Except where instructed otherwise, please complete all questions within this document. If a question is not applicable to your operation, please mark it as ‘N/A’ or similar and provide the reason. If you refer to a separate document or procedure in your response to a question, please submit that document or procedure alongside this plan.

**Section A: General Information**

|  |  |
| --- | --- |
| **Business Name:** |  |
| **Trading As:** |  |
| **Physical Address(es):** |  |

|  |
| --- |
| **A.1 Please provide a brief, general description of your organic beekeeping operation.** |
|  |

|  |
| --- |
| **A.2 List all bee products that you are seeking organic certification for in the table below. Include bees, beeswax, honey, honeycomb, etc.**  |
| **Product** | **Estimated Annual Production** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Add lines if necessary.

|  |
| --- |
| **A.3 Do you have a facility for extracting / processing / storing honey and other bee products?** |
| [ ]  Yes. Please complete an Organic Integrity Plan – Processing & Handling to include this facility in your certification.[ ]  No. |

|  |
| --- |
| **A.4 Do you use any contract processors or handlers (including external storage facilities) for your organic bee products?** |
| [ ]  Yes. [ ]  No. |

|  |
| --- |
| **A.5 If yes, please list all contract processors or handlers (including external storage facilities) used by your operation in the table below.** |
| **Business Name & Address** | **Services Provided** | **Certified Organic? If yes, please provide name of certifier and certification number / ID** |
|  |  |  |
|  |  |  |
|  |  |  |

Add lines if necessary.

|  |
| --- |
| **A.6 Do you hold organic certification with any certifying bodies other than ACO?** |
| [ ]  Yes. Name of certifier and certification number / ID: [ ]  No. |

**Section B: Parallel Production**

|  |
| --- |
| **B.1 Select the option that best describes your beekeeping operation.** |
| [ ]  All organic production.[ ]  Parallel production – organic and non-organic production. |

|  |
| --- |
| **B.2 If you have parallel production, do you have a plan to convert your whole operation to organic production or otherwise eliminate parallel production?** |
| [ ]  Yes.[ ]  No. |

|  |
| --- |
| **B.3 If yes, please describe your conversion plan below (include specific objectives, timelines, etc.).** |
|  |

**Section C: Hive Site Information**

|  |
| --- |
| **C.1 Select the option that best describes your hive sites.** |
| [ ]  Farmland. Please complete an Organic Integrity Plan – Crops & Pasture to include this land in your certification.[ ]  Natural vegetation (e.g., state forest).[ ]  Other. Please describe:  |

|  |
| --- |
| **C.2 How do you ensure that hives are located in foraging areas a sufficient distance from potential contamination risks (e.g., conventional or GMO crops, urban or industrial activities, waste sites, etc.)?** |
|  |

|  |
| --- |
| **C.3 How and when (e.g., daily, weekly, monthly) do you monitor hive sites for activities that may affect colonies? What monitoring records do you keep?** |
|  |

|  |
| --- |
| **C.4 Do you use any input materials around hives sites (e.g., for weed control)?** |
| [ ]  Yes. List all input materials used or planned for use in your Input Register.[ ]  No. |

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| --- |
| **C.5 Describe your hive identification system, including how you distinguish between organic, in-conversion, and non-organic hives, where applicable.**  |
|  |

|  |
| --- |
| **C.6 Describe your system for recording the location and movement of hives.** |
|  |

**Section D: Origin of Livestock**

|  |
| --- |
| **D.1 Describe your plan for organic bee replacement / sourcing or conversion.** |
| [ ]  Breed own colonies under continuous organic management.[ ]  Purchase organic bees.[ ]  Purchase non-organic bees.[ ]  Other. Please describe:  |

|  |
| --- |
| **D.2 If you purchase bees, please list your suppliers in the table below.** |
| **Supplier Name** | **Certified Organic? If yes, please provide name of certifier and certification number / ID** | **What types of bees do you purchase from this supplier (e.g., queen bees, package bees, nucleus colonies, etc.)?** |
|  |  |  |
|  |  |  |
|  |  |  |

Add lines if necessary

**Section E: Hive Management**

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| --- |
| **E.1 What materials are used for the construction and maintenance of hives (e.g., untreated timber)? How do you ensure that materials used for hive construction and maintenance are free from prohibited substances such as toxic wood preservatives and coatings?** |
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| --- |
| **E.2 What materials are used for comb foundations and how are foundations prepared?** |
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| --- |
| **E.3 Describe your procedure for replacing the wax in in-conversion hives during the conversion period. What records do you keep of wax replacement?** |
|  |

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| --- |
| **E.4 How do you ensure that bee colonies have access to a continuous supply of clean water and sufficient forage throughout the season?** |
|  |

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| --- |
| **E.5 Under what circumstances would feeding of hives occur and what would be used to feed hives (e.g., organic honey, organic sugar, etc.)? List all feed materials used or planned for use in your Input Register.** |
|  |

|  |
| --- |
| **E.6 Describe your procedure for removing honey and other bee products from the hive. List all input materials (e.g., smoker fuel) used or planned for use in your Input Register.**  |
|  |

**Section F: Hive Healthcare**

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| --- |
| **F.1 What are your significant pest and disease problems?** |
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| --- |
| **F.2 What practices do you employ to prevent or control pests and diseases?**  |
|  |

|  |
| --- |
| **F.3 Do you use any input materials to control pests or diseases, or to disinfect hives?** |
| [ ]  Yes. List all input materials used or planned for use in your Input Register.[ ]  No. |

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| --- |
| **F.4 How and when (e.g., daily, weekly) do you monitor colony health? What monitoring records do you keep?** |
|  |

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| --- |
| **F.5 Where hives require treatment with a prohibited substance, describe your procedure for isolating treated hives and downgrading their organic status.** |
|  |

|  |
| --- |
| **F.6 Do you perform wing clipping?** |
| [ ]  Yes.[ ]  No. |

**Section G: Transportation**

|  |
| --- |
| **G.1 Do you arrange transportation of organic hives / bees?** |
| [ ]  Yes.[ ]  No. Transportation is arranged by:  |

**If you organise transportation, please complete questions G.2 to G.6, otherwise go to G.7.**

|  |
| --- |
| **G.2 Describe how organic hives / bees are transported.** |
|  |

|  |
| --- |
| **G.3 Are organic hives / bees transported in the same vehicles / transport units as non-organic hives / bees?** |
| [ ]  Yes.[ ]  No. |

|  |
| --- |
| **G.4 Describe the measures taken to ensure that vehicles / transport units are cleaned prior to loading, and that organic hives / bees are segregated from non-organic hives / bees during transport.** |
|  |

|  |
| --- |
| **G.5 Describe the measures taken to ensure that welfare of bees is maintained during transport.** |
|  |

|  |
| --- |
| **G.6 Are hives fed during transport?** |
| [ ]  Yes. List all feed materials use or planned for use in your Input Register.[ ]  No. |

|  |
| --- |
| **G.7 Do you arrange transportation of organic bee products (e.g., transportation of supers to extraction facility)?** |
| [ ]  Yes.[ ]  No. Transportation is arranged by:  |

**If you organise transportation, please complete questions G.8 to G.10, otherwise go to next section.**

|  |
| --- |
| **G.8 Describe how organic bee products are transported.** |
|  |

|  |
| --- |
| **G.9 Are organic bee products transported in the same vehicles / transport units as non-organic bee products?**  |
| [ ]  Yes.[ ]  No. |

|  |
| --- |
| **G.10 Describe the measures taken to protect organic bee products from commingling with non-organic bee products or contamination with prohibited substances during transport.** |
|  |

**Section H: Recordkeeping**

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| --- |
| **H.1 List all of the records that you keep in relation to your organic beekeeping operation.** |
| **Origin of Livestock***Purchase records, etc.* |  |
| **Hive Conditions***Hive monitoring records, hive feeding records, hive movement records, etc.* |  |
| **Hive Healthcare***Treatment records, quarantine records, mortality / cull records, etc.* |  |
| **Collection***Honey removal records, etc.* |  |
| **Sales and Transportation***Sales records, shipping records, etc.* |  |
| **Staff and Contractors***Staff training records, contractor declarations, etc.* |  |
| **Complaints and Noncompliances***Complaints log, etc.* |  |
| **Other** |  |

|  |
| --- |
| **H.2 Do you keep all records pertaining to your organic operation for at least five years after their creation?** |
| [ ]  Yes.[ ]  No. Records are kept for:  |

|  |
| --- |
| **H.3 Describe your procedure for handling complaints and other instances of potential noncompliance relating to organic products?** |
|  |

|  |
| --- |
| **H.4 Do you have a procedure to notify ACO in the event of an organic product recall or any other instance of noncompliance relating to organic products (e.g., contamination)?** |
| [ ]  Yes.[ ]  No. |

**Section I: Supplier Verification**

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| --- |
| **I.1 What criteria do you use to evaluate and approve new organic suppliers (bees, input materials, contract processors / handlers, etc.)?** |
|  |

**Note:** All new suppliers must be submitted to ACO for approval prior to use.

|  |
| --- |
| **I.2 How and when (e.g., annually, with each purchase) do you review approved suppliers to ensure that their certification is current and covers the products / services to be supplied?** |
|  |

**Section J: Export**

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| --- |
| **J.1 Do you export organic products or intend to export organic products in the future?** |
| [ ]  Yes.[ ]  No. **Go to next section.** |

|  |
| --- |
| **J.2 If yes, which countries do you export to or intend to export to?** |
|  |

|  |
| --- |
| **J.3 What procedures do you have in place to ensure that all required export documents are obtained prior to departure (OGCs, EU COIs, NOP Import Certificates, etc.), and that exported products comply with any additional importing country requirements?** |
|  |

**Signature**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Position:** |  |
| **Signature:** |  | **Date:** |  |

|  |
| --- |
| **Please submit the following documents alongside this plan:**[ ]  Beekeeping Hive Sites spreadsheet.[ ]  Hive site map(s).[ ]  Input Register. |