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## Apiculture: Initial Organic System Plan

Use this form to describe your operation. If some sections do not apply to your operation, check the "none" or "not applicable" boxes. Submit this plan, along with other needed forms and information, to MOSA as early as possible in the year you are requesting certification for your honey bee products. Allow ample time for review and inspection before certification is needed. Contact MOSA with questions. Attach additional pages if needed for descriptions.

| 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 Plan will need to be completed and submitted along with this Plan.** Contact MOSA if you need a copy of the Farm 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<br><input type="checkbox"/> all of the above | Phone Information |                          | Do not publish           |
| Email   | Website                 | Home  |                   | <input type="checkbox"/> |                          |
| <b>MOSA will communicate by email with your approval. Indicate what you can receive by email.</b><br><br><input type="checkbox"/> annual update forms <input type="checkbox"/> certification letters <input type="checkbox"/> organic certificate<br><br><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"/> |
| <b>Indicate if you want to receive optional OMRI materials by postal mail:</b> <input type="checkbox"/> Generic Materials List <input type="checkbox"/> Products List <input type="checkbox"/> both<br><b>For those who prefer electronic access, the OMRI Brand Name Products List is available at <a href="http://www.omri.org">www.omri.org</a>.</b>   |                         |   |                   |                          |                          |

| Section 2 General Description  |
|--|
| <b>Do you have a copy of the ACA Apiculture Working Group Final Draft Apiculture Guidance Document of October 2009?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No  |
| <b>Do you understand the requirements for Organic Apiculture Certification using the above document as a guide?</b> <input type="checkbox"/> Yes<br><input type="checkbox"/> No. <b>Explain:</b>   |
| <b>MOSA needs to know your plans for selling organic honey bee products to get you certified in a timely way:</b><br><input type="checkbox"/> I plan to sell organic honey bee products around _____. (date) if certified<br><input type="checkbox"/> no sales planned this year<br><input type="checkbox"/> I am certified with another agency until _____. (date) <b>Which agency?</b> _____ |
| <b>What types of honey bee products are you requesting for certification? Check all that apply:</b><br><input type="checkbox"/> Honey <input type="checkbox"/> Wax <input type="checkbox"/> Pollen <input type="checkbox"/> Propolis <input type="checkbox"/> Royal Jelly <input type="checkbox"/> 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:  
 NOP organic certification  EC/EU verification (additional form required)  JAS equivalency

Do you understand the requirements for this program and 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 3 Apiary Operation Profile/Source of bees** ACA §§205.240(b)(1), .240(a)(1)-(3), .240(b)(5)

Provide addresses and maps of each bee yard or apiary. Include number of colonies in each yard this year. Provide history showing that no prohibited materials have been used in or around each site for 36 months.

Transition: For colonies present in your operation for one year or more, provide colony identification, date of purchase and date of foundation wax replacement in an attached document.

Replacement Colonies: 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:

How do you prevent conventional bees from drifting into organic hives?

How do you prevent organic bees from robbing conventional hives?

**SECTION 4 Living Conditions** ACA §§205.240(a)(1), .240(h), .240(j)(5)

Describe source of foundation wax:

Describe hive and frame construction:

Describe hive stands and any winter or summer alterations to the hives.

Describe source of smoker fuel.

**SECTION 5 Feed and Feed Supplements** ACA §§205.240(b)(1)-(b)(3), .240(e)(1)-(2), .240(f)(1)

**A. FEED**

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.

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.

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.

Describe the placement of colonies and colony populations as they relate to forage area harvest capacity.

How do 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?

aerial maps    Verification of Adjoining Land use documentation    other land owner documentation

**B. SUPPLEMENTAL FEED**

Do you provide your bees supplemental feed?    No    Yes. How do you monitor your colonies for sufficient winter or dearth time feed supplies?

*List all 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 at inspection.*

**SECTION 6 Water**

ACA §205.240(b)(4), .240(e)(1)

List available water sources in the forage zone.

river/creek    pond    spring    other:

**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 your queens and colony genetics as they relate to resistance to diseases and pests.

How do you monitor, and how often for Foulbrood, Sacbrood, Chalkbrood, Nosema, mite infestations, damaged wings, etc.?

Livestock health 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 health management products used

**B. PEST CONTROL**

Which pests affect your operation? Check all that apply:    Varroa Mite    Tracheal Mite    Small Hive Beetle    bears  
 small mammals    other:

How do you monitor for pests, and how often do you monitor?

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

**C. PHYSICAL ALTERATIONS**

Do you clip wings on your queens?    Yes    No   Do you mark your queens?    Yes    No

**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?

How do you remove bees from honey supers prior to harvest?

*Provide a map of your processing facility, including raw and finished bee-product or honey storage.*

List all uncapping, extracting and bottling or packaging equipment used.

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

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

Provide information on cleaning procedures and any cleaning materials used where you process or store organic apiculture products.

Provide information on any insect or rodent control procedures and materials or traps used where you process or store organic apiculture products.

Describe harvest protocols for all other apiculture products.

**SECTION 9 Record Keeping**

ACA §§205.240(c)(8), .240(c)

How are individual colonies and apiaries identified?

Indicate which records you maintain to demonstrate your compliance with ACA Guidance. 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), as applicable        | <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](mailto:mosa@mosaorganic.org)**