



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 apiculture 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 of \$15,000. 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 apiculture? 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) <i>Melter screen and digital temperature control.</i>					
American foulbrood (AFB) and European foulbrood (EFB) testing kits					
Refrigeration units for wax moths and small hive beetle control					
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 nozzels.</i>					



Comments: Provide additional pages as required

By validating this report under the Canadian Agricultural Partnership (CAP) Assurance System Producer Program, I:

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

Signature: _____
Provincial Apiculturist

Date (MM/DD/YY): _____