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| **APIARY ADDENDUM**  ***(TO BE COMPLETED IN CONJUNCTION WITH THE PROCESSOR OHP)*** |

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| **CERTIFICATION NUMBER** | **REGISTRATION NAME** | **TRADING NAME** |
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| **HIVES** |
| What is the total number of Hives under your control?  What form of hive ID is employed?  Are all hives included in certification?  Yes  No  If no,   * Please specify the location of the non-certified hives. * How will certified and conventional hives be identified and differentiated? |
| What materials are used for hive construction, including frames, lids and bases?  What treatments have been applied for preservation of hive material? |

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| HIVE LOCATION |
| Please detail the location of Hive Sites and provide topographical map(s) or recent aerial photo(s) of surrounding 5km (scale of 1:25000, not to be scaled down with photocopying).  Are these sites permanent or seasonal?  If seasonal, indicate when the site is/will be used:  Are any of the sites in areas that require permits/licenses/contracts?:  Yes  No  If yes, please provide a copy of the document. |
| What is the surrounding Landuse type?   |  |  |  |  | | --- | --- | --- | --- | | Improved Pasture |  | Native Pasture |  | | Native Vegetation |  | Forestry Plantations |  | | Cropping |  | Orchard |  |   What are the nectar sources for honey production? |
| Detail all activities within a 5km radius of the hive site (include main roads, approximate number of dwellings, recycling/waste transfer stations/refuse sites, built up areas, cropping, orchards, tree plantations, vineyards and golf courses)  What is the predominant wind direction? |
| Have immediate neighbours been notified of certified hives and have they been asked to warn of any spraying?  Has the immediate area (0.5km radius) been checked for contamination points eg dip sites? |
| **List any risks that may compromise organic integrity and indicate how these risks are managed:** |

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| **STOCK SOURCES AND MANAGEMENT** |
| What species of bees are kept? |
| Where have bees been sourced from?  NCO requires a designated quarantine period for bees purchased from non-organic sources. Please indicate quarantine management. |
| How are colonies multiplied?   |  |  |  |  | | --- | --- | --- | --- | | Split of certified hives |  | Purchase of conventional hives |  | | Swarms |  | Converting own conventional hives |  | |
| What smoking material is used? |
| **List any risks that may compromise organic integrity and indicate how these risks are managed:** |

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| **PEST AND DISEASE MANAGEMENT** |
| 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.   |  |  | | --- | --- | | Internal Parasite | Control Strategy | |  |  | |  |  | |  |  | |  |  | | External Parasite | Control Strategy | |  |  | |  |  | |  |  | |  |  |   What disease(s) are present in your district/hives?   |  |  | | --- | --- | | Disease / Pathogen | Control Strategy | |  |  | |  |  | |  |  | |  |  |   NCO requires a designated quarantine period if any conventional treatments are required for pest/disease management. Please indicate quarantine management. |
| **List any risks that may compromise organic integrity and indicate how these risks are managed:** |

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| **DIET AND NUTRITION** |
| What is the distance from the hives to the nearest water source?  What is the nearest water source (eg: dam, stream, lake etc.) and how clean is the water supply?  What is the main floral food source for the bees at each site location?  Are there alternative food sources?  Yes  No  If yes, indicate what:  Do you use any feed supplements and/or additives?:  Yes  No  If yes, please detail source of feed supplements and/or additives.   |  |  |  |  | | --- | --- | --- | --- | | **Supplement / additive** | **Brand Name / Source** | **% total daily intake** | **Certified Y/N** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |   Describe your methods for dealing with feed emergencies such as drought/flood etc: |
| **List any risks that may compromise organic integrity and indicate how these risks are managed:** |

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| TRANSPORT AND HANDLING |
| ***Describe how you monitor and manage hive & product integrity during all stages of transport and handling.*** |
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| **List any risks that may compromise organic integrity and indicate how these risks are managed:** |

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| **EXTRACTION & PACKAGING** |
| What type of extraction methods and temperatures are used?:  Extraction and packaging locations need to also be certified for bee products to be labelled and sold as organic.  The operator must complete a PROCESSOR OHP (ORGANIC HANDLING PLAN) and submit the Processor OHP along with the Apiary OMP.  PROCESSOR OHP attached?:  Yes  No  If no, why not? |

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| **ATTACHMENTS** | | |
|  | **TITLE** | **PURPOSE** |
| Att.1 |  |  |
| Att.2 |  |  |
| Att.3 |  |  |
| Att.4 |  |  |