

**DESCRIPTION OF APICULTURE PRODUCTION OPERATION
FOR SUBMISSION TO THE ORGANIC CONTROL SYSTEM**

1. OPERATION'S PARTICULARS:

NAME OF COMPANY (For legal entities):	
ADDRESS:	
TOWN:	COUNTRY:
<i>Legal Representative:</i>	
NAME:	SURNAME:
EMAIL:	
PHONE No:	FAX No:
<i>Authorised Representative (to be present during the inspections):</i>	
NAME:	SURNAME:
Total number of facilities: <i>(if more than 1 facilities are submitted to A CERT's Control System, the operator shall have to submit one "DESCRIPTION & MEASURES" Form for each one separately)</i>	Total number of personnel:
Is the Operation implementing any other quality management system? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If "YES", please indicate which of the following:</i>	
<input type="checkbox"/> ISO 9001 <input type="checkbox"/> ISO 22000 <input type="checkbox"/> ISO FSSC 22000 <input type="checkbox"/> IFS <input type="checkbox"/> BRC <input type="checkbox"/> ISO 14000 <input type="checkbox"/> Other (specify)..... <input type="checkbox"/> Other (specify) <input type="checkbox"/> Other (specify)	

1.1. Processing Facility Description (Provide a description of your processing activity):

1.2 If the processing facility is off-farm and not owned & operated by the applicant provide the following information: N/A

NAME OF OFF-FARM PROCESSOR (Legal Entity):	
ADDRESS:	
TOWN:	COUNTRY:
EMAIL:	
PHONE No:	FAX No:
IF A CORPORATION, THE AUTHORIZED REPRESENTATIVE IS:	PHONE No:
Provide the following information for the facility:	
SITE DIAGRAM:	

A reasonable diagram of the site, including (i) location and name of each building, (ii) road access, (iii) adjacent property usage.

FLOW DIAGRAM(s):

A conceptual diagram of each product stream or group of streams requesting certification.

1.3 Organic Apiculture Products Description:

List the apiculture products, brand names and package sizes and type to be certified as organic and the approximate annual volume:

Product	Brand Name	Size & Type	Annual Volume

2. APICULTURE PRODUCTION AREA DESCRIPTION:

2.1 Does the apiary move?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.2 How will the Control Body be informed of the moving of apiaries?	
2.3 Generally describe the nature of the forage areas to be harvested, i.e. physical features, flora & fauna, etc:	
2.4 Attach map(s) from the RM or Country maps indicating the general foraging area, including the hive sites, and the 3.5 km foraging area for each site:	
2.5 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:	
2.6 Is all land within the forage area organically managed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If no, what practices are in place to maximize access to organically managed land?	
2.7 Describe the nature of non-permitted substance use (i.e., pesticides) within the foraging area(s) for the hives:	
2.8 Are Genetically Modified Organisms produced within the foraging area of the hive site(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe the nature of the production:	
2.9 Do suitable analyses are included, according the 2.3.	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. ORIGIN OF BEES

Describe the source used of replacement bees:

By dividing existing populations	<input type="checkbox"/> Yes <input type="checkbox"/> No
Purchase of swarms / hives	<input type="checkbox"/> Yes <input type="checkbox"/> No
Collection of wild populations from shambles	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other: (specify)	
Does the enterprise, for the renovation of apiaries, buy queen bees and/or swarms from non-organic apiaries?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe the procedures in place to identify each hive:	

4. HIVE CONSTRUCTION

Describe the nature of the materials used in construction of the hives:	
Are exterior surfaces painted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is the paint a non-lead base paint?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is plastic foundation used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what practices are in place to prevent contact with the plastic?	
What is the source of beeswax?	

5. FEEDING

Identify the water source for the hive:	
Is there any supplemental feeding of the colonies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, document the reasons for supplemental feeding, the time frames in which the feeding will occur and the nature and quantities of the food provided	
Do information, about the hives where it is used feeding, entered in the register of the apiary?	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. COLONY MANAGEMENT

Are there any physical modifications to the bees (i.e., wing clipping of queens)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe methods used to remove bees from the hives	
Are smokers used in bee management?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the nature of the fuel used in the smokers?	
Describe procedures in place to document all activities related to removal of the honey supers and transport to extraction	
Do information about the removals of the supers and the honey extraction operations entered in the register of the apiary?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give an example of a register:	
Is the equipment used proprietary?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, who owns the relevant equipment and what are the control measures taken to avoid contaminations with unauthorized substances?	
Where are the products stored? (Specify the place of storage, the relevant equipment and the stored inputs/products)	

7. HEALTH CARE, DISEASE & PEST MANAGEMENT

What efforts are made to promote healthy and genetically diverse colonies?						
What preventative health care practices are utilized in the operation?						
What practices are employed to isolate diseased hives?						
List any substances used for disease and pest control in and around the hives.						
Substance	Purpose	Composition	Method of administration	Duration of the treatment	Legal withdrawal period	Source
Have allopathic drugs (i.e., antibiotics) been used?			<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, specify the last time of use:						
<i>If treatment with prohibited substances occur, records documenting the isolation of the hive and the sale of the produce</i>						

harvested from the hive to the conventional market must be available for review at the time of inspection

8. RECORD KEEPING SYSTEM

List the documents used and will be available according to the above fields:

1.	
2.	
3.	
4.	
5.	
6.	

I DECLARE AND UNDERTAKE:

- a) to perform the operations in accordance with the organic production rules;
- b) to accept, in the event of critical or major nonconformities, the enforcement of the measures of the organic production rules;
- c) to undertake to inform in writing the buyers of the product in order to ensure that the indications referring to the organic production method are removed from this production;
- d) to accept, in cases where my operation and/or the subcontractors of my operation are checked by different control authorities or control bodies in accordance with the control system set up by A CERT, the exchange of information between those authorities or bodies;
- e) to accept, in cases where my operation and/or the subcontractors of my operation change our control authority or control body, the transmission of their control files to the subsequent control authority or control body;
- f) to accept, in cases where my operation withdraws from the control system, to inform without delay the relevant local competent authority, according to the provisions laid down in the Third Country concerned;
- g) to accept, in cases where my operation withdraws from the control system, that the control file is kept for a period of at least five years;
- h) to accept to inform A CERT and the relevant control authority or authorities or control body or bodies without delay of any major or critical nonconformities affecting the organic status of my products or organic products received from other operators or subcontractors.

I solemnly declare that all information submitted to A CERT S.A. with my application are true and accurate. I have received and I fully accept the Certification Regulation and the provisions laid down in Regulation (EU) 2018/848. I will fully comply with the provisions laid down in Regulation 2018/848 and I undertake the obligation to immediately notify A CERT whenever any measures described in the present form are modified.

Date: _____ Name and Surname: _____ Signature: _____