

**Certified Naturally Grown  
Apiary Inspection Worksheet**  
For Inspector Use Only - Not a Public Document

Apiary Name: \_\_\_\_\_

Beekeeper: \_\_\_\_\_

Inspector: \_\_\_\_\_

Affiliation/s (bee club & apiary): \_\_\_\_\_

Inspection Date: \_\_\_\_\_ Total Inspection Time \_\_\_\_\_

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**Instructions**

1. Certification requires inspection by *two different beekeepers* per year. These two inspections ideally take place at different points during the season, though a group inspection on one day may be selected (in which case we recommend, but don't require, three or more inspectors participate). Inspections shall be carried out by beekeepers who use natural methods.
2. The first set of pages here will not be scanned on the internet and will not be seen by the public. Feel free to write notes and questions to yourself in the margins... or just use this as a guide for your inspection. Only the Inspection Report will be scanned and posted online.
3. Please remember, it is very easy to get side-tracked into specific conversations and discussions. Make every effort to stay on track and perform a thorough investigation of each of the beekeeper's apiaries.
4. Before you get started, we recommend you obtain a copy of the Apiary Standards from the CNG website (under Certification Programs), or ask the beekeeper if they'll have one on hand.
5. Answer the following questions for each of the certified apiaries.

**On-Site Observations**

	OK ✓	Notes of any sort
Do the hives seem adequately supported by the nectar and pollen supply in the surrounding area? (ie. not too many hives)		
Is the land on which the hives are located free of synthetic fertilizers, pesticides, herbicides and fungicides and genetically engineered crops?		
If located in a residential area, are the hives situated with sensitivity to neighbors' interests?		

Are all hives elevated at least six inches off the ground?		
Are all hives situated so they're likely to get at least four hours of sunlight per day?		
Does the construction and location of the hives appear to provide adequate ventilation?		
Is there an appropriate clean water source within ½ mile?		
Is there a system in place to mark the brood frames to ensure that no brood frame comb in the hive is more than 5 years old?		
Do you detect any paint or chemical treatment on the interior surfaces of the hives? <i>This is not allowed.</i>		
Do all hives have removable frames? If they're Langstroth hives, are there separate chambers for brood and honey?		

### **General Practices**

Where does the beekeeper source queens? If the queen is purchased, does the queen vendor refrain from shipping the queen with an Apistan strip?		
What guidelines does the beekeeper use in determining how much honey to remove from the hive? Does he/she ensure enough remains for the bees so as to avoid the need for excessive sugar feeding afterwards? <i>(required)</i>		
What does the beekeeper use for supplemental feeding? <i>The following are not allowed: High Fructose Corn Syrup, liquid sugar syrup purchased with stabilizers or additives, unrefined cane sugar</i>		
Does the beekeeper refrain from having honey supers on the hive during, or within two weeks of, supplemental feeding?		
Does the beekeeper harvest any wax to be re-used in the hive? If so... Does she only use honey super cappings wax from CNG hives? Does she remove impurities by rendering (without the use of copper or iron)? <i>(yes answer to both is required)</i>		

<p>Does the beekeeper harvest pollen or propolis? If so...  Is the pollen purified of bee parts and other foreign matter?  Is the beekeeper careful to harvest pollen and propolis only from healthy hives? <i>(yes answer to both is required)</i>  What measures are taken to ensure pollen and propolis are not over-harvested?</p>		
<p>Are hives ever moved for pollination or other purposes? If so...  Are they moved more than three times per year (other than for emergencies)?  Are they moved to non-certified apiaries?  <i>(no answer to both is required)</i>  Does the beekeeper have contracts with any crop producers for whom pollination services are being provided, specifying that all crops on the land managed by the producer will meet all CNG guidelines during pollination, and for three months prior to arrival of the bees? <i>(Such contracts are required).</i></p>		
<p>Is there a control program for Varroa Mites? If yes, please specify control measures.</p>		
<p>What has been the beekeepers experience with diseases, such as AFB, EFB, nosema, tracheal mite, chalkbrood, and viral diseases?  What steps has he taken to prevent these diseases?  What treatments have been used, if any? Are these treatments allowed in the CNG program?</p>		
<p>What has been the beekeepers experience with wax moth and small hive beetle, and what steps have been taken to control these pests?</p>		
<p>Are the beekeeper's hives in transition? They are if: the brood comb may have been exposed to Tylan and/or three or more treatments of fluvalinate or amitraz, <u>and/or came from another apiary (including nucs)</u>. <i>If so, confirm plans to remove treated/purchased brood comb within 2 years, and make sure they're no more than 40% of total frames.</i></p>		
<p>Does the beekeeper label her product as a varietal, and if so, does she ensure that at least 51% of the nectar was derived from the named variety?</p>		
<p>Is honey from this apiary mixed with honey from a non-certified apiary and then marketed as Certified Naturally Grown?</p>		

<i>(prohibited)</i>		
Is honey from this apiary mixed with any other ingredients and then marketed as CNG honey? <i>This is allowed only if the other ingredients are CNG or certified organic flavoring agents, such as herbs. The addition of artificial sweeteners or other altering agents is strictly prohibited.</i>		
<b><u>Reviewing Records</u></b>		
Ask to see the beekeeper's records. They should include:		
Records of varroa levels and treatments (only for treated hives)		Yes / No / NA
All disease and treatment types and dates		Yes / No / NA
Hive locations and movement dates for all hives		Yes / No / NA
Records of any previous wax exposure to prohibited substances, and the removal schedule for these frames		Yes / No / NA
Records of brood frame marking for purpose of scheduled removal (A.4.)		Yes / No
Pollination contracts (if offering pollination services)		Yes / No / NA
CNG inspection dates and notes on inspector's key observations		Yes / No / NA

If any of the above records was missing, confirm plans to maintain such records.

**Checklist - Did you take a look at and/or ask about these items?**

Hive location and construction	Yes / No / NA
Harvesting Honey – processing and amounts	Yes / No / NA
Wax – processing for re-use in hive	Yes / No / NA
Pest Pressures	Yes / No / NA
Disease	Yes / No / NA
Labeling and marketing	Yes / No / NA
Records	Yes / No / NA
Transition schedule for treated or purchased brood comb	Yes / No / NA
	Yes / No / NA
Other _____	Yes / No / NA
Finally, and most importantly, do YOU feel the bees in this apiary are well cared for? Why or why not?	Yes / No / Notes

----- **! WAIT !** -----

This NEXT section is scanned in and made public! You may use the empty space below and the above worksheets to make notes and recommendations to the beekeeper or recognize areas of excellence.

Please be sure to leave notes for the beekeeper to file with their records about any areas of concern that should be reviewed by the next inspector (need to improve records, hive ventilation, exposure to adequate sun, etc.)

## Certified Naturally Grown Inspection Report ~ Apiary

Apiary Name \_\_\_\_\_  
Beekeeper/s Name/s \_\_\_\_\_  
Apiary Location/s \_\_\_\_\_  
Inspector \_\_\_\_\_  
Inspector Affiliation/s (club &/or apiary) \_\_\_\_\_  
Inspection Date \_\_\_\_\_ Total Inspection Time: \_\_\_\_\_

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To the best of my abilities and based on my observations and interview with the beekeeper/s, I feel confident in making the following declarations about the apiary/ies the above beekeeper wants to have listed as Certified Naturally Grown:

The beekeeper is careful to make sure that no prohibited insecticides, herbicides, fungicides, chemical fertilizer, or genetically modified crops are used on the land where the apiary is located. Agree / Disagree \_\_\_\_\_  
(Your initials)

The hives are located in an area/s with abundant and diverse pollen and nectar sources that are adequate to support the health of the apiary's bee population. Agree / Disagree \_\_\_\_\_  
(Your initials)

The beekeeper refrains from the use of synthetic in-hive treatments. Agree / Disagree \_\_\_\_\_  
(Your initials)

The beekeeper refrains from overaggressive harvesting of honey and excessive feeding of sugar. Agree / Disagree \_\_\_\_\_  
(Your initials)

The beekeeper refrains from overaggressive harvesting of pollen and propolis – the bees' food and medicine. Agree / Disagree \_\_\_\_\_  
(Your initials)

The beekeeper demonstrates a commitment to sustainable practices that seek to protect and improve the health of the honey bee population. Agree / Disagree \_\_\_\_\_  
(Your initials)

I certify that to the best of my abilities, observations, and based on my personal interview with the beekeeper/s, I feel confident in recommending that the above listed beekeeper/s and their apiary

**be included                      not be included                      (please circle one)**

in the Certified Naturally Grown program.

\_\_\_\_\_  
Signature of Inspector

\_\_\_\_\_  
Date

## Inspector Contact Information

*This information will be kept completely confidential but is required for this form to be valid. We may need to contact you and confirm that you filled in this form.*

Apiary Inspected: _____
Your Name: _____
Your Phone: _____
Your Email: _____
Your Mailing Address: _____ _____
Your Apiary: _____
Your Affiliation:* _____

- Did you sign the summary report at the bottom and initial the agree/disagree statements?
- Each inspector should sign his/her own Summary Inspection Report.

\* Inspectors typically are fellow beekeepers who are part of a local network, whether formal, like a county beekeepers association, or an informal network of mutually supportive beekeepers dedicated to natural practices. We ask that you indicate the name of the formal network, OR provide the names of at least two other beekeepers in the informal network. Inspectors may also (or alternatively) have an institutional affiliation like a university or extension office.

Please mail this page and the Inspection Report (or all the Inspection sheets, but only the Inspection Report will be made public) to:

Certified Naturally Grown  
540 President Street, Third Floor  
Brooklyn, NY 11215

If you need more copies of these forms, you can download and print them at [www.naturallygrown.org/programs/documents](http://www.naturallygrown.org/programs/documents)

Don't hesitate to contact us if you have any questions at [info@naturallygrown.org](mailto:info@naturallygrown.org) or call 877-211-0308.

Thank you!

Certified Naturally Grown