



# Apiculture Organic System Plan

Account # \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Year: \_\_\_\_\_

## PROFILE/SOURCE OF BEES §§205.240(b)(1), .240(a)(1)-(3), .240(b)(5)

1. Please read the ACA Organic Apiculture Guidance Document [found here](#) of October 2009.

Do you understand the requirements for Organic Apiculture Certification outlined in the document (above) as a guide?

☐ Yes ☐ No

2. If "no," explain.

3. What types of honey bee products are you requesting for certification? *Check all that apply.*

- ☐ honey
- ☐ wax
- ☐ pollen
- ☐ propolis
- ☐ royal jelly
- ☐ bee venom

4. Provide the addresses and submit maps of each bee yard or apiary. Include the number of colonies in each yard. Provide history showing that no prohibited materials have been used in or around each site for 36 months. Complete a **3 Year Field History** for sites under your management or submit a **Prior Land Use Declaration** form completed by the land owner or manager for sites not under your management.

### 5. TRANSITION:

For colonies present in your operation for one year or more, provide colony identification, date of purchase, and date of foundation wax replacement.

### 6. REPLACEMENT COLONIES:

For colonies purchased within the past 60 days, such as nucs or packages (which cannot be more than 25% of colonies present in the previous honey flow), provide colony identification, date of purchase, and if applicable, date of foundation wax replacement.

7. **SPLIT/PARALLEL PRODUCTION:** Parallel production is producing the same type of bee products conventionally and organically. Split production is both organic and conventional production on the same farm, but different bee products.

Does your operation include split or parallel production?

☐ Yes ☐ No

8. If you have split or parallel production, how do you prevent conventional bees from drifting into organic hives? *Note N/A if not applicable.*

9. How do you prevent organic bees from robbing conventional hives? *Note N/A if not applicable.*

## LIVING CONDITIONS ACA §§205.240(a)(1), .240(h), .240(j)(5)

12. Describe source of foundation wax.

13. Describe hive and frame construction.

14. Describe hive stands and any winter or summer alterations to the hives.

15. Describe source of smoker fuel.

## FEED AND WATER ACA §205.240(b)(1)-(b)(3), .240(e)(1)-(2), .240(f)(1)

Submit a **map of the forage zone** showing land use in a 1.8 mile radius from each apiary location. Each map should include the location of organic and wild harvest land. Submit a **map of the surveillance zone** for an additional 2.2 mile radius from each apiary location beyond the 1.8 mile forage zone. Include any high risk activities in the surveillance zone such as sanitary landfills, incinerators, sewage treatment facilities, power plants, golf courses, GMO crops, towns or cities.

18. Provide a description of nectar and pollen source plants in the forage area and their densities. Provide a description or chart of their bloom periods.

19. Describe the placement of colonies and colony populations as they relate to forage area harvest capacity.

20. How do you verify that flowering fruit trees, flowering vegetable gardens, flowering or pollinating crops not under your control are managed organically or that there are no such crops growing within the forage zone?

- ☐ **aerial maps**
- ☐ **Verification of Adjoining Land Use documentation**
- ☐ **other land owner documentation**

21. Do you provide your bees supplemental feed?

☐ **Yes** ☐ **No**

22. If "yes," list all feed ingredients in a separate inventory or log and list date(s) of supplemental feeding within the past calendar year. *Have all feed information and labels available at inspection.*

23. How do you monitor your colonies for sufficient winter or dearth time feed supplies?

24. List available water sources in the forage zone.

- ☐ **river/creek**
- ☐ **pond**
- ☐ **spring**
- ☐ **other**

25. If "other," explain.

## HEALTH MANAGEMENT ACA §205.240(i)(1), .240(j)(1)-(3), .240(c)

The National Organic Standards require a production environment that promotes livestock health and limits livestock stress. Livestock treated with prohibited materials and/or their products may not be sold as organic. Records must be kept of all treatments. List health care products used or planned for use in the current year on the **Livestock Input Inventory**, and provide product labels and ingredient information for inputs not OMRI listed or previously approved by MOSA. Have purchase documentation available at inspection.

28. Describe your queens and colony genetics as they relate to resistance to diseases and pests.

29. How do you monitor, and how often, for Foulbrood, Sacbrood, Chalkbrood, Nosema, mite infestations, damaged wings, etc.?

30. Are health products used? *List inputs on the **Livestock Input Inventory**.*

☐ Yes ☐ No

31. Which pests affect your operation?

- ☐ Varroa Mite
- ☐ Tracheal Mite
- ☐ Small Hive Beetle
- ☐ bears
- ☐ small mammals
- ☐ other

32. If "other," explain.

33. How do you monitor for pests, and how often do you monitor?

34. Are pest control products used? *List inputs on the **Livestock Input Inventory**.*

☐ Yes ☐ No

35. Do you clip wings on your queens?

☐ Yes ☐ No

36. Do you mark your queens?

☐ Yes ☐ No

## HARVEST AND POST HARVEST HANDLING ACA §§205.240(c)(12),.240(j)(6), .240(c)

Provide a **map** of your processing facility, including raw and finished bee-product or honey storage. List any inputs used for cleaning or pest control on the **Livestock Input Inventory** and submit product labels and ingredient lists for inputs not OMRI listed or previously approved by MOSA.

39. What is your estimated harvest quantity of honey and/or hive products per colony?

40. How do you remove bees from honey supers prior to harvest?

41. List all uncapping, extracting and bottling or packaging equipment used.

42. Describe materials used in packaging or bulk storage of honey or bee products.

43. Do you add any ingredients to processed products? *Submit an **Organic Product Profile** for all products with added ingredients.*

☐ Yes ☐ No

44. Describe your cleaning procedures including inputs used where your process and store organic apiculture products. *List all cleaning inputs on the **Livestock Input Inventory** form.*

45. Provide information on any insect or rodent control procedures and inputs or traps used where you process or store organic apiculture products.

46. Describe harvest protocols for all other apiculture products.

## RECORDKEEPING AND DOCUMENTATION ACA §§205.240(c)(8), .240(c)

49. How are individual colonies and apiaries identified?

50. Indicate which records you maintain to demonstrate your compliance with ACA Guidance. *Check all that apply.*

- |                                                                                                        |                                                                                       |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <input type="checkbox"/> map of the forage zone                                                        | <input type="checkbox"/> information and labels on inputs used and their applications |
| <input type="checkbox"/> map of the surveillance zone                                                  | <input type="checkbox"/> certification documentation for supplemental materials fed   |
| <input type="checkbox"/> information on floral and pollen sources in the forage and surveillance zones | <input type="checkbox"/> records of supplemental feeding dates                        |
| <input type="checkbox"/> verification of 3 year land management history for the forage zone            | <input type="checkbox"/> estimated yields per hive for all bee products               |
| <input type="checkbox"/> documentation for sources of foundation                                       | <input type="checkbox"/> packaging and labeling information for bee products          |
| <input type="checkbox"/> documentation that comb has been drawn out under organic management           | <input type="checkbox"/> sales records for bee products                               |
| <input type="checkbox"/> documentation for introduced or raised queens                                 |                                                                                       |
| <input type="checkbox"/> documentation of colony monitoring through the season                         |                                                                                       |

51. **COMPLETE:** Is your Organic System Plan complete?

☐ Yes ☐ No