



In order for producers to be eligible to receive reimbursement for equipment purchases, an on-site assessment must be completed and the provincial apiculturist must validate and sign this report. The producer must submit this report with the Rebate Application Form.

Only one valid Biosecurity Equipment Recommendation Report per honey bee facility, per legal land location. Multiple applications with the same legal land location will be considered a shared facility and subject to the maximum program rebate. This report is valid for up to two years from the date of on-site self-assessment below.

PRODUCER INFORMATION

FIRST NAME

LAST NAME

BUSINESS NAME (if applicable)

ALTERNATE CONTACT (if applicable)

ASSESSED LOCATION

RM

QUARTER

SECTION

TOWNSHIP

RANGE

MERIDIAN

Is this an existing facility with permanent infrastructure necessary for honey bees?

Yes
No

DATE OF ON-SITE SELF-ASSESSMENT (MM/DD/YY):

Please identify the recommended equipment and corresponding level of risk during your self-assessment.

| Priority Area This self-assessment report must be completed electronically and provided to the provincial apiculturist to validate. Handwritten reports will not be accepted. | Recommended Equipment | | Risk Level (for recommended equipment) | | |
|--|-----------------------|----|---|--------|------|
| | Yes | No | Low | Medium | High |
| BIOSECURITY | | | | | |
| Paraffin dipping equipment to treat and sanitize wooden beekeeping equipment. | | | | | |
| Wax melters (old/diseased comb removal). | | | | | |
| Microscope and equipment for detecting Nosema and other diseases <i>The microscope must have magnification of 40X, 100X and 400X.</i> | | | | | |
| Hemocytometer for Nosema and other disease testing. | | | | | |
| Mobile pressure washer. <i>Mobile, 3,000 psi or greater, hot water or bleach sprayer including hoses and nozels.</i> | | | | | |
| Transportation netting (prevent disease spread during transit). | | | | | |
| Oxalic Acid applicators (fumigator). | | | | | |

COMMENTS: Provide additional pages as required

By validating this report under the Sustainable Canadian Agricultural Partnership Animal Health and Biosecurity Program, I:

1. Certify the information provided is complete and correct;
2. Certify the assessed location is an existing apiculture facility.

Signature: _____

Provincial Apiculturist

Date (MM/DD/YY): _____