| OAP 5: Apiary Health | |
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| 1. **PREVENTIVE HEALTH CARE** 2. What preventive health care measures do you practice? | |
| species selection | appropriate hive density and location |
| quarantine of incoming bees | destruction of equipment and bees contaminated with disease or pests |
| hive ventilation | use of foundation wax not contaminated with diseases or pests |
| other, describe: | |
| 1. How do you disinfect apiaries?  steam  direct flame  other, describe: 2. Describe how you monitor the effectiveness of your preventative health care measures, and the frequency of monitoring. | |
| 1. **PESTS, PARASITES, DISEASE and PREDATORS** 2. Please check all categories that pose a problem in your apiculture operation.   bacteria  mites  fungus  parasites  viruses  predators   other, describe: 3. Describe your control methods, including biological, cultural and/or physical methods: | |
| 1. Describe how you monitor the effectiveness of these control methods, and the frequency of monitoring. | |
| 1. **INFECTED APIARIES** 2. How does/will your operation handle infected apiaries if preventive measures fail?   isolate  depopulate  treat and remove from organic production  other, describe:   1. Are allowed medications used only to treat a documented healthcare problem?  Yes  No 2. If you are seeking USDA organic certification, have you treated any hives with materials prohibited in USDA organic production?  Yes  No  N/A    1. If yes, list product(s) used and hives treated:    2. If yes, what is done to ensure apiculture products from the hive are not sold as organic? 3. Do you understand that hives treated with prohibited materials cannot be retransitioned back to organic management under the USDA organic regulations?  Yes  No | |
| 1. **PEST CONTROL & HEALTHCARE INPUTS** 2. List all pest, parasite, disease, and predator control inputs (products) used or planned for use, including medications on **OAP 7: Apiculture Production Inputs.**  None used or planned for use. | |