



### Hive Inspection Record

Date _____ Yard _____	Who Worked Hive _____ Hive ID _____
<p><b>Hive Temperament</b>  <input type="checkbox"/> Calm <input type="checkbox"/> Nervous <input type="checkbox"/> Aggressive <input type="checkbox"/> Time to Requeen _____</p> <p><b>Located Queen</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Requeened _____          Marked? <input type="checkbox"/> No <input type="checkbox"/> Yes, Color _____</p> <p><b>Laying Pattern</b>  <input type="checkbox"/> Beautiful (Solid &amp; Uniform) <input type="checkbox"/> Hygienic (Spotty)  <input type="checkbox"/> Mediocre (Intermittent or Random) <input type="checkbox"/> Poor _____</p> <p><b>Population</b>  <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><b>Excessive Drone Cells</b> <input type="checkbox"/> Yes <input type="checkbox"/> No          Drone Population Estimate  <input type="checkbox"/> Low (&lt;30) <input type="checkbox"/> Average (30-100) <input type="checkbox"/> High (100+)</p> <p><b>Queen Cells</b> <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><b>Disease/Pests</b> <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><b>Medications/Treatments</b>  <b>Added-</b> Date _____          Type _____  <b>Removed-</b> Date _____          Type _____</p> <p><b>Integrated Pest Management</b>  <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><b>Early Spring Inspection</b>  <input type="checkbox"/> Reversed Brood box(es) # _____ D _____ M _____ S  <input type="checkbox"/> Cleaned Bottom Board _____</p> <p><b>Spring Feeding/Build-up</b>          Pollen Substitute _____ dry _____ patties          Sugar Syrup 1/1 ratio _____ qty _____</p> <p><b>Honey Flow Preparation</b>          Added Supers _____ D _____ M _____ S          Added Pollen Trap <input type="checkbox"/> Yes <input type="checkbox"/> No _____</p> <p><b>Honey Removal/Extraction</b>          _____ # Supers Removed          _____ Pounds Honey Extracted          _____ Pounds Comb Honey          _____ Pounds Pollen  <input type="checkbox"/> Varroa control/ medication initiated _____</p> <p><b>Food Stores</b>          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><b>Winter Preparation</b>          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><b>Feed for Winter</b>  <input type="checkbox"/> Syrup 2/1 Ratio <input type="checkbox"/> Pollen <input type="checkbox"/> Candy <input type="checkbox"/> None          Why? _____</p> <p><b>Hive Condition</b>  <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