

Hive Inspection Form

Helping Beehooligans Bee Better

Hive ID: _____ Date: _____ Time: _____

Inspecting Apiarist: _____

Season: Spring___ Summer___ Fall___ Winter___

Air Temp: _____ Humidity: _____ Barometric Pressure: _____

Light: Full sun___ Mostly sun___ Mostly shaded___

Conditions: Overcast___ Clear___ Partly Cloudy___

Precip: None___ light precip___ heavy precip___ light snow___ Heavy snow___

Hive exterior

If there are no indications of any of the problems, then the first, better option can be checked.

Appearance: Positive___ Defecation___ Robbers___ Insects___ Scratches___ Other___

Describe Other _____

Signs of animals: N___ Y___ _____

Scent: Healthy scent___ wet/moldy___ Rotten/fermented___ Urine___ Other___

Describe Other _____

Entrance activity: High traffic___ Avg___ Low___ None___ Fighting___ Other___

Describe Other _____

Lots of dead bees on ground/near entrance N___ Y___ Low___ High

Brood boxes: #Deeps___ #Mediums___ #Shallows___

Supers: #Deeps___ #Mediums___ #Shallows___ Feeder/spacer box Y___ N___

Supers inspection N___ Y___ N/A___

If there are no indications of any of the problems, then the first, "N" option can be checked.

Live SHB at top? N___ Y___ #___ SHB Traps Full___ Empty___ Partial___

Other pests in Supers? N___ Y___ Describe _____

Brood in Supers: N___ Y___ % Open Larvae___ % Capped Pupae___

Brood Chamber Inspection N___ Y___ N/A___

If there are no indications of any of the problems, then the first, "N" option can be checked.

Brood in Upper/Rear: N___ Y___ Open N___ Y___ % Capped N___ Y___ %

Stores: Honey N___ Y___ % Pollen N___ Y___ %

Brood in Lower/Front: N___ Y___ Open N___ Y___ % Capped N___ Y___ %

Stores: Honey N___ Y___ % Pollen N___ Y___ %

Queen: Sighted N___ Y___ Marked N___ Y___ Box_____ Frame_____

Evidence of Queen N___ Y___ Eggs___ Calm comb___ Retinue _____

Other _____

Evidence of Fungal diseases: N___ Y___ Low___ Mid___ High___

Chalkbrood___ Stonebrood___ Nosema___ Other___

Describe Other: _____

Evidence of Viral diseases: N___ Y___ Low___ Mid___ High___

Sacbrood___ Para Mite Synd.___ Chron Paral virus___ Acute Paral virus___ Def Wing virus___

Israeli acute Paral Synd.___ Black Queen cell virus___ Other___

Describe Other: _____

Evidence of Bacterial diseases: N___ Y___ Low___ Mid___ High___

AFB___ EFB___ Other___

Describe Other: _____

Evidence of Conditional Concerns: N___ Y___ Low___ Mid___ High___

Dysentery___ Chilled Brood___ Food based bee Paral.___ Other

Describe Other: _____

Evidence of Toxic presence: N___ Y___ Low___ Mid___ High___

Describe: _____

Insect pests inside the Brood chamber: N___ Y___ Low___ Mid___ High___

SHB___ Varroa Mites___ Wax Moth___ Roaches___ Ants___ Spiders___ Wasps___ Other___

Describe Other: _____

Rodents inside Brood chamber: N___ Y___ Nest N___ Y___

Mite Counts: NA___ N___ Y___

Screen Bottom count: Total #_____ Below treatment level_____ At or above treatment level_____

Shake count: Total #_____ Below treatment level_____ At or above treatment level_____

Other test: _____

Result: _____

Actions

Hive Changes N___ Y___ N/A___

Brood Boxes On: N___ Y___ Type #D___ #M___ # S___ # Supered___ #Nadired___

Brood Boxes Off: N___ Y___ Type #D___ #M___ # S___ # Supered___ #Nadired___

Honey Boxes On: N___ Y___ Type #D___ #M___ # S___ # Supered___ #Nadired___

Honey Boxes Off: N___ Y___ Type #D___ #M___ # S___ # Supered___ #Nadired___

Other boxes On: Feeder N___ Y___ Spacer N___ Y___ Other N___ Y___

Describe Other: _____

Other boxes Off: Feeder N___ Y___ Spacer N___ Y___ Other N___ Y___

Describe Other: _____

Next Inspection: Date_____/_____/_____ Time:_____

Required conditions for next inspection: N/A___ N___ Y___

Describe required conditions: _____

Add Boxes at next inspection:N___ Y___ #Brood___ Type brood___ # Supers___ Type Super___

IPM actions taken today: _____

IPM actions for next inspection: _____

Notes: _____
