CSI Organic Apiculture System Plan

Please answer each question in the system plan or indicate "Not Applicable".

Please attach:

- ***A completed ORG_FAR_25_General Production System Plan***
- ***Maps of all hive and forage areas***

SECTION 1: GENERAL INFORMATION	
Applicant (Legal Name)	**Date:**

SECTION 2: APIARY INFORMATION

A. Products Requested for Certification

Identification of the Hive Sites Requested for Certification (Location, name or #)	# Of Hives at each site	Individual Hive Identification (please list)	Product harvested from the site (e.g., pollen, honey, beeswax, etc.)	Projected Volume of Yield

B. Transition of Hives

Have the colonies for which you are requesting certification been under continuous organic management for at least one year?

☐ **Yes** ☐ **No**

Did you use any prohibited substances the year prior to starting the organic management of the hives?

☐ **Yes** ☐ **No**

If yes to the previous question, has all non-organic wax been replaced by organically produced wax during the transition period?

☐ **Yes** ☐ **No**

Please be prepared to show evidence to the inspector for purchasing or obtaining the organically produced wax.

C. Introduced Bees

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If you have sourced replacement bees for an established colony, did you conduct a commercial availability search and keep a record (e.g., by completing CSI ORG_06_Commercial Availability Search)?

☐ **Yes** ☐ **No**

D. Location of Hives

Are the apiaries protected by a 3km buffer zone if there are sources or zones with prohibited substances or genetically engineered crops present (excluding fertilizers)?

☐ **Yes** ☐ **No**

What natural features are there within the buffer zone that may restrict bee travel (e.g., forests, hills, or waterways)?

If you feel that these natural features may contribute to reducing the 3 km buffer zone, please provide your reasoning:

SECTION 3: FORAGE AND FEEDING

Please describe the forage and water sources available to the hives.

Do you consider that you have adequate food supplies maintained, including sufficient reserves for the colony to survive dormancy periods?

☐ **Yes** ☐ **No**

If you had to feed any of the colonies to overcome a temporary feed shortage, have you maintained adequate records to show that feeding only occurred between the last honey harvest and 15 days before the start of the next nectar or honeydew flow period?

☐ **Yes** ☐ **No**

Have you ensured that any supplemental feed provided to the bees was not provided less than 30 days before the harvest of honey?

☐ **Yes** ☐ **No**

If you did provide any supplemental feed to the bees, please complete the table below, or provide an example of your own records of supplemental feeding.

☐ **Attached**

Feed Material	Source	Certified Organic?	Hives which received supplemental feed	Was honey flow occurring?	When was Feed Administered? (dates)

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		☐ Yes ☐ No		☐ Yes ☐ No	
		☐ Yes ☐ No		☐ Yes ☐ No	
		☐ Yes ☐ No		☐ Yes ☐ No	
		☐ Yes ☐ No		☐ Yes ☐ No	
		☐ Yes ☐ No		☐ Yes ☐ No	

SECTION 4: COLONY MANAGEMENT

Please describe how each hive is identified.

Please describe your monitoring activities, and how the monitoring may vary between colonies due to weather or time of year.

Please describe the materials used to construct and maintain the hives. Please note that pressure-treated lumber or particleboard, wood preservatives and lumber treated with prohibited substances are not permitted.

Please describe how you remove bees from the hives.

If you are using plastic foundations for your hives, have these been dipped in organic beeswax? ☐ **Yes** ☐ **No**

SECTION 5: HEALTH CARE AND DISEASE/PEST CONTROL

Please describe the preventive health-care practices you employ to maintain the health of the colonies (e.g., selection of bee stocks resistant to disease, colony location, pollen and honey availability, beeswax renewal, destruction of contaminated hives, regular cleaning and disinfection of equipment, etc.)

Describe the measures taken to promote strong colonies (e.g., renewing queens, hive density, systematic colony inspection, relocation of diseased colonies, etc.).

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Please describe the management practices you follow to control disease and pest problems (e.g., with regards to queen selection, comb foundation, equipment, etc.).

If you have used any botanical compounds, non-synthetic or synthetic substances (as permitted according to Table 5.3 of CAN/CGSB-32.311) as health remedies, please complete the table below:

SUBSTANCE USED	SUPPLIER	DATE USED	DATE OF NECTAR FLOW	HONEY SUPERS ON THE HIVE?
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

Have you treated any hives with synthetic allopathic drugs (e.g., antibiotics)? ☐ **Yes** ☐ **No**

If yes, please describe the management of the treated hives and wax after treatment to show compliance with the standard.

Have you experienced any problems with varroa mites? ☐ **Yes** ☐ **No**

If yes, what measures did you take to control the mites?

SECTION 6: EXTRACTION, PROCESSING AND STORAGE

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Please describe the timeline (weeks/months) of the honey flow cycle and harvest period(s). Indicate when first harvest generally begins and when the last harvest occurs.

Are all surfaces in direct contact with the honey constructed of food-grade materials or coated with beeswax?

☐ **Yes** ☐ **No**

Please describe the duration and temperature of heating for extraction (extraction temperature cannot exceed 35° C, and decrystallization temperature shall not exceed 47° C).

Please describe the extraction process.

SECTION 7: SANITATION AND PEST MANAGEMENT

Please describe your cleaning and sanitation procedures if you are doing extraction and packaging at your operation.

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Please describe your pest management controls and activities in addition to those previously described in Section 5.
Please submit a copy of your completed system plan and all attachments to: **Seeds Canada dba Centre for Systems Integration** **85 Albert Street, Suite 1100** **Ottawa, Ontario** **K1P 6A4** **1-800-516-3300** **Email: info@seeds-canada.ca**

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