| OAP 2: Origin of Bees | | | | |
| --- | --- | --- | --- | --- |
| 1. **TRANSITION OF APIARY TO ORGANIC MANAGEMENT**   *Apiculture products that are to be sold, labeled, or represented as organic must be from hives/colonies which have been under continuous organic management no less than one year prior to the removal of products from the hive.*   1. Has this operation ever transitioned a non-organic apiculture operation to organic production?  Yes  No   If yes, list end date of transition:   1. Are you currently transitioning or planning to transition any hives to organic production?  Yes  No 2. If yes, will all hives be under continuous organic management for a complete year prior to producing organic apiculture products?  Yes  No 3. List hive(s) and transition period  |  |  |  | | --- | --- | --- | | **Hive IDs** | **Date transitioned initiated** | **Date of transition completion (expected)** | |  |  |  | |  |  |  |  1. On what date was the replacement of foundation wax completed in all hives? If foundation wax is not used, please explain. 2. Was the existing brood comb removed at the start of organic management?  Yes  No 3. Has a material prohibited in organic production ever been applied to the hive(s)?  Yes  No  If yes, have all apiculture products been removed from the hive prior to the start of the transition period?  Yes  No 4. List all inputs used in or on hives during the transition period on **OAP 7: Apiculture Production Inputs**. | | | | |
| 1. **REPLACEMENT BEES & APIARY EXPANSION** 2. What source(s) are used for replacement bees and/or hives?  Purchased  Raised on farm 3. If replacement bees and/or hives are purchased, complete the following table and attach organic certificate for source of purchased bees and/or hives.  **Attached** | | | | |
| **Type of Bees or Hive(s) Purchased** | **Source** | **Date of Purchase** | **Certified organic?** | **% of colony replaced since previous honey flow** |
|  |  |  | Yes  No |  |
|  |  |  | Yes  No |  |
| 1. If any replacement bees are not certified organic, are they managed organically for 60 days, during which harvest equipment is removed from the hive?  Yes  No  N/A 2. Has your operation expanded the apiary since your previous organic certification (if already certified), and/or do you plan to expand in the coming year?  Yes  No If yes, what methods will be used for expansion? (Check all that apply)  |  |  | | --- | --- | | Purchase of organic hives and bees | List source(s) and attach organic certificate(s): | | Splitting of existing colony to form nucleus colony | Describe: | | Purchase of non-organic hives / bees. | Complete **OAP 2A Transition of Apiary to Organic Management** for the portion of your operation that is transitioning to organic production. | | | | | |