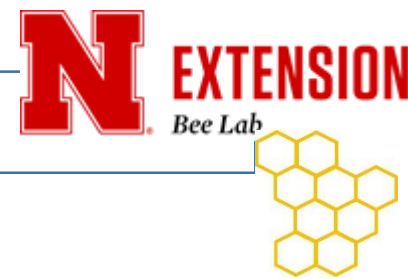


# HIVE INSPECTION DATA SHEET



Hive obtained from:	Yard ID:	Inspection Date:	Weather condition:
Date Established:	Hive ID:	Inspector:	

**HIVE TEMPERAMENT:**      Calm                  Nervous                  Aggressive                  Need to requeen

**POPULATION:**    Estimated #:    Frames covered                  Total boxes:                  Total frames:

Heavy                      Added deeps    No                  Yes                      #:

Moderate                  Split hive        No                  Yes                  New hive #:

Low                      Swarming potential    No                  Yes

**BROOD PATTERN:**

Good (uniform & solid)                  Medium (Intermittent/random)                  Poor (Spotty)

**QUEEN RIGHT:**

Eggs present                  No                  Yes                  Comments:

Queen seen                  No                  Yes

Queen marked                  No                  Yes                  Color:

Queen Replaced                  No                  Yes                  Date:

**EXCESSIVE DRONE CELLS:**

Drone Population Estimate                  No                  Yes

Low: 30                      Average: 30-100                  High: 100+

**QUEEN CELLS:**

Along frame bottom: #                  No                  Yes

Converted worker cell: #

**DISEASE/PESTS:**

Varroa Mites                  No                  Yes                  Chalkbrood                  Small Hive Beetles

Nosema                      Deformed Wing Virus

European Foul Brood (EFB)

American Foul Brood (AFB)

Idiopathic Brood Disease Syndrome (IBDS)

Other:

**VARROA MITE CHECK:**

Sugar Roll test                  # mites/300 bees:

Alcohol test                  # mites/300 bees:

Treatment needed?:                  No                  Yes

Treatment thresholds by phase (Number of mites/100 adult bees)			
Colony Phase	Acceptable	Caution	Danger
Dormant with brood	≤1	1-2	>2
Dormant without brood	≤1	<2-3	>3
Population Increase	≤1	<2-3	>3
Peak Population	≤2	<3-5	>5
Population Decrease	≤2	<2-3	>3

**INTEGRATED PEST MANAGEMENT (IPM) ACTION:**

Screened bottom board

Powdered sugar mite drop

Drone cell foundation                  **Added-** Date:                  **Removal-** Date:

Other:

**MEDICATIONS:**

**Added-** Date:

Apistan                      Apiguard                  Mite Away II

Oxalic Acid                  Thymol                  Hops

Other:

**Removal-** Date:

**COMB REPLACEMENT:**

No                  Yes                  # removed                  Date:

# SEASONAL CHECK LIST



Hive obtained from:	Yard ID:	Inspection Date:	Weather condition:
Date Established:	Hive ID:	Inspector:	

## EARLY SPRING INSPECTION:

<input type="checkbox"/> Reversed brood boxes: #	Deep	Med	Shallow
<input type="checkbox"/> Cleaned bottom boards			
<input type="checkbox"/> Remove dead-outs from yard			
Are bees foraging?	No	Yes	
Are there nectar and pollen sources?	No	Yes	

## HONEY REMOVAL/EXTRACTION

# supers removed:

lbs of honey extracted:

lbs of comb honey:

Removed queen excluder

Varroa mite count :  
needs treatment    No    Yes    **Added-** Date:

## Spring Feeding/Build-up

**Added-** Date:

Syrup Supplement:

Pollen Supplement:

Other:

## FOOD STORES/WINTER PREPARATION

Number of brood boxes:    Deep    Med    Shallow

Estimated weight of colony:

	Honey	Pollen
High	<input type="checkbox"/>	<input type="checkbox"/>
Medium	<input type="checkbox"/>	<input type="checkbox"/>
Low	<input type="checkbox"/>	<input type="checkbox"/>

## SPRING/SUMMER HONEY FLOW PREPARATION:

Added queen excluder

Added super(s): #    Foundation    Drawn combs

Date:

Date:

Feed syrup (2:1 ratio)

Added entrance reducer

Prepared winter covers

**Added-** Date: