

**Certified Naturally Grown
Inspection Report ~ Apiary**

Apiary Name Bee - Orn Apiary
Beekeeper/s Name/s R. STEPHEN RANKIN
Apiary Location/s FARMINGTON NEW MEXICO
Inspector DAVEY DIGMAN
Inspector Affiliation/s (club &/or apiary) _____
Inspection Date 6-27-15 Total Inspection Time: 1 hr

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
DS
(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
DS
(Your initials)

The beekeeper refrains from the use of synthetic in-hive treatments.

Agree / Disagree
DS
(Your initials)

The beekeeper refrains from overaggressive harvesting of honey and excessive feeding of sugar.

Agree / Disagree
DS
(Your initials)

The beekeeper refrains from overaggressive harvesting of pollen and propolis – the bees' food and medicine.

Agree / Disagree
DS
(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
DS
(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.

Davey Digman
Signature of Inspector

6-27-15
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:	<u>Stephen Rawlin</u>
Your Name:	<u>BARRY DIGMAN</u>
Your Phone:	<u>505-327-3409</u>
Your Email:	<u>DIGMAN@ANIMAS.NET</u>
Your Mailing Address:	<u>1138 N. MESA VERDE</u> <u>FARMINGTON</u>
Your Apiary:	<u>BARRY DIGMAN</u>
Your Affiliation*:	<u>JOE POPE</u> <u>ENRIQUE DEL JITO</u>

- 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

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

Thank you!

Certified Naturally Grown