TCO CERT

618 Main St ◆ PO Box 3429 ◆ Humboldt, SK ◆ S0K 2A0
Ph: (306) 800-5210 ◆ Fax: (306) 800-5211
E-mail: info@tcocert.ca ◆ www.tcocert.ca

Apiary Organic System Plan Annual Update 2024

Please complete this form in its entirety if you are a new applicant or if you are renewing your certification. Sign this form and attach supporting documentation as specified in Section 9. Incomplete information may lead to a delay in certification. Use additional sheets if necessary. Mark any sections that do not apply to your operation as "Not Applicable."

☐ **Check this box if you would like us to make information regarding your production available <u>upon request only</u> to potential recognized buyers. *IF YOU AGREE, TCO Cert will release your information exclusively for your business opportunity purposes.***

SECTION 1: Programs Requested

Operation Name:	Operator Number:

↑ *The Operation Name must be an individual, a corporation, an association, or an organization recognized as a legal entity. This name goes on the certificate.*

Other Name(s):

↑ *Other Name(s) may be another name by which the certificate holder is commonly known in the marketplace or the name the holder commonly does business under. This name may be added on the certificate but must clearly be referred to as "doing business as" or "DBA." Leave blank if you don't have any.*

Contact Person's Name:

Check ALL the programs for which you are requesting certification and/or verification. *Apply for all programs you may need (and answer all applicable questions) so that your inspection specifically covers each program being requested, and the inspector addresses the necessary questions. Certification/verification to any program not requested now cannot be granted at a later date (after the initial inspection) without an additional inspection.*

Certification/Verification Programs:
☐ Canada Organic Regime (COR)
☐ In Conversion to COR
☐ Bio-Suisse**
☐ CARTV

Equivalency Programs:
☐ CAN/US Equivalence Arrangement

****Requires submission of additional documents.** *Please contact your chapter or TCO Cert certification coordinator for the appropriate forms*

1. Please list current organic certification by other agencies.		
2. Do you have access to a copy of the current standards (**CAN/CGSB-32.310 and CAN/CGSB 32.311**), and for all programs for which you are applying?	☐ Yes	☐ No
3. Do you understand the current organic standards for each program for which you are applying?	☐ Yes	☐ No
4. a. Have you reviewed your Apiary Organic System Plan (AOSP)?	☐ Yes	☐ No
b. Is your contact information on your Apiary Organic System Plan (AOSP) up-to-date and accurate? <u>If no</u>, please provide the updated phone number, email address, etc. here.	☐ Yes	☐ No

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c. Have you made revisions to your Apiary Organic System Plan (AOSP)? 　　If yes, attach the revised pages with the date and your initials and explain the revisions made:	☐ Yes	☐ No

5. a. Do you produce any processed honey products?	☐ Yes	☐ No
b. Are any ingredients added to the processed products? 　　If yes, please list products. 　　**If yes to any of the above questions:** 　　**Please complete the TCO Cert "Processor Organic System Plan" and the "Processor Organic System Plan Annual Update"**	☐ Yes	☐ No

SECTION 2: Description of Measures Taken to Address Noncompliances and Opportunities for Improvement

Please refer to the letter received with your most recent certificate that lists the previous non-compliances and Opportunities for Improvements.

Were there any Noncompliances or Opportunities for Improvement concerning your Apiary operation from last year's certification?	☐ Yes	☐ No

If yes, please complete the following table, briefly listing each Noncompliance and Opportunity for Improvement and describing the actions taken to address each one. Add rows if necessary.

Noncompliance, Opportunity for Improvement	Action Taken
1.	
2.	
3.	
4.	
5.	

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SECTION 3: Apiary Plan Management

At least 36 months of histories are required for all colonies/hives/apiary areas that were added to your operation since the last inspection and are or will eventually be requested for certification (including areas that are currently transitional or conventional).

Please Note:
- Apiary area histories must include the current year and show all areas, whether they are organic (O), in transition (T), or conventional (C), area numbers, size of each area (acres, hectares, etc.), crops/plant types grown in the area, and any inputs that were applied (must include specific dates and rates of application). Also attach maps of all areas which indicate hive sites, directions, size and shape, buffer zones and adjoining land use. There must also be an overview map that shows all areas in relation to one another. The sizes listed in the histories and maps must correspond.

- If legal description/address for each apiary area is not located on the history sheets and/or maps, please submit a sheet that provides this information. If all collection areas are connected in an entire unit, one legal description/address is sufficient

1. Status of operation:
   ☐ Organic only
   ☐ Parallel production (organic/non-organic)

2. How long have you managed your operation?

3. How long have you been certified?

4. Total apiary area owned?

5. Total apiary area rented?

6. Total number of hives?

7. Total organic hives?

8. Total hives in transition?

9. Total conventional hives?

10. Have you managed all apiary areas requested for certification for 3 or more years? If no, and you have not already submitted a Prior Land Use Affidavit* (PLUA) for these apiary areas, please submit the PLUA with this application. *Prior Land Use Affidavit (PLUA) or equivalent document: Completed and signed document from the previous manager stating the use and all inputs applied for the previous three years on all newly rented or purchased apiary areas.	☐ Yes ☐ No
11. NEW APIARY AREAS ADDED AFTER LAST INSPECTION? If yes, please state apiary identifications. Please attach *Prior Land Use Affidavit* (see annotation above in question # 10) and detailed maps for the new apiary areas.	☐ Yes ☐ No
12. Have you taken any apiary areas out of organic production since your last inspection? If yes: • Please list these apiary areas (ID): • Please state the reason for no longer managing the apiary areas as organic:	☐ Yes ☐ No

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13. Please describe your risk management plan to prevent GE contamination, such as physical barriers, isolation distances, and equipment and storage sanitation protocols as now requested per par. 7.1.10 CAN/CGSB-32.310-2020.

Please complete the following table to indicate the specific apiary areas and honey products that will be requested for certification. Add rows if necessary.

Honey Product	Apiary Area Identification	Number of Hives (only for apiary areas))	Projected Production Amounts (including unit of measure

SECTION 4: Feed and Foraging Areas

4A. HIVE SITE LOCATION AND FORAGE AREAS

1. Are any hives situated within 2 miles (3 km) of any of the following locations? Check all that apply.

☐ None   ☐ Large urban concentration   ☐ Area of high traffic pollution
☐ Industrial complexes   ☐ Garbage dump/Landfill   ☐ Golf course
                                                    ☐ Farming (specify):

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2. Are any hives situated within 2 miles (3 km) of flowering conventional agricultural crops	☐ Yes ☐ No
If yes, are any of these crops sprayed with pesticides?	☐ Yes ☐ No
3. Are any hives situated within 2 miles (3 km) of flowering genetically modified crops?	☐ Yes ☐ No
If yes, what types of crops are they?	

4. What are the primary sources of forage for the bees?

5. What is the source of water accessible to bees:
☐ River ☐ Pond ☐ Other:
☐ Creek ☐ Spring

4B. Supplemental Feeding ☐ Not Applicable

1. Do you consider that you have adequate food supplies maintained, including sufficient reserves for the colony to survive dormancy periods? If no, please complete the questions below concerning supplemental feeding.	☐ Yes ☐ No

2. Please explain why supplemental feeding of bees is necessary in the operation and when it takes place.

3. What attempts are made to try and avoid having to provide supplemental feeds to the colonies?

4. After the production season, how much honey and pollen are left in the hive as a reserve supply for bees?

5. What type(s) of feed (honey, pollen, sugar, etc.) is provided as part of the supplemental feeding program? List all feeds used and indicate if the feed is organic or conventional (and if organic, to which program(s)).

Full Product Name	Brand Name or Source (e.g., produced on-site)	Type of Feed (i.e., Honey/Pollen/Sugar)	Organic (O) Conventional (C)	When did feeding occur? (Dates)	Identification of Hive that received feeding

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6. Does supplemental feeding ever take place during honey flow?	☐ Yes ☐ No
7. 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
8. How often are hives checked?	

SECTION 5: Inputs

List all inputs used in or on organic and/or transitional bees and hives and in the organic apiaries, including any sanitation and cleaning materials. All inputs used or intended for use must be listed in your hive management records.
 • Please submit labels, MSDS and Input Review Request Form for each input for approval prior to use.
 • If inputs contain any agricultural and/or biological ingredients, Non-GMO Affidavits must be submitted.

PRODUCT BRAND NAME	BRAND NAME OR SOURCE (E.G., PRODUCED ON-SITE)	REASON FOR USE	ACTUALLY USED (AU) OR PLANNED (P)
			☐ AU ☐ P
			☐ AU ☐ P
			☐ AU ☐ P
			☐ AU ☐ P
			☐ AU ☐ P
			☐ AU ☐ P

SECTION 6: Summary of Organic Inventory and Disposition Since Previous Inspection Affidavit

The following information is from _____ (date: M/D/Y) to _____ (date: M/D/Y).
This information should be from your last inspection until the date that this form is completed.

Please include all products and inventory that were listed on last year's *Inspection Affidavit (IA)*. Add rows if necessary.

6A. This information should cover the products HARVESTED LAST YEAR as listed on the BOTTOM PORTION of last year's Inspection Affidavit (IA).

Products	Total Production Area/Hives	Actual Amount Produced	Date of Harvest	Amount Disposed/Sold	Quantity in Inventory	Storage Location ID Number

Applicant Initials: _____ Date: _____

Products	Total Production Area/Hives	Actual Amount Produced	Date of Harvest	Amount Disposed/Sold	Quantity in Inventory	Storage Location ID Number

6B. This information should <u>cover all products in inventory</u> (organic and conventional) <u>FROM the TOP PORTION</u> of last year's Inspection Affidavit (IA).					
Products	**Year(s) Produced**	**Amount Disposed Since Last Inspection**	**Quantity Still in Inventory**	**Storage Location ID Number**	**State: Organic/Transitional or Conventional**

SECTION 7: Maintaining Organic Integrity

1. Is equipment used only with organic hives and honey/products? If <u>no</u>, is equipment used for handling of (check all that apply): ☐ Conventional Hives/Products ☐ Transitional Hives/Products	☐ Yes ☐ No
2. Please describe how equipment that is also used with non-organic hives/products is cleaned Is the cleaning documented?	☐ N/A ☐ Yes ☐ No
3. What measures are taken to prevent contamination and commingling of organic products with non-organic products during transportation (e.g., seals used, transportation dedicated organic, etc.)?	
4. Have you submitted a sample copy of your Bill of Lading (BOL) that accompanies organic products in transport? ***If no, please submit a sample BOL with this completed Apiary Organic System Plan Annual Update (AOSPAU).***	☐ Yes ☐ No

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5. a. Is your product stored off-site, using a Custom Service Provider for such activities?	☐ Yes ☐ No
b. Do you use a custom service provider for packaging and/or labeling your products?	☐ Yes ☐ No
If yes to any of the above questions: Please provide the full name of the off-site storage facility or the Packaging and Labelling Custom Service used: Which of the following documentation is in place for the service provider used? ☐ Attestation of Compliance to the COR * ☐ Organic Certificate and Addendum for Packaging & Labeling ** ***Attestation of Compliance documentation needs to be in place for Contractual Service Providers storing or processing your products.** **If the Contractual Service Provider does not hold an Attestation of Compliance the service provider's facility and activities need to be included in the annual inspection of your operation.** **** If you are planning on using the custom services of a Contractual Service Provider for Packaging and/or Labelling, the Custom Service Operation must hold an Organic Certificate for Packaging and Labelling.** **Please attach available documentation for the Custom Service Operation and/or have documentation on hand at time of inspection.**	
6. Have any new labels been created or changed since the last inspection? If yes, please submit copy of the labels and a completed TCO Cert "Label Approval Request" form.	☐ Yes ☐ No

SECTION 8: Additional Comments

Please provide any additional comments or information pertinent to this Organic System Plan Annual Update. Please describe any main changes made or planned this year for your operation (e.g., practices, materials, facilities, custom services used, etc.).

Applicant Initials: _____ Date: _____

SECTION 9: Affirmation

I affirm that all statements made in this application are true, correct, and complete. No prohibited products have been applied to any of my organically managed fields during the three-year period prior to projected harvest. I understand that the operation may be subject to unannounced inspection and/or sampling for residues at any time as deemed appropriate. I understand that acceptance of this form in no way implies granting of certification by TCO Cert. I agree to abide by TCO Cert policies and the certification standards and/or certification requirements applicable to my operation. I agree to notify TCO Cert in writing of changes in any of the following: farm contact information, applicant contact information, legal status, ownership or control of the operation. I agree to maintain for at least five years all records related to my organic operation. I agree to pay all fees assessed by TCO Cert. I further agree to abide by and fulfill duties and obligations to TCO Cert, as written in the Operator Licensing Agreement. I affirm that I understand the standards/regulations for the specific program(s) that I have requested and that the requested products were grown in accordance to these standards/regulations.

| Signature of Operator | Date (M/D/Y) |

Please maintain copies of the Organic System Plan and other supporting documents as part of your record keeping system.
Submit completed form, fees and supporting documents to your Chapter Administrator or, if not a Chapter member, to TCO Cert.

I have attached the following required documents (with name on each page):

- ☐ *Completed, signed, and dated Operator Licensing Agreement
- ☐ Documents from previous certifier (if other than TCO Cert) or dual certification application (if applicable)
- ☐ * Hive location maps
- ☐ *Overview map showing **all** apiary locations
- ☐ Apiary Location Management Summary (ALMS)
- ☐ Hive management/maintenance/health records – organic, non-organic, and in conversion
- ☐ *Documentation for hives owned for less than three years (*applicable when producer(s) has not been in control/managing the hive requested for certification for <u>at least</u> the last 12 months prior to certification application)
- ☐ *Formal conversion or transition plan
- ☐ Supplemental feeding records
- ☐ Input records for materials used in or on the hive (including all labels)
- ☐ Nuc/Hive Search document for non-organic Nuc/Hives
- ☐ Monitoring records/analysis (quality tests, observations)
- ☐ Custom Service Provider Documentation
- ☐ Labels/sales documentation for apiary products to be sold as organic (bulk or retail), Completed "Label Approval Request" forms
- ☐ Harvest/collection records
- ☐ Extraction process records
- ☐ Equipment cleaning records
- ☐ Storage records
- ☐ Cleaning/sanitation/clean-down logs
- ☐ Clean transport records
- ☐ Sales records

*Note: Documents need to be submitted only for new applicants or for changes in the operation.

Applicant Initials: _____ Date: _____