

OFFICIAL

Bee and Apiary Commodity Record – Bee Colonies and Beekeeping Plant – Pre-Entry and Post-Entry Testing and Treatment Records <small>(Complete one per apiary. All fields mandatory. Record N/A if not applicable. Copy document as necessary)</small>																																				
Consignor/Consignee name: <small>(cross out the option which does not apply)</small>										Record type: <input type="checkbox"/> pre-entry <input type="checkbox"/> post-entry										Pre-entry: Date of application					Post-entry: Date of entry to SA											
Hive rego I.D(s):					Apiary name: <small>(Unique identifier)</small>					No. colonies: (Record No. of hives and nucs)										No. colonies: (Record No. of swarms, packages, queen banks)																
Current location(s):															Proposed SA location(s) or next shift location(s): (if applicable)																					
<small>(Record property name, property street number [or equivalent/ GPS of apiary], street name, suburb/ town/ city [name and postcode], and state)</small>																																				
Varroa mite test and treatment: <small>(Must be as per the Standards. Record colony Nos. [actual or allocated], and results as: N=Negative, PBT=Positive Below Threshold, PAT=Positive Above Threshold, S=Suspect. Each tested colony must be permanently and legibly marked on brood box front face with unique I.D. and test date)</small>																									Date(s) tested:											
Hive ID	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	
Results																																				
Treatment																																				
Hive ID	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	
Results																																				
Treatment																																				
Treatments: (Record install dates, type of treatment, hive identification, dates removed, produce used, rate of treatment):																																				
Intended beekeeping plant and Varroa mite treatments - (Record Vehicles [types and registrations Nos.], apiary appliances [Nos.], and vehicle and associated apiary appliances intended treatment(s) as per Standards)																				Date(s) intended treatments: (Must be under-associated taken at base/ cleaning facility prior to loading)																
T - Truck, U/ C - Ute/ Car, Tr - Trailer, F - Forklift/ Loader, Ev - Extraction van					Bee water tank(s), and floats, pallets			Load binders, netting, tarpaulins		Corners, pallets, load spacers		Bee suits, veils, gloves		Boots	Other (specify)	Hive tools, scrapers, frame holders		Smokers, brushes, buckets	Varroa mite sampling kits		Other (specify)	Other (specify)														
and associated lockers, storage bins/ areas, and tools					and associated containers, crates, etc																															
Vehicle(s) - type and registration:					Associated apiary appliances - Nos.:																															
Treatment(s):					Treatment(s):																															