



Hive Inspection Record

Date _____ Yard _____	Who Worked Hive _____ Hive ID _____
<p>Hive Temperament <input type="checkbox"/> Calm <input type="checkbox"/> Nervous <input type="checkbox"/> Aggressive <input type="checkbox"/> Time to Requeen _____</p> <p>Located Queen <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Requeened _____ Marked? <input type="checkbox"/> No <input type="checkbox"/> Yes, Color _____</p> <p>Laying Pattern <input type="checkbox"/> Beautiful (Solid & Uniform) <input type="checkbox"/> Hygienic (Spotty) <input type="checkbox"/> Mediocre (Intermittent or Random) <input type="checkbox"/> Poor _____</p> <p>Population <input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input type="checkbox"/> Low Eggs Present <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Added hive body <input type="checkbox"/> Frames rotated <input type="checkbox"/> Swarm imminent- <i>requires observation</i> <input type="checkbox"/> Split Hive (New Hive ID _____)</p> <p>Excessive Drone Cells <input type="checkbox"/> Yes <input type="checkbox"/> No Drone Population Estimate <input type="checkbox"/> Low (<30) <input type="checkbox"/> Average (30-100) <input type="checkbox"/> High (100+)</p> <p>Queen Cells <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Swarm Cell <input type="checkbox"/> Emergency Cell <input type="checkbox"/> Supersedure Cell Along Frame Bottom # _____ Converted Worker Cell # _____</p> <p>Disease/Pests <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Chalkbrood <input type="checkbox"/> Nosema <input type="checkbox"/> Varroa Mites visible <input type="checkbox"/> Tracheal Mite <input type="checkbox"/> EFB <input type="checkbox"/> AFB <input type="checkbox"/> Small Hive Beetle <input type="checkbox"/> Deformed Wing <input type="checkbox"/> Other _____ Varroa Associated Virus <input type="checkbox"/> Deformed Wings <input type="checkbox"/> Hairless Bees <input type="checkbox"/> Stunted Growth _____</p> <p>Medications/Treatments Added- Date _____ Type _____ Removed- Date _____ Type _____</p> <p>Integrated Pest Management <input type="checkbox"/> Screened Bottom Board <input type="checkbox"/> Drone Brood Foundation <input type="checkbox"/> Drone Brood Frame Freeze <input type="checkbox"/> Powdered Sugar Roll Mite Drop _____ <input type="checkbox"/> Drone Brood Check _____ <input type="checkbox"/> Other _____</p>	<p>Early Spring Inspection <input type="checkbox"/> Reversed Brood box(es) # _____ D _____ M _____ S <input type="checkbox"/> Cleaned Bottom Board _____</p> <p>Spring Feeding/Build-up Pollen Substitute _____ dry _____ patties Sugar Syrup 1/1 ratio _____ qty _____</p> <p>Honey Flow Preparation Added Supers _____ D _____ M _____ S Added Pollen Trap <input type="checkbox"/> Yes <input type="checkbox"/> No _____</p> <p>Honey Removal/Extraction _____ # Supers Removed _____ Pounds Honey Extracted _____ Pounds Comb Honey _____ Pounds Pollen <input type="checkbox"/> Varroa control/ medication initiated _____</p> <p>Food Stores Pollen <input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Near Brood <input type="checkbox"/> Moved Nectar <input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Near Brood <input type="checkbox"/> Moved Water Source Present? <input type="checkbox"/> Yes <input type="checkbox"/> No _____</p> <p>Winter Preparation Colony Config # _____ D _____ M _____ S Screened Bottom Insert <input type="checkbox"/> In <input type="checkbox"/> Out Wrapped/insulated hive <input type="checkbox"/> Yes <input type="checkbox"/> No Entrance Reducer/Mouse Guard <input type="checkbox"/> Yes <input type="checkbox"/> No _____</p> <p>Feed for Winter <input type="checkbox"/> Syrup 2/1 Ratio <input type="checkbox"/> Pollen <input type="checkbox"/> Candy <input type="checkbox"/> None Why? _____</p> <p>Hive Condition <input type="checkbox"/> Normal <input type="checkbox"/> Brace Comb <input type="checkbox"/> Burr Comb Propolis Level <input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low Odor <input type="checkbox"/> Normal <input type="checkbox"/> Foul <input type="checkbox"/> Strange <input type="checkbox"/> Equipment Damage _____ <input type="checkbox"/> Frame Replacement Needed # _____ <input type="checkbox"/> Replaced Equipment _____ Type of Foundation _____ Replaced Foundation? <input type="checkbox"/> Yes <input type="checkbox"/> No Foundation Replacement Type _____</p>

Notes