



PO Box 821, Viroqua, WI, 54665 Ph:(608) 637-2526 Fax:(608) 637-7032 mosa@mosaorganic.org www.mosaorganic.org

Apiculture: Update Organic System Plan Short Form

Provide an updated description of your operation. If some sections do not apply to your operation, check the "none" or "not applicable" boxes. Use additional pages if necessary. Submit this updated plan, along with other forms that need to be updated, including information on new feed ingredients or new health or pest control inputs to MOSA. Contact MOSA with any questions.

Section 1 General Information

Primary Account Name	Date	For Office Use		Rec'd	Initials
First Name	Last Name	Office#	Grid #	Cert	Insp
					Other

Do you grow crops for bee forage? No Yes. **If yes, skip to Section 2. A Farm Organic System Update Plan will need to be completed and submitted along with this Plan.** *Contact MOSA if you need a copy of the Farm Update OSP.*

Other names associated with account		Farm Address			
First Name(s)	Last Name(s)	City	State	Zip	County
		Mailing Address, if different			
		City	State	Zip	
Farm Name	Name(s) for certificate	<input type="checkbox"/> primary name only <input type="checkbox"/> all of the above		Phone Information	Do not publish
Email	Website	Home			<input type="checkbox"/>
MOSA will communicate by email with your approval. Indicate what you can receive by email: <input type="checkbox"/> annual update forms <input type="checkbox"/> certification letters <input type="checkbox"/> organic certificate <input type="checkbox"/> general communications <input type="checkbox"/> newsletters <input type="checkbox"/> financial communications				Cell	<input type="checkbox"/>
				Fax	<input type="checkbox"/>
				Other	<input type="checkbox"/>

Indicate if you want to receive optional OMRI materials by postal mail: Generic Materials List Products List both
For those who prefer electronic access, the OMRI Brand Name Products List is available at www.omri.org.

Do you have a copy of the ACA Apiculture Working Group Final Draft Apiculture Guidance Document of October 2009?
 Yes No

Do you understand the requirements for Organic Apiculture Certification using the above document as a guide? Yes
 No. **Explain:**

Are you requesting certification this year for anything that is not listed on your current certificate?
 nothing new this year
 new product, crop or livestock (specify): _____ Sales planned for _____ (date) no sales planned
 new apiary: *Submit a map and a 3 year field history. A Prior Land Use Declaration must be submitted if land was under someone else's management during the last 36 months.*

What types of honey bee products are you requesting for certification? Check all that apply:
 Honey Wax Pollen Propolis Royal Jelly Bee Venom

Have you ever been inspected or certified by another agency? No Yes. Which agency?
Attach a copy of your last certification letter and certificate from that agency.

Do you intend to certify with another agency this year (dual certification)? No Yes. Which agency?

Identify all programs for which you are requesting certification and/or verification:

- USDA National Organic Program organic certification
- EC/EU verification (additional form required)
- US Export Arrangement with: Japan, specify field(s) _____ Taiwan, specify product(s) _____
- Canadian Equivalence Arrangement. Requested for: _____ (specify product, livestock, or crop).

Do you understand the requirements for the program(s) requested? Yes No. **Explain:**

Do you understand MOSA's fee structure for such certification or verification? Yes No. **Explain:**

Give directions to your farm/apiary. Include a map if needed.

Preferred contact time: morning afternoon evening

Preferred contact method: phone postal mail email **Preferred inspection time:** morning afternoon evening

SECTION 2 Current Year Requirements

NOS §205.406(a)(3)

Have all conditions/requirements from previous Certification Determination Letters been addressed?

none noted Yes No. **Explain:**

SECTION 3 Apiary Operation Update

ACA §§205.240(b)(1), .240(a)(1)-(3), .240(b)(5)

Transition Update: For colonies present in your operation that are in transition this year, provide colony identification, date of purchase and date of foundation wax replacement in an attached document.

Replacement Colony update: For colonies purchased within the past 60 days such as nucs or packages (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 in an attached document.

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.

not applicable, all apiculture products are managed organically

Answer the following questions if you have conventional and organic production of apiculture products:

Describe any changes to the way you prevent conventional bees from drifting into organic hives. no changes

Describe any changes to the way you prevent organic bees from robbing conventional hives. no changes

SECTION 4 Living Conditions

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

Describe any changes to the source of foundation wax: no changes

Describe any changes to hive and frame construction: no changes

Describe any changes to hive stands and any changes to winter or summer alterations to the hives. no changes

Describe any changes to the source of smoker fuel. no changes

SECTION 5 Feed and Feed Supplements

ACA §205.240(b)(1)-(b)(3), .240(e)(1)-(2), .240(f)(1)

A. FEED

For any new apiary not certified last year, provide 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. not applicable

For any new apiary not certified last year, provide 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. not applicable

For any new apiary not certified last year, 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. not applicable

For any new apiary or for any changes to existing apiaries, describe the placement of colonies and colony populations as they relate to forage area harvest capacity. not applicable

For any new forage zone, or for changes to existing forage zones, describe or check below how 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.

no changes aerial maps verification of adjoining land use documentation other land owner documentation

B. SUPPLEMENTAL FEED

Describe any changes to providing your bees supplemental feed, or any changes to how you monitor your colonies for sufficient winter or dearth time feed supplies. no changes

List all NEW feed ingredients in a separate inventory or log and list date(s) of supplemental feeding within the past calendar year. Have information and labels available for any NEW feed ingredients at inspection.

SECTION 6 Water

ACA §205.240(b)(4), .240(e)(1)

Describe any changes to available water sources in existing forage zones or for any new forage zone. no changes

SECTION 7 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.

A. HEALTH OR DISEASE PROBLEMS

Describe any changes to your queens or colony genetics as they relate to resistance to diseases and pests.

no changes

Describe any changes to how you monitor, and how often for Foulbrood, Sacbrood, Chalkbrood, Nosema, mite infestations, damaged wings, etc. no changes

Note any changes to livestock health control products used or planned for use in the current year on the Livestock Input Inventory. Provide ingredients information for all NEW products that are not OMRI listed. Have purchase documentation available at inspection.

no changes

B. PEST CONTROL

Describe any changes to pests which affect your operation. Check all that apply: no changes

varroa mite tracheal mite small hive beetle bears small mammals other:

Describe any changes to how you monitor for pests, and how often you monitor. no changes

Any NEW Livestock pest control products used or planned for use in the current year are to be noted on the Livestock Input Inventory. Provide ingredients information for all products that are not OMRI listed. Have purchase documentation available at inspection. no pest control products used no changes

C. PHYSICAL ALTERATIONS

Describe any changes to wing clipping or marking of queens. no changes

SECTION 8 Harvest and Post Harvest Handling

ACA §§205.240(c)(12), .240(j)(6), .240(c)

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

Describe any changes to how you remove bees from honey supers prior to harvest. no changes

If there are any changes, provide a map of your changed processing facility, including raw and finished bee-product or honey storage.

Provide a List of any NEW equipment used (uncapping, extracting, bottling or packaging equipment.)

Describe any changes to materials used in packaging or changes to bulk storage of honey or bee products.

Do you add any ingredients to any NEW processed products? No Yes. Complete a MOSA Organic Product Profile for all NEW products with added ingredients.

Provide information on any changes to cleaning procedures and any changes to cleaning materials used where you process or store organic apiculture products. no changes

Provide information on any changes to insect or rodent control procedures and any changes to materials or traps used where you process or store organic apiculture products. no changes

Describe any changes to harvest protocols for all other apiculture products. no changes

SECTION 9 Record Keeping

ACA §§205.240(c)(8), .240(c)

Describe any changes to how individual colonies and apiaries are identified. Describe any changes to the records you maintain to demonstrate your compliance with ACA Guidance: no changes

Indicate any changes to records you maintain. Check all that apply:

- Map of the forage zone
- Map of the surveillance zone
- Information on floral and pollen sources in the forage and surveillance zones
- Verification of 3 year land management history for the forage zone
- Documentation for sources of foundation
- Documentation that comb has been drawn out under organic management
- Documentation for introduced or raised queens
- Documentation of colony monitoring through the season
- Information and labels on inputs used and their applications
- Certification documentation for supplemental materials fed
- Records of supplemental feeding dates
- Estimated yields per hive for all bee products
- Packaging and labeling information for bee products
- Sales records for bee products

SECTION 10 Additional Information

The following information is also being submitted:

- | | |
|---|---|
| <input type="checkbox"/> Forage zone and surveillance zone maps | <input type="checkbox"/> Most recent certification determination letter from previous certifier |
| <input type="checkbox"/> Information on Floral and pollen sources in the forage and surveillance zones | <input type="checkbox"/> Proposed organic product labels, if used |
| <input type="checkbox"/> Livestock Input Inventory and labels or ingredients information for inputs | <input type="checkbox"/> Verification of Adjoining Land Use forms, if applicable |
| <input type="checkbox"/> Processing/Handling, or Excluded Handler Organic Plan(s), <i>as applicable</i> | <input type="checkbox"/> Prior Land Use Declaration, if applicable |
| | <input type="checkbox"/> Other forms of verification for organically managed flowering crops within the forage zone |

SECTION 11 Affirmation

I affirm that all statements made in my organic system plan are true and correct. No prohibited products have been applied to fields for which I am requesting certification during the three-year period prior to projected organic harvest. In addition to annual inspection requirements, I understand that my operation may be subject to unannounced inspection and/or sampling for residues at any time as deemed necessary to ensure compliance with the National Organic Standards. I consent to the use of subcontracted inspectors and laboratory analysis services as necessary, and hereby agree to a release of information from suppliers or service providers, should such be necessary to verify compliance.

I understand that failure to follow the National Organic Program or MOSA certification requirements or giving false information may result in denial, suspension or revocation of the certification of my operation. I understand that certification of my operation may depend on my ability to supply information that MOSA needs to evaluate my request for certification. I understand that acceptance of my organic system plan in no way implies granting of certification. I agree to follow the National Organic Standards and MOSA certification requirements.

If I am submitting this form electronically, I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature. By typing my name below I am electronically signing this form.

Signature _____ Date _____

Print Name _____

Make copies of all organic system plans and supporting documents and submit with fees by mail to MOSA, PO BOX 821, VIROQUA, WI 54665 or electronically to mosa@mosaorganic.org