

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

Monitoring was conducted by (Signature and date): _____

Form 3

Honey Extraction Record

Version: 1.0

Page: (1) 1

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	<div>Barrels: Identification</div> <div>Containers: Identification</div>
Extraction Date	
Source of Nectar	
Sample number	
Supply Date	
Comments	

Monitoring was conducted by:
(Signature and Date): _____

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

[illegible]

Appendix #1.

Journal for Recording Deratization and Disinfection Activities

#	Date and time	Work carried out	Used Control Measures / Agents	Person Responsible for the Work / Operator	Signature of responsible person ՅՈՐՈՆ

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

Date	Place	Pest control mechanism (including fences, nets, etc)	Monitoring Results	Actions Taken in Case of Pest Detection	Additional actions needed

Verified by / Food Safety Manager

Signature..... Date