



Send completed form to:

Apiary Coordinator
The Management Agency
National American Foulbrood
Pest Management Plan
PO Box 88
Rolleston 7643

DECA approved by	
Name	
Signature	
Date	
On behalf of the Management Agency	
Database updated	

Email a completed form to:

apiary@afb.org.nz

DISEASE ELIMINATION CONFORMITY AGREEMENT (DECA) COMMERCIAL BEEKEEPING ENTERPRISE

In accordance with the National Pest Management Plan for American Foulbrood, this is an agreement by the owner of beehives, or the representative of a beekeeping enterprise, to be responsible for disease elimination in the beehives the person either owns or is responsible for. The person understands that this agreement describes the American foulbrood (AFB) control practices used by the beekeeper or beekeeping enterprise, and also agrees to alter these practices, in negotiation with the Management Agency, if required.

Please Note: Only one DECA can be issued per beekeeper registration code

APPLICANT DETAILS

Beekeeper Registration Code

Beekeeper name: _____

Company Name: _____

Address: _____

Size of operation: _____ hives, located on _____ apiaries

OFFICE USE ONLY	
Date Received	
Date Assessed	
<i>Compliance Check</i>	
All Apiaries Up to Date	<input type="checkbox"/>
Beekeeping Experience	<input type="checkbox"/>
Annual Disease Return	<input type="checkbox"/>
Certificate of Inspection	<input type="checkbox"/>
Competency Test	<input type="checkbox"/>

BEEKEEPER COMPLIANCE SELF CHECKLIST

AM I ELIGIBLE TO APPLY FOR A DECA?

Tick

- I have been beekeeping for at least 12 months
- Evidence: 12 month registration or
- Attached letter from employer

- My apiaries are registered with complete information (co-ordinates etc)

- My Annual Disease Return (ADR) is current
- date if known _____

- My Certificate of Inspection (COI) is current (due 15 December each year)

- I have complied with all National American Foulbrood Pest Management Plan Rules for at least 12 months

- I have passed a competency test in American foulbrood disease recognition and destruction issued by the Management Agency

- Candidate Number: _____ (please attach evidence of test pass)

PART 1 COMPULSORY REQUIREMENTS

I agree:

- 1.1 To keep my bees in moveable frame hives;
- 1.2 To keep access to my hives clear so that hives are able to be inspected.
- 1.3 To not expose any bees, bee products, or appliances taken from or used in connection with any beehive with American foulbrood disease, in such a manner as will allow access to those materials by bees;
- 1.4 To not offer or sell any bees, bee products, or appliances taken from or used in connection with hives contaminated with *Paenibacillus larvae* spores. *P larvae* is the bacterium that causes AFB.
- 1.5 To not feed any drug or substance for the prevention or control of American foulbrood;
- 1.6 To register the location of all apiaries, giving the full name of the landowner, the name and number of the street/road address of the owner, a description of the location of the apiary on the piece of land, and a NZ Topo50 series grid reference, or GPS grid reference for the location of the apiary, within 30 days of establishing the apiary;
- 1.7 To identify each of my apiaries with a registration code issued by the Management Agency, either by marking the registration code on the outside of at least one beehive in each apiary, or on a sign placed in a conspicuous position within the apiary;
- 1.8 To furnish an Annual Disease Return by June 1 each year.
- 1.9 Within 7 days of finding a clinical case of American foulbrood, to report the case to the Management Agency, kill the bees, and destroy by fire, all material found with that hive including its bees, honey comb and frames, (unless fire bans are in place). Boxes, lids and floors will also be destroyed, unless a negotiated component is included in this document giving consent to sterilize these items by an approved method;
- 1.10 To supply samples of bees/honey for *Paenibacillus larvae* spore testing when requested by the Management Agency (at no charge to the beekeeper);
- 1.11 To sign Certificates of Inspection for other beekeepers only when an inspection for American foulbrood has actually been performed in the manner prescribed in the Certificate of Inspection.
- 1.12 To keep a current list of employees who have passed the AFB competency test and are responsible for disease management under this DECA agreement (Appendix 1 or equivalent).

PART 2 NEGOTIATED COMPONENTS

Tick the box(s) which best describe your beekeeping practices. You can tick more than one box

2.1 Will you attend an annual American Foulbrood Elimination Field Day in your area?

- Will attend
- No, will not attend

2.2 How many frames do you inspect?

- Inspect four brood frames per hive
- Inspect all frames in brood boxes in each hive
- Other (*please describe*)

2.3 How many disease inspections per hive do you carry out each year (minimum of two)?

- Twice per year
- Whenever the hive is being worked
- Whenever anything is removed from the hive
- Other (*please describe*)

2.4 When do you carry out these inspections?

- Any time of the year when hives are being worked
- When anything is removed from a hive
- Spring and autumn
- August to December
- Other (*please describe*)

2.5 **What system do you use to record inspections, disease found, and action taken?**

- Maintain a disease diary giving dates when disease found, when the Management Agency is notified, and when the diseased hives are destroyed
- Maintain an apiary work diary which includes inspection and disease information
- None
- Other (please describe)

2.6 **What type of movement control system/records do you use (disease control and elimination purposes only)?**

- Within the disease diary
- Within the apiary work diary
- Marking individual hives
- Marking hives to individual apiaries
- None
- Other (*please describe*)

2.7 **What type of traceback system do you use for bee equipment in storage (disease control and elimination purposes only?)**

- Marking stacks to show which apiary they came from
- Marking supers to identify which hives they came from
- Not necessary, as the hive will have been inspected before equipment was removed
- None
- Other (*please describe*)

2.8 What system do you use for drying out supers after they have been extracted?

- No system used; I just store them directly into a shed
 - Place stacks of extracted supers on top of hives in selected apiaries
 - Place supers back on hives/hives of origin
 - Other (*please describe*)
-
-
-

2.9 What method do you use, or would use, to destroy diseased beehives (including shifting of such hives away from the apiary site where the diseased beehive was found)?

- Burning the complete hive over a hole dug in the ground
 - Burning all frames and bees over a hole dug in the ground
 - Burning all frames and bees inside a 200 litre drum over a hole dug in the ground
 - At the apiary where the diseased beehive is found, blocking the entrance with a suitable material, killing the bees in the hive with petrol or other suitable substance, loading the hive onto a truck, and taking it to a suitable location to burn using one of the methods identified above
 - Other (*please describe*)
-
-
-

2.10 What method do you use to salvage woodenware from diseased hives?

- Do not salvage woodenware from diseased hives
 - Immersion of all woodenware from diseased hives for at least 10 minutes in paraffin wax held at 160° C or above
 - Other (*please describe*)
-
-
-

2.11 What method do you use to decontaminate equipment used in beehive inspections?

- Sterilize hive tool(s) by fire
- Scrape wax and propolis off smoker and wash all parts with detergent (dilution to extinction)
- Wash hands and gloves with detergent
- Other (*please describe*)

2.12 How do you train staff in American foulbrood recognition and destruction techniques (beekeeping enterprises only)?

- Ensure employees attend annual American Foulbrood Elimination Field Day
- On-the-job training
- Ensure employees attend American Foulbrood Elimination course
- Encourage employees to sit the competency test for AFB elimination
- Engage a training provider to instruct staff
- Other (*please describe*)

Signed by: _____

Print Name: _____

Date: _____

PART 3 INSPECTION FOR, AND REPORTING OF, A SUSPECT EXOTIC BEE PEST OR DISEASE - ALL BEEKEEPERS TO COMPLETE

3.1 How do you learn to recognize the symptoms of exotic bee disease?

- Read the exotic disease recognition pamphlet
- Attend disease recognition field days
- Other (*please describe*)

3.2 As part of my exotic disease inspection program, I will:

- Inspect for exotic bee diseases during inspections for AFB
- Check frames of brood for symptoms of European foulbrood, the presence of mites (Asian mite), and the Small Hive Beetle
- Check adult bees for any unusual appearance or behavior (African Honey Bee, Cape Honey Bee, and the Asian Honey Bee)

3.3 If I find a suspect exotic honey bee pest or disease, I will:

- Call the exotic disease hotline 0800 80 99 66 immediately.
- Send samples to an approved laboratory if required by an MPI Investigator

Signed: _____

Print name: _____

Date: _____

APPENDIX 1

Beekeepers responsible for disease management under the DECA for Beekeeper Registration _____

Name	Candidate Number	Date Employment commenced	Employee Signature *	Date Employment ceased	Employer Signature **

* By signing, you are agreeing to operate in accordance with this DECA for the duration of your employment

** To be signed by the DECA holder once the employee has ceased employment