input type="checkbox"/> Monthly</p> <p><input type="checkbox"/> Other (specify):</p> <p>b. Please describe your monitoring activities, and how the monitoring may vary between colonies due to weather or time of year.</p>
--

Applicant Initials: _____ Date: _____

2. How are queens replaced in the apiary?	
3. Please describe how you remove bees from the hives.	
4. a. Do you use plastic foundations for your hives? <u>If yes</u> , have these been dipped in organic beeswax? b. Is this beeswax produced in your operation? <u>If no</u> , please provide the source of the organic beeswax:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Please note that an organic certificate and addendum is required for all purchased beeswax.	

SECTION 5: Health Care Practice

1. What are the disease concerns with the apiary?	
2. Please describe the preventive health-care practices you employ to maintain the health of the colonies (e.g., selection of bee stocks resistant to disease, colony location, pollen and honey availability, beeswax renewal, destruction of contaminated hives, regular cleaning, and disinfection of equipment, etc.)	
3. Please describe the measures taken to promote strong colonies (e.g., renewing queens, hive density, systematic colony inspection, relocation of diseased colonies, etc.).	
4. Please describe how you remove bees from the hives.	
5. a. Please describe the management practices you follow to control disease and pest problems (e.g., with regards to queen selection, comb foundation, equipment, etc.).	
b. If colonies become diseased, how are they handled?	
c. Under what circumstances are hives destroyed?	
6. Are antibiotics ever used in the operation? <u>If yes</u> , please describe how these colonies are handled and the information that is maintained to record the use of the antibiotics.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are any botanical compounds, non-synthetic or synthetic substances used as health remedies? <u>If yes</u> , a. Is the wax in the hive replaced? b. How long is the colony removed from organic production?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Initials: _____ Date: _____

8. Please complete the table below with the Full Brand Names of any botanical compounds, non-synthetic or synthetic substances used as health remedies.

BRAND NAME OF SUBSTANCE USED	SUPPLIER	REASON FOR USE

SECTION 6: Living Conditions

1. What materials are used in the construction of the hives?	
2. Is treated lumber used in the construction of hives or in any other areas where bees congregate? If <u>yes</u> , please describe where treated lumber is used: Please note that pressure-treated lumber or particleboard, wood preservatives and lumber treated with prohibited substances are not permitted.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. If you are using plastic foundations for your hives, have these been dipped in organic beeswax?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is beeswax replaced during the transition period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. How often is beeswax replaced?	
6. What is the source of the beeswax?	
7. Is organic beeswax used in the hives? If <u>yes</u> , and the beeswax is purchased, please submit organic certificate and addendum.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. If non-organic beeswax is used, please explain why organic beeswax is not used: Is non-organic beeswax free from contaminants? Please submit documentation showing that the beeswax is free of contaminants.	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Describe the sanitation and maintenance methods and frequency of this practice (including disinfection of the apiary).	

Applicant Initials: _____ Date: _____

<p>10. a. Is any non-organic honey harvested by your operation?</p> <p>b. Are the areas involved in parallel honey production located at the same site (meaning part of the same production unit and not located in a different area)?</p> <p><u>If yes</u>, please clearly describe the measures (clean-downs, audit trail documents, etc.) taken to ensure that there is no commingling of organic and non-organic honey/honey products during harvest or production.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>11. Is the extraction facility inspected by a food inspection/regulatory agency? <u>If yes</u>, what was the date of last inspection?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>

SECTION 9: Post-Harvest Handling

<p>A. EXTRACTION</p>	
<p>1. How is honey moved between the extraction equipment and settling/storage tanks?</p>	
<p>2. What specific materials are used to package/store honey and honey products (glass bottles, plastic barrels, etc.)?</p>	
<p>3. Are honey containers made of a food-grade material and documented as such?</p> <p>Please submit food grade documentation for containers and plastics</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4. Were honey containers new?</p> <p><u>If no</u>, what did they contain/for what were they used prior to organic use.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>B. PACKAGING</p>	
<p>1. Please describe the packaging process that is in place for honey and honey products.</p>	
<p>2. Are labels used on any of your products that are marketed?</p> <p><u>If yes</u>, please submit samples for each type of label that is used.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3. Do you produce any processed honey products? Are any ingredients added to the processed products?</p> <p><u>If yes</u>, please list products.</p> <p>*<u>If yes</u> to any of the above questions:</p> <p>Please complete the TCO Cert “Processor Organic System Plan” and the “Processor Organic System Plan Annual Update”</p>	<p><input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> No</p>
<p>C. STORAGE</p>	
<p>1. Please describe where packaged honey/honey products are stored.</p>	
<p>2. Is the storage area for honey dedicated organic? <u>If no</u>, describe how the organic storage areas are identified and how commingling is avoided.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Applicant Initials: _____ Date: _____

3. How long is honey stored prior to sale?	
4. a. Is your product stored off-site, using a Custom Service Provider for such activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Do you use a custom service provider for packaging and/or labeling your products?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><u>If yes to any of the above questions:</u></p> <p>Please provide the full name of the off-site storage facility or the Packaging and Labelling Custom Service used:</p> <p>Which of the following documentation is in place for the service provider used?</p> <p><input type="checkbox"/> Attestation of Compliance to the COR *</p> <p><input type="checkbox"/> Organic Certificate and Addendum for Packaging & Labeling **</p> <p>* <u>Attestation of Compliance</u> documentation needs to be in place for Contractual Service Providers storing or processing your products.</p> <p>If the Contractual Service Provider does not hold an Attestation of Compliance the service provider's facility and activities need to be included in the annual inspection of your operation.</p> <p>** If you are planning on using the custom services of a Contractual Service Provider for Packaging and/or Labelling, the Custom Service Operation must hold an Organic Certificate for Packaging and Labelling.</p> <p>Please attach available documentation for the Custom Service Operation and/or have documentation on hand at time of inspection.</p>	
D. SANITATION	
1. Please describe the sanitation measures that are taken in the extraction facility and any equipment used in the process.	
2. a. Is documentation of the sanitation and maintenance maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Please describe what forms of documentation are maintained:	
E. PEST CONTROL	
1. Describe how pests are controlled in the extraction and storage facilities.	
2. Are any products used on storage honey/honey products for pest control or other reasons?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is the extraction facility well sealed from bees and/or other insects?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are records kept of your pest monitoring/control activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Please describe where are beekeeping materials/equipment stored in the off-season?	
F. TRANSPORTATION	
1. Who is responsible for arranging transportation of organic products? <input type="checkbox"/> self <input type="checkbox"/> buyer <input type="checkbox"/> other(specify):	
2. Describe how organic products are transported.	

Applicant Initials: _____ Date: _____

3. What steps are taken to protect the integrity of organic products during transport?

- | | |
|--|--|
| <input type="checkbox"/> dedicated organic only | <input type="checkbox"/> use of Off-Farm Transportation Cleaning Affidavits |
| <input type="checkbox"/> inspecting transport units prior to loading | <input type="checkbox"/> letter/contract with transport company stating organic requirements |
| <input type="checkbox"/> cleaning transport units prior to loading | <input type="checkbox"/> other (specify): |

SECTION 10: Record Keeping System

Standards require that records disclose all activities and transactions of the operation, be maintained for 5 years, demonstrate compliance with the applicable Standards and be available for review. Records should allow for organic products to be tracked from sale back to origin.

1. How long do you keep your records?

2. Do you maintain a Complaint Log?

Yes No

3. What kind of harvest records are kept to document honey collection dates, amounts, etc.?

4. Which of the following records do you keep for organic production?

- | | |
|--|--|
| <input type="checkbox"/> hive location maps | <input type="checkbox"/> equipment cleaning records |
| <input type="checkbox"/> apiary location management summary (ALMS) | <input type="checkbox"/> storage records |
| <input type="checkbox"/> hive management/maintenance/health records | <input type="checkbox"/> cleaning/sanitation/clean-down logs |
| <input type="checkbox"/> input records for materials used in or on the hive (including all labels) | <input type="checkbox"/> clean transport records |
| <input type="checkbox"/> supplemental feeding records | <input type="checkbox"/> sales records |
| <input type="checkbox"/> monitoring records/analysis (quality tests, observations) | <input type="checkbox"/> audit control summary |
| <input type="checkbox"/> harvest/collection records | <input type="checkbox"/> other (specify): |
| <input type="checkbox"/> extraction process records | |

5. Which of the following records do you keep for conventional production?

Not Applicable

- | | |
|---|---|
| <input type="checkbox"/> hive location maps | <input type="checkbox"/> sales records |
| <input type="checkbox"/> storage records | <input type="checkbox"/> harvest records |
| <input type="checkbox"/> input records | <input type="checkbox"/> production records |
| <input type="checkbox"/> shipping records | <input type="checkbox"/> other (specify): |

6. Type of marketing:

- | | |
|---|--|
| <input type="checkbox"/> farmers market | <input type="checkbox"/> on-farm retail |
| <input type="checkbox"/> direct to retail | <input type="checkbox"/> bulk commodities to processor |
| <input type="checkbox"/> CSA/subscription service | <input type="checkbox"/> contract to buyer |
| <input type="checkbox"/> wholesale | <input type="checkbox"/> other (specify): |

7. Do labels and/or sales documents accompany any organic products?

Yes No

If yes, please submit samples for each type of label or Bill of Lading that is used and/or sales documentation.

8. Please provide a sample of the lot number used in your operation and describe what each component means.

These records must also be available for the inspector.

SECTION 11: Additional Comments

SECTION 12: Affirmation

I affirm that all statements made in this application are true, correct, and complete.

Signature of Operator

Date (M/D/Y)

Please maintain copies of the Organic System Plan and other supporting documents as part of your record keeping system.

Submit completed form, including the Apiary Organic System Plan Annual Update, fees and supporting documents to your Chapter Administrator or, if not a Chapter member, to TCO Cert.

Applicant Initials: _____ Date: _____