

Bee and Bee Commodity Record - Bee colonies and beekeeping plant - Record 1a - for apiary

(For each apiary, complete one Record 1a and one Record 1b. All fields mandatory. Record N/A if not applicable. Copy document as necessary)

A(i) Applicant name:																			Hive rego I.D(s):					Date submitted:														
A(ii) Apiary name: (Unique identifier)											No. colonies: (Record No. of hives and nucs)						No. colonies: (Record No. of swarms, packages, queen banks)																					
B(i) Previous Interstate location(s): (Within previous 30 days. Record property name, property street number [or equivalent/ GPS of apiary], street name, suburb/ town/ city [name and postcode], and state)																																						
																		Within current EEZ/ SEZ⁽¹⁾: (Y - Yes, N - No)						Date shifted in:														
B(ii) Previous Varroa mite tests: (Within previous 20 weeks. Record test type [AW - Alcohol wash, SS - Sugar shake], No. colonies tested and results [N - Negative, P - Positive, S - Suspect] ⁽²⁾)																									Date(s) tested:													
C(i) Current Interstate location: (Record property name, property street number [or equivalent/ GPS of apiary], street name, suburb/ town/ city [name and postcode], and state)																																						
																		Within a current EEZ/ SEZ⁽¹⁾: (Y - Yes, N - No)						Date shifted in:														
C(ii) Notifiable occurrence: (Within previous 20 weeks. Record details of association(s) including name(s), address(s) and contact details of person(s) involved, and location address(s) of shared facilities/ apiary site(s).)																																						
																		Within a current EEZ/ SEZ⁽¹⁾: (Y - Yes, N - No)						Date last association: (O - Ongoing):														
C(iii)Pre-entry Varroa mite test: (Must be as per PIRSA Varroa Mite Testing - bee colonies. Record colony Nos. [actual or allocated], test type [AW - Alcohol wash], and results [Negative, Positive, Suspect ⁽²⁾ , deleting options not applicable]. Each tested colony must be permanently and legibly marked on brood box front face with unique I.D. and test date)																								Date(s) tested: (Must be within 28 days prior to entry)														
Negative Positive Suspect	Test	No.	No.t	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.							
Negative Positive Suspect	Test	No.	No.t	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.								
D(i) Intended SA location - Shift No. 1: (Record property name, property street number [or equivalent/ GPS of apiary], street name, suburb/ town/ city [name and postcode], and state)																																						
																								Date(s) intended entry:														
D(ii) Intended route⁽¹⁾ to SA border - Shift No. 1: (Record major highways/ towns)															Method of bee-proofing load: (Must be as per Guide ⁽³⁾)																							
D(iii) Intended beekeeping plant and Varroa mite treatments - Shift No. 1: (Record Vehicles [types and registrations Nos.], associated apiary appliances [Nos.], and vehicle and associated apiary appliances intended Varroa mite treatment(s) as per Guide ⁽³⁾)																								Date(s) intended treatments: (Must be undertaken 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 and associated containers, crates, etc			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)		
D(iii-a) Vehicle(s) - type and registration:						Associated apiary appliances - Nos.:																																
D(iii-b) Varroa mite treatment(s):						Varroa mite treatment(s):																																

Bee and Bee Commodity Record - Bee colonies and beekeeping plant - Record 1b - for apiary

(For each apiary, complete one Record 1a and one Record 1b. All fields mandatory. Record N/A if not applicable. Copy document as necessary)

A(i) Applicant name:		Hive rego I.D(s):		Date submitted:	
A(ii) Apiary name: (Unique identifier)		No. colonies: (Record No. of hives and nucs)		No. colonies: (Record No. of swarms, packages, queen banks)	

E(i) Planned SA location - Shift No. 2/ ...: (Record property name, property street number [or equivalent/ GPS of apiary], street name, suburb/ town/ city [name and postcode], and state)

	Date(s) planned shift:	
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E(ii) Planned route⁽¹⁾ to SA border - Shift No. 2/ ...: (Record major highways/ towns)

E(iii) Planned beekeeping plant and Varroa mite treatments - Shift No. 2/ ...: (Record Vehicles [types and registrations Nos.], Date(s) planned treatments: (Must be undertaken at base/ cleaning facility prior to loading) associated apiary appliances [Nos.], and vehicle and associated apiary appliances planned Varroa mite treatment(s) as per Guide⁽³⁾)

T - Truck, U/ C - Ute/ Car, Tr - Trailer, F - Forklift/ Loader, Ev - Extraction van and associated lockers, storage bins/ areas, and tools	Bee water tank(s), and floats, pallets and associated containers, crates, etc	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)
E(iii-a) Vehicle(s) - type and registration:	Associated apiary appliances - Nos.:										
E(iii-b) Varroa mite treatment(s):	Varroa mite treatment(s):										

F(i) Post-entry Varroa mite tests - SA test No. 1/ ...: (Must be as per PIRSA Varroa Mite Testing - bee colonies. Record colony Nos. [actual or allocated], test type [AW - Alcohol wash], and results [Negative, Positive, Suspect⁽²⁾, deleting options not applicable]. Each tested colony must be permanently and legibly marked on brood box front face with unique I.D. and test date)

		Date(s) tested: (Must be within SA mandated test periods)																											
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Negative	Test	No.	No.t	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.
Positive																																			
Suspect																																			
Negative	Test	No.	No.t	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.
Positive																																			
Suspect																																			

G(i) Notifiable occurrences: (Record (i) for occurrences requiring further CIS Permission, complete and submit to PIRSA a new entry application prior to undertaking, and (ii) for occurrences requiring CIS notification, complete and submit to PIRSA within 3 days of the occurrence Records 1a-b, with details for each occurrence including Sections A(i)-(ii) and G(i) current location, and for:

- completion of Planned beekeeping plant and Varroa mite treatments: additionally, D(i)-(iii) for Shift No. 1, and A(i)-(ii) and E(i)-(iii) for Shift No. 2 and all subsequent shifts, and
- changes to Planned SA locations: additionally, E(i)-(iii) for Shift No. 2 and all subsequent shifts, and
- completion of Post-entry Varroa mite tests: additionally, F(i) for SA test No. 1, and all subsequent tests, and
- changes to association status in SA: additionally in G(i) including details of association, name(s), address(s) and contact details of person(s) involved, and location address(s) of shared facilities/ apiary site(s), and
- sale/ disposal: additionally in G(i) No. of colonies sold/ disposed of, and date, and accompanying completed Change of Ownership/ Address Form (available from pir.sa.gov.au), and
- return interstate: additionally in G(i) No. of colonies returning, date of return, and No. of colonies remaining in SA, and
- notifiable condition: additionally in G(i) No. of colonies involved, and notifiable condition.

(1) No entry from, or movement through, any current or previous EEZ/ SEZ is permitted.
 (2) Must notify current jurisdiction (and PIRSA) immediately of all detected/ suspected detected Varroa mites.
 (3) Guide means the Guideline for bee and bee commodity entry application

PIRSA notification/ submission details: PIRSA.beebiosecurity@sa.gov.au, michael.stedman@sa.gov.au or Apiary Unit, 33 Flemington Street, GLENSIDE, SA 5065. Enquiries: phone 0408 812 698
 Copy and submit to PIRSA these Records 1a-1b as part of an entry application