

Monitoring was conducted by (Signature and date): _____

				Apiary Location and Identification Information
				Date of Bee Colony Monitoring
				Number of Hives Placed
				Access to Clean Water (☒)
				Detected Pest/Organism
				Number of Diseased and Removed Hives from the Apiary
				Apiary Health Status Regarding Diseases
				Comments
				Responsible Person and Date

Form 1	Apiary Description Records	Version 1.0	Page (1) 1
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Form 2	Treatment Records	Version 1.0
		Page (1) 1

					Date
				Quantity	Apiary Location Details
				Apiary Number	
				Location	
					Name
					Drug used
					Active Ingredient
					Dosage
					Number of Treated Hives
					Name of Method Used
					Responsible Person and Date

Monitoring Conducted By (Signature and Date):

Form 3	Honey Extraction Record	Version: 1.0 Page: (1) 1
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Apiary Location	Date of Frame Removal	Type of Honey	Extraction Date	Lot Number and Quantity of Extracted Honey	Comments	Responsible Person and Date

Monitoring was conducted by (Signature and Date) _____

Form 4	Container Label	Version: 1.0 Page: (1) 1
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Apiary Identification Information (Number and Location)		
Clinical Signs of Disease in the Last 3 Months		
Quantity	Barrels:	Identification
	Containers:	Identification
Extraction Date		
Source of Nectar		
Sample number		
Supply Date		
Comments		

Monitoring was conducted by:

(Signature and Date): _____

Form 5	Record Sales	Version: 1.0 Page: (1) 1
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Date:	Client (Name/Surname), Identification Code / Personal Number	Container Number	Product Details <ul style="list-style-type: none"> • Number of Containers • Weight • Type of Honey 	Comments	Responsible Person and Date

Monitoring was conducted by:

(Signature and Date): _____

Record Form #	Cleaning and Sanitary Inspection	Version: 1.0, Page: (1) 1 Approved: Date:
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Cleaning and Inspection Date	Inspection (4)	Cleaned by	Signature



Note / Observation:

1. Verify that all processing equipment is functioning correctly.
2. Visually inspect the cleanliness of work and packaging areas, such as wax removers, uncapping stations, homogenizers, honey pumps, settling tanks, containers, and packaging materials.
3. Record any required corrective actions and implement necessary adjustments before processing.

List of Guest and Visitors

Appendix #1.

Journal for Recording Deratization and Disinfection Activities

Verified by / Food Safety Manager

Signature.....

Date

Appendix #2.

Pest Control Plan

Inspecting Premises	Frequency	Inspection Process Description	Filling Record	Responsible Person
Insect light trap lamp	Once a week	Visual Inspection - Lamp intact, not burned out	Control Log	
Nets on the windows	Once a week	Visual Inspection - complete	Control Log	

Verified by / Food Safety Manager

Signature.....

Date

Appendix #3.

Pest Inspection Log

Verified by / Food Safety Manager

Signature.....

Date