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| 1. **OPERATION DATA**   **1.1 Name and full address of the entity to be inspected** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Name** |  | | | | | | | | | | **Owner** |  | | | **Legal Representative** | | |  | | | | **Full address** |  | | | | | | | **Zip** |  | | **City /State/ Dep.**: |  | | | | **Country:** |  | | | | | **Phone** |  | **Fax**: |  | | **E-mail:** |  | | | |   **1.2 Address of the unit to be inspected, if different from 1.1** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Full address** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Zip** | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| **City /State/ Dep.**: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Country:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **1.3 Person in charge/Legally Responsible of the inspected operation** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Full name** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | **Current occupation/function** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Phone** | | | | | | | | | |  | | | | | | | **Cellphone:** | | | | | | | | |  | | | | | | | | | | | | | | **E-mail:** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **1.4 Beekeeping production type:** | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | |  | | |  | | | |  | | | | | | | | | | | |  | | | | | |  |  | | |  | | | |  | | | | |  | | | | |  | | | | | |  | | | | | | |
| **Individual apiarist** | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | **1.5 Certification Standards requested:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Group of apiarists** | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | **NOP (Estados Unidos)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| **No. men** | | | | | | | | | | | |  | | | | | |  | | | | **MAYACERT-EU Equivalency** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| **No. women** | | | | | | | | | | | |  | | | | | |  | | | | **JAS (Japan)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
|  | | | | **Otro. Describa:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| **Total no. Of apiarists** | | | | | | | | | | | |  | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| **Processing/ handling company** | | | | | | | | | | | | | | | | | |  | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Trader (Exporter)** | | | | | | | | | | | | | | | | | |  | | | | | |  | | | |  | | |  | | |  | |  | | | | | | | |  | | | |  | | |  | | | |  | | |  | | | |  | |  | | | | |  | | | | | |  | | | |  | | | | | |
| **Sub-Contracted unit** | | | | | | | | | | | | | | | | | |  | | | | | |  | | | |  | | |  | | |  | |  | | | | | | | |  | | | |  | | |  | | | |  | | |  | | | |  | |  | | | | |  | | | | | |  | | | |  | | | | | |

**1.6 OPERATION HISTORY AND BACKGROUND INFORMATION OF THE LAST THREE YEARS**

**1.6.1 Type of inspection**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **First Inspection** |  | | | **Annual inspection** |  | |
| **If it’s a first inspection, complete the following questions** | | | | | | |
| **Operation’s first inspection** | |  | **Operation’s first inspection by Mayacert** | | |  |
| Justifications/ Evidences/ Explanations/ clarifications, describe: | | | | | | |

**1.6.2 Certification History**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **a) Is the operation currently certified Organic?** | | **YES** | |  | **NO** |  |
|  | **Date** | | **Certification Agency** | | | |
| **b) If the operation was certified by Mayacert, since when?** |  | |  | | | |
| **c) If the operation was already certified by another agency, by which agency(s) was it certified and since when?** |  | |  | | | |
| **d) If the operation has ever been certified, under which organic international standards was it (NOP, UE, JAS, LPOMEX,Other)?** |  | | | | | |
| **e) If the operation was certified by another agency, please attach a copy of the report, the response to any finding and the decision of the certification and the last certificate.** |  | | | | | |
| **f) If such documents are not in your possession, do you authorize Mayacert to obtain further information from the other agency?** |  | | | | | |
| **g) When was performed the first inspection of the operation?** |  | | | | | |
| **h) When did the system conversion period start?** |  | | | | | |
| **i) When was the operation first organic certification and by which agency?** |  | | | | | |

**1.6.3 Operation history and background information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **In sum, please describe the operation background, history, activities and every relevant information:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **1.6.4 IMPLEMENTATION OF PREVIOUS CORRECTIVE ACTIONS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **There were no corrective actions** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Corrective actions** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Had to be met before** | | | | | | | | | | | **Were the corrective actions met?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **YES** | | | | | | **NO** | | | | | | **PARTIALLY (%)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **2. PRODUCTION DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Indicate the products and the quantities that you wish to certify for this cycle (Please indicate the list as it should appear on the certificate).** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Product** | | | | | | | | | | | | | | | | **Organic** | | | | | | | | | | | | | | | | | | | | | | | **Transition 3rd year** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ton. | | | | | | | | | | | | | | | | | | | | | | | Ton. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Number of apiaries/hives to certify** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **3. PROJECT HISTORY FOR A FIRST INSPECTION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ACQUISITION ( purchases, donations, or any other form ).** | | | | | | | | | | | | | | **# of hives** | | | | | | | | | | | | | | | | | | **Acquisition date** | | | | | | | | | | | | | **Beehive management in the last year**  **(Organic or Conventional)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Organic** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Conversion** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Conventional** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Natural (catch)** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **3.1  Renewals and Increments** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Status** | | | | **# of hives from the last certification cycle** | | | | | | | | | | | | | | | | **# Renewed hives** | | | | | | | | | | | **%** | | | | | **# increased hives** | | | | | | | | | | | **%** | | | | | | | **Current Colonies** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Organics** | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | |  | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Conversion** | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | |  | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Conventional** | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | |  | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Natural** | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | |  | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **In the case of renovations, is the percentage of queen bees and/or swarms of non-organic origin below or equal to 10% (doesn't exceed 10%)?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | | | | | | | | | | | | **NO** | | | | | | | | | | **N/A** | | | | |
|  | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | |
| **In the case of renewed or increased queens and / or swarms whose origin is not ecological, were they placed in hives with honeycombs or beeswax foundation frames from organic production units?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | |
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| **4. PROCESS GENERALITIES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | | | | | | | | | | | | **NO** | | | | | | | | | | **N/A** | | | | |
| **4.1 Is there an inventory of the apiaries properly identified in cartographic sheets at scale, reflecting the reality of the location?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | |
| **4.2 Is there a description and suitability analysis of the vegetative production area?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | |
| **4.3 Does the apiary location have sufficient sources of natural nectar, honeydew and pollen for bees, as well as access to water?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | |
| **4.4 Are the sources of nectar and pollen that are within a radius of 3 km of the apiaries mainly consist of organic, wild, natural crops or crops treated by methods with a low environmental impact? (it can be less than 3Km if it is organic crops)**  **Describe the type of crop and its management:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | |
| **4.5 Does the operation have an adequate description of the forage area, based on floristic inventory, floristic calendar, or identification of agricultural crops and their management plans within a radius of 3km?**  **(Please identify in the description the type of production and/or flora, if these are crops, specify if they are conventional or organic and the type of inputs used in them and identify the species present in the forage zone)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | |
| **4.6 Describe the activities performed within a radius of 3.4 km to 6 km from the location of the apiaries. Include in the description any contamination risks such as: crops, hazardous activities, landfills, sewage treatment facilities, golf courses, houses, towns or cities, land to which prohibited substances are applied and all other sources of potential contamination. (Please make your comment comprehensive)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DESCRIBE:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4.7 Are the apiaries maintained in a sufficient distance from any non-agricultural production source that could lead to pollution?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | |
| **4.8 Is there an identification register for the beehives?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | |
| **COMMENTS:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4.7 Please make a description of:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **a) The management of the apiary and the hives (if permanent, migratory).** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **b) The migration plan in the event of temporary beekeeping; (including dates, areas, flowering, etc.).** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **c) Describe the flowering with melliferous potential in a circle of 3 km around the apiary.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **d) Describe the crops present (intensive or extensive) and other potential sources of contamination in a 3 km circle.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **5. FEEDING** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | | | | **NO** | | | | | | | **N/A** | | | | | | | | | | |
| **5.1 Are sufficient honey and pollen reserves left for bees at the end of the productive season?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | | | | |
| **5.2 In case of providing artificial feeding, is this only done when the survival of the hives is compromised by the weather conditions?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | | | | |
| **5.3 Describe the artificial feeding plan during the non-flowering time:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **5.4 In case of artificial feeding, what foods are used?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Organic honey** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | | | | |
| 1. **Organic sugar syrup** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | | | | |
| 1. **Conventional sugar** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | | | | |
| 1. **Other type of food, describe:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | | | | |
| **5.5 In case of providing artificial feeding, was it only done between the last honey harvest and the 15 days prior to the next period of inflow of nectar and honeydew?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | | | | |
| **Comments:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **5.6 Are antibiotics / bactericides used routinely in animal feed (not for therapeutic purposes)?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | | | | |
| **5.7 Are additives used in the diet?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | | | | |
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| **6. PROPHYLAXIS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | | | | | | | | **NO** | | | | | | | | | | **N/A** | | | | | | | | | | |
| **6.1 Is selection of resistant populations made?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | |
| **6.2 Is there periodic renewal of queen bees?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | |
| **6.3 Is renewal of wax made when needed?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | |
| **6.4 Are materials and instruments periodically disinfected?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | |
| **6.5 What inputs are used for cleaning/disinfection?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **6.6 What is the frequency of revision of apiaries?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **6.7 How and where are the materials and sources of contamination destroyed?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **6.8 Are the shortage periods (low flowering, high rainfall, low temperatures, etc.) respected?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | | | | | | | | **NO** | | | | | | | | | **N/A** | | | | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | |
| **Comments**: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **7. SANITARY CONTROL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **7.1 If the prophylactic practices were not sufficient, what control measure is carried out?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DISEASE** | | | | | | | | | | | | | **CONTROL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **PEST/PLAGUE** | | | | | | | | | | | | | **CONTROL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **WEEDS IN APIARIES** | | | | | | | | | | | | | **CONTROL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **7.2  If Biological, Botanical or Synthetic substances are used for the control of Pests, Weeds and Diseases, fill in the following table** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Tradename** | | | | | | | | | | | | | | | | | | | | | | | | | **Active Ingredients** | | | | | | | | | | | | | | | | | | | | | | | | **Inert Ingredients** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **7.3 If removal of drone bees in the hives is made, is this only for the control of Varroa destructor?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | | | | | | | **NO** | | | | | | **N/A** | | | | | | | | |
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| **8. MANAGEMENT PRACTICES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | | | | | | | | **NO** | | | | | | | | | | | **N/A** | | | | | | | |
| **8.1 Are bees destroyed in the combs as a method associated with the collection of the products?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | |
| **8.2 Are the tips of the wings of queen bees not?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | |
| **8.3 Are male offspring removed systematically?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | |
| **8.4 Are synthetic chemical repellents used during honey harvesting operations?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | |
| **8.5 Is honey collected from honeycombs containing brood?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | |
| **8.6 If a queen excluder or pollen trap, do they cause harm to the bees?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | |
| **Comments:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **8.7 Describe what materials are used as fuel for the smoker used in the management of hives.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Comments:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **9. CHARACTERISTICS OF THE BEEHIVES AND THE MATERIALS USED** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | | | | | | | | **NO** | | | | | | | | | | | **N/A** | | | | | | | |
| **9.1 Are the hives mainly made of natural materials that do not pose contamination risks for the environment or for beekeeping products?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | |
| **Comments:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **9.2 List the materials used by the operation to make the hives:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **9.3 List the materials:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **9.4 Are the materials used synthetic or natural? Describe:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **9.5 Describe the type of paint or protection of the hive. (if applicable, attach technical sheet)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **9.2 Is any authorized input used in the maintenance or protection of hive and frame materials?**(please detail the type and origin of input used) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | |
| **DETAIL**: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **9.3 What is the origin of the wax used in the frames?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **9.4 Is there a pesticide residue analysis of the wax?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | |  | | | | | |
| **9.5 Were the inputs purchased produced without the use of genetically modified organisms?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | |  | | | | | |
| **Comments:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **10. EXTRACTION OF HONEY AND OTHER BY-PRODUCTS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | | | | | | | | **NO** | | | | | | | | | | | | **N/A** | | | | | |
| **10.1 Describe if the place where the extraction is carried out does not constitute a risk of contamination for bee products** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **10.2 Are measures taken to avoid pillage during the extraction process?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | |  | | | | |
| **10.3 Is the honey sedimentation and / or filtering carried out in a place that does not represent a risk of contamination**? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | |  | | | | |
| **10.4 Is the equipment that comes into direct contact with honey made of stainless steel or food grade materials?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | |  | | | | |
| **10.5 Are cleaning measures taken for all equipment that comes into direct contact with honey?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | |  | | | | |
| **10.6 Describe what hygiene measures are taken by the beekeeper at the time of extraction** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **10.7 Are beekeeping by-products (pollen, propolis, wax or other) extracted?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | |  | | | | |
| **10.8 Is there a pesticide residue analysis of honey / pollen?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | |  | | | | |
| **10.9 Describe which by-products are extracted and what are the extraction methods (wax, pollen, propolis, etc.).** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **10.10 Type of container for the honey:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **11. PARALLEL PRODUCTION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YES** | | | **NO** | | **N/A** | |
| **11.1 Is there parallel production?** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |  | |
| **11.2 If there is parallel production, describe why:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **11.3 In case of parallel production, was a clear separation made from the handling, harvesting and sale of the product?** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |  | |
| **Comentarios:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **12. RECORDS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **12.1 What kind of control records are kept?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **a)** | **records of the purchase of external inputs/supplies** | | | | | | | | | | | | | | | | | | | | | | **YES** | | |  | | | | **NO** | | |  | |
| **b)** | **Application of external inputs (Date, Place, Quantity, frequency, etc.)** | | | | | | | | | | | | | | | | | | | | | | **YES** | | |  | | | | **NO** | | |  | |
| **c)** | **Field records (including activity, date, applications, dose, responsible, etc.) / Beekeeping production book** | | | | | | | | | | | | | | | | | | | | | | **YES** | | |  | | | | **NO** | | |  | |
| **d)** | **If there is parallel production, harvest records in organic and conventional production hives (Date, Location, Quantity, Parcel No.)** | | | | | | | | | | | | | | | | | | | | | | **YES** | | |  | | | | **NO** | | |  | |
| **e)** | **Harvest / collection records (Date, Location, Quantity, Parcel No., Organic Designation).** | | | | | | | | | | | | | | | | | | | | | | **YES** | | |  | | | | **NO** | | |  | |
| **f)** | **Transport Cleaning Logs** | | | | | | | | | | | | | | | | | | | | | | **YES** | | |  | | | | **NO** | | |  | |
| **g)** | **Product shipping notes** | | | | | | | | | | | | | | | | | | | | | | **YES** | | |  | | | | **NO** | | |  | |
| **h)** | **Sales records. Invoices that include date, quantity, product and condition of the product.** | | | | | | | | | | | | | | | | | | | | | | **YES** | | |  | | | | **NO** | | |  | |
| **i)** | **Labels for organic products (in storage, transportation, bulk or finished products).** | | | | | | | | | | | | | | | | | | | | | | **YES** | | |  | | | | **NO** | | |  | |
| **j)** | **Record of claims** | | | | | | | | | | | | | | | | | | | | | | **YES** | | |  | | | | **NO** | | |  | |
| **k)** | **Others,**  **Mention:** | | | | | | | | | | | | | | | | | | | | | | **YES** | | |  | | | | **NO** | | |  | |
| **12.2 If there are no records, please detail the reasons:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **COMMENTS**: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **13. CLAIMS** | | | | |
| **13.1 Is there a claims record kept?** | **YES** |  | **NO** |  |
| **13.2 Does the record identify the cause of the problem and the person responsible?** | **YES** |  | **NO** |  |
| **13.3 In response to claims that occurred,** **were the appropriate measures taken?** | **YES** |  | **NO** |  |
| **COMMENTS**: | | | | |

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| **14. DOCUMENTS THAT MUST BE ATTACHED WITH THIS PLAN** | **YES** | **NO** | **NA** | |
| **Mandatory documents** | | | | |
| 14.1Service contract (s), with signatures |  |  |  | |
| 14.2 Producer / Processor Agreement (NA for NOP), with signatures |  |  |  | |
| 14.3 Producer / Processor Letter of Intent (NA for NOP), with signatures |  |  |  | |
| 14.4 Production History Chart (Farms / Groups) |  |  |  | |
| 14.5 Control chart of Internal and External Inspections (Groups) |  |  |  | |
| 14.6 List of Producers (Groups) |  |  |  | |
| 14.7  Documents supporting product traceability |  |  |  | |
| 14.8 Original label or a copy of the original product label (color if the label is colored). |  |  |  | |
| 14.9 Labels of the inputs in use. |  |  |  | |
| 14.10.  Documents supporting requests for reduction of conversion period (if applicable):   1. Affidavit of previous land use in the last three years and the production history of the productive unit. 2. Records of activities of the previous management of the productive unit. 3. Evidence of third-party entities that are related to organic production or that are related to the activity carried out in the productive unit (government agencies, NGOs, etc.) that support the record of the crop and / or management in the last three years. |  |  |  | |
| 14.11 Documents that support operators that already had an organic certificate from another certifying agency (if applicable):   1. Last organic certificate. 2. Certification opinion or decision. 3. Inspection report. |  |  |  | |
| 14.12 Documents that support producers from other groups that already had organic certification (If applicable)   1. Act or record issued by the group to which the producer belonged, where the reason for the departure is stated. 2. Organic certificate of the group to which it belonged and a list attached to the certificate where the name of the producer can be seen. |  |  |  | |
| 14.13 Process Flow Diagram |  |  |  | |
| 14.14 Maps of all locations and areas of the hive, provide an accurate map showing the location of each hive. Indicating limits, buffer zones 1) use (s) of contiguous land (s) and area (s) to be certified. It can be a map of the county/province, google map, aerial photography, detailed hand-drawn map, etc. provided it is clearly legible when photocopied. This map must be current and dated. An updated map (revised or new) should be sent each time the information on the map changes (collection areas, location of hives, buffer zones, adjacent land use, etc.) |  |  |  | |
| 14.15 Copy of Internal Inspection Sheet (Groups), |  |  |  | |
| 14.16 Copy of Internal Control System Technical Opinion (Groups) |  |  |  | |
| 14.17 Copy of Internal Organic Production Regulations (Groups) |  |  |  | |
| 14.18 Copy of the constitutive act and update |  |  |  | |
| **Optional Documents** | | | | |
| 14.19 Management Plan for individual apiaries |  |  | |  |
| 14.20 Previous harvest sales flow (Producer / Processor) |  |  | |  |
| 14.21 Operator Organization Chart |  |  | |  |
| 14.22 Physical-chemical and microbiological analysis of the finished product (Processor) |  |  | |  |
| 14.23 Physicochemical and microbiological analysis of the water consumed by the bees. |  |  | |  |
| 14.24 Analysis of pesticide residues of the wax |  |  | |  |
| 14.25 Analysis of pesticide residues of the honey / pollen |  |  | |  |

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| ***Apiarist Statement***  ***I understand and accept that the information previously provided will be handled by MAYACERT confidentially. The data will only be sent to a third party if I give a written authorization or agreement.***    ***I declare, that all the aforementioned represents exactly my operation.***               Haga clic aquí para escribir una fecha.  NAME AND SIGNATURE OF THE MANAGER OR LEGAL REPRESENTATIVE PLACE AND DATE |

**This part must be filled by Mayacert inspectors**

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| **OSP Items** | **Description** | **Comments** |
| **1 (E.g.)** | **1.6** History and background of the operation | The operator has not indicated who carried out the first inspection of the operation |
| **1** |  |  |
| **2** |  |  |
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| ***MAYACERT verification result:***  *The operation* |
| ***is recommended to continue with the certification process*** |
| ***is NOT recommended to continue with the certification process*** |
| ***is recommended to continue the certification process with the following condition (s):*** |
| ***Date:*** Haga clic aquí para escribir una fecha.  ***Signature of the MAYACERT representative, who reviewed:*** |