



Instructions

Complete all sections of the form. Indicate N/A for sections that are not applicable to your operation. Attach additional paper if required. Refer to the NASAA Organic Standard section 2.4. Note All records must be clear and made available at time of inspection.

Use black ink or type. Initial every page & complete the Statutory Declaration.

CONFIDENTIAL

The information provided by the applicant is CONFIDENTIAL within NCO (& accreditors as required)

NAME OF APPLICANT (S) IN FULL:

DATE: **ABN:**

Trading As:

Address of processing/extraction facility:

Postal Address (if different from above):

Legal Status of Business:

Sole Proprietorship
Trust or non-profit
Corporation

Legal Partnership

Other (specify):

List all products requested for certification?

General Location of Hive Sites: (eg Florentine Valley, SW Tasmania) and how to get there

Total Number of Hives: **Hives to be included in certification:**

Years of Operation as a Honey Producer:

Are you currently certified with any other organic organisation?

Yes Name:
No

Have you been certified in the past with any Certifier: Yes No

If so, which?

Have you failed to attain certification with another organisation? Yes No

If you failed to obtain certification in the past, what have you done to remedy the reason(s)?

.....
.....



Have you obtained and read a current copy of NASAA Organic Standard? Yes No

Are there hive sites not included in this application: Yes No

Please specify locations:.....
.....
.....

Are any sites in areas that require permits/licences/contracts?.....
.....
.....

Ensure that a risk assessment (Appendix 1 at the end of this OMP) is filled out for every hive site intended for certified honey production. The application cannot proceed without this.

SECTION 2: RECORDS (NASAA Organic Standard section 2.6 & 7.9)

Please indicate what records are maintained for your farming operation:

Inputs register	<input type="checkbox"/>	Transport records	<input type="checkbox"/>	Sales records	<input type="checkbox"/>
Harvest records	<input type="checkbox"/>	Storage records	<input type="checkbox"/>	Hive movements	<input type="checkbox"/>
Livestock	<input type="checkbox"/>	Activity diary	<input type="checkbox"/>	Hive history	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	_____			

Are all hives individually marked?.....

For split operations describe how are all boxes and frames are marked?

How can bottled honey be traced back to hives/hive sites?

SECTION 3: PARALLEL & SPLIT PRODUCTION (NASAA Organic Standard section 2.7 & 2.8)

Will you be producing certified and non-certified honey? Yes No

Outline how you address the issue of parallel production with regards to harvest and sale of produce:

Are hive sites dedicated to certified hives? _____

Are the certified hives new or reused? _____

If reused, has the foundation wax been changed to fresh wax and are the hives made with suitable materials? _____



SECTION 4: Export (NASAA Organic Standard section 2.15)

Do you plan to export organic produce? Yes No

If yes, list which countries you are intending to export to:

- Japan
- Asia Pacific
- Other
- Switzerland
- EU
- US

SECTION 5: NASAA Label (NASAA Organic Standard section 2.18 – 2.20)

Are you aware of NCO's labelling requirements? _____

Has NCO approved all labels and promotional material prior to use? _____

SECTION 6: Hive Materials (NASAA Organic Standard 7.9)

What materials are used for hive construction, including frames, lids and bases? _____

What treatments have been applied for preservation? _____

SECTION 7: Processing, Handling & Transport (NASAA Organic Standard sections 9.1 – 9.4)

Is the extraction plant permanent or mobile? _____

Is processing dedicated to organic processing? _____

What are your methods for ensuring that certified product will not be contaminated during:

Processing: _____

Storage: _____

Packing/Handling: _____

How are full and replacement boxes of frames transported? _____

How are the boxes protected from contamination while being transported? _____

Is transport dedicated to certified honey/hives? If not, what segregation systems are used? _____



In the table below detail the equipment and storage vessels used for extraction and bottling

EQUIPMENT	CAPACITY	CONTACT MATERIAL

Detail methods of cleaning all equipment: _____

Detail all cleaning/sanitising chemicals used in the facility: _____

Are there cleaning checklists? Yes No

Is there a worker hygiene program in place? Yes No

What are the main pest types encountered in the processing facility? _____

What pest prevention methods are employed? _____

What pest control chemicals, including rodenticides, are used? _____

Are MSDSs for all cleaning and pest control chemicals on file? Yes No

Is there any offsite storage or processing? Yes No

If so, where? _____

How is honey stored? _____

Is temperature modified for extraction/storage/processing/bottling? Yes No

If so, what temperature does the honey reach at each heating point? _____

Are thermostats used? Yes No

If so, what temperature are they set at? _____

What packaging materials are used? _____

Will transport declarations be maintained for transport of certified honey: Yes No

SECTION 8: Livestock (NASAA Organic Standard section 6 & 7.9)

What species of bees are kept? _____



Please indicate source of hives in stock: _____

Is all feed produced on farm? Yes No

How are certified colonies multiplied:

Splits

Swarms

Purchase of conventional hives

Converting own conventional hives

Do you use any feed supplements and/or additives? Yes No

If yes, please list all supplements and/or additives used and source:

Feed	Brand name/Source	% total daily intake	Certified Y/N

Describe your methods for dealing with feed emergencies such as drought/flood etc: _____

Which pests (external and internal) and diseases are problems or potential problems for bees requested for certification? Please list strategies to control or prevent problem pests and diseases.

Detail management of internal parasites below:

Internal Parasite	Control Strategy

Detail management of external parasites below:

External Parasite	Control Strategy

What diseases are present in your district/hives?


Disease/Pathogen	Control Strategy

NCO requires a designated quarantine area for the conventional treatment of and/or bees purchased from non-certified sources.


Have you set aside land for this purpose, and is this indicated on the map supplied: Yes No

What form of hive ID is employed: _____

How will certified and conventional hives be identified and differentiated: _____

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What smoking material is used? _____

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Other information

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Date Assessed **By**



STATUTORY DECLARATION

I [Name in full]
of [Address]
.....
[Occupation]


DO SOLEMNLY AND SINCERELY DECLARE AS FOLLOWS:

1. I am the applicant named in the attached questionnaire/*employed by the applicant company named in the attached questionnaire as and am authorised to make this statutory declaration on behalf of the applicant.
2. I have read the NASAA Organic Standard (“the Standards”) and I understand the purpose of the Standards and what is required in order to comply with them. I will operate in accordance with the Standards from henceforth and will notify NCO immediately of the use of products prohibited by the Standards on the land for which I have applied for certification.
3. I have completed the attached questionnaire having regard to the Standards and from my own knowledge. The answers given are true and accurate. If NCO requires further information in relation to my application, I agree to supply it to NCO.
4. I understand that NCO will rely upon the answers and information contained in the attached questionnaire in deciding whether to certify me/the applicant* in accordance with the Standards and that it is important to the integrity of the Standards and the scheme of certification operated by NCO that the answers and information provided in the attached questionnaire are true and accurate.
5. I understand and agree:
 - i) That NCO may deploy an inspector to visit my premises;
 - ii) That this inspector may be directly employed by NCO or by another certification agency subcontracted to NCO;
 - iii) That NCO may perform announced and/or unannounced inspections of my operation;
 - iv) To grant right of access to all appropriate facilities including any non-organic production in the unit and to all relevant documentation including financial records to NCO and to inspectors of NCO’s accreditors.

AND I MAKE THIS SOLEMN DECLARATION by virtue of the Statutory Declarations Act 1959 and subject to the penalties provided by that Act for the making of false statements in statutory declarations, conscientiously stating that the statements contained in this declaration to be true in every particular.

DECLARED at [Address].....
the day of

Before me, a JP or Commissioner for the taking of declarations:

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[Signature of JP/Commissioner].....

[Signature of person making the declaration]

* Delete whichever is inapplicable