

Hive Name:

Date:

Inspection Form#:

Pad#:

Time of Day	Temp °	Hive ID/Yard	Traffic at Entrance	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Weather	<input type="checkbox"/> Sunny <input type="checkbox"/> Cloudy <input type="checkbox"/> Partly Cloudy <input type="checkbox"/> Light Rain <input type="checkbox"/> Humid <input type="checkbox"/> Dry <input type="checkbox"/> Light Breeze <input type="checkbox"/> Windy			
Hive Type	<input type="checkbox"/> 10 Frame <input type="checkbox"/> All Medium <input type="checkbox"/> 8-Frame <input type="checkbox"/> Nuc <input type="checkbox"/> Top Bar <input type="checkbox"/> Warre <input type="checkbox"/> National <input type="checkbox"/> Layens / Long			
Configuration	Deep <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Medium <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Shallow <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Entrance Reducer	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Slatted Rack <input type="checkbox"/>
Bottom Board	<input type="checkbox"/> Solid <input type="checkbox"/> Screened	Feeder?	<input type="checkbox"/> N/A <input type="checkbox"/> Entrance <input type="checkbox"/> Internal <input type="checkbox"/> Top <input type="checkbox"/> Zip/Jar <input type="checkbox"/> Other	

INSPECTION OBSERVATIONS:

Type of Inspection: External only | Superficial | Extensive

Reason for / Objective of the inspection.

Observations	<input type="checkbox"/> N/A <input type="checkbox"/> Bearding <input type="checkbox"/> Incoming Pollen	Mood	<input type="checkbox"/> N/A <input type="checkbox"/> Calm <input type="checkbox"/> Nervous <input type="checkbox"/> Aggressive <input type="checkbox"/> Buzzing
Brood Notes	<input type="checkbox"/> N/A <input type="checkbox"/> Uniform <input type="checkbox"/> Spotty <input type="checkbox"/> BIAS (brood in all stages) <input type="checkbox"/> Drone Layer <input type="checkbox"/> Many eggs in one cell		
Queen	<input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N Queen Seen? <input type="checkbox"/> Y <input type="checkbox"/> N Marked? <input type="checkbox"/> Y <input type="checkbox"/> N Queen Cells? <input type="checkbox"/> Y <input type="checkbox"/> N Capped Cells?	Age	<input type="checkbox"/> ? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Bees	Total Bees <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Eggs <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Larva <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Capped Brood <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Drones <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Resources	<input type="checkbox"/> N/A Nectar <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pollen <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Propolis <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Honey Frames <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Pests Present	<input type="checkbox"/> N/A <input type="checkbox"/> Ants <input type="checkbox"/> Mites/Frass <input type="checkbox"/> Mice <input type="checkbox"/> Wax Moths <input type="checkbox"/> Beetles <input type="checkbox"/> Other:		
Hive Condition	<input type="checkbox"/> Normal <input type="checkbox"/> Brace Comb <input type="checkbox"/> Normal Odor <input type="checkbox"/> Foul/Unusual Odor <input type="checkbox"/> Equip. Damage	Weight	

ACTIONS TAKEN:

Feeder in Use?	<input type="checkbox"/> Y <input type="checkbox"/> N	Type	<input type="checkbox"/> N/A <input type="checkbox"/> Entrance <input type="checkbox"/> Internal <input type="checkbox"/> Top <input type="checkbox"/> Zip Lock Bag <input type="checkbox"/> Jar <input type="checkbox"/> Other
Fed?	<input type="checkbox"/> Y <input type="checkbox"/> N	What?	<input type="checkbox"/> N/A Syrup <input type="checkbox"/> 1:1 <input type="checkbox"/> 2:1 <input type="checkbox"/> Pollen <input type="checkbox"/> Fondant/Dry Sugar <input type="checkbox"/> DFM
Amount	<input type="checkbox"/> N/A <input type="checkbox"/> - <input type="checkbox"/> = <input type="checkbox"/> ≡ <input type="checkbox"/> ≡		
<input type="checkbox"/> + <input type="checkbox"/> - Boxes?	#Deeps <input type="checkbox"/> + <input type="checkbox"/> - <input type="checkbox"/> 1 <input type="checkbox"/> 2	#Mediums <input type="checkbox"/> + <input type="checkbox"/> - <input type="checkbox"/> 1 <input type="checkbox"/> 2	#Shallows <input type="checkbox"/> + <input type="checkbox"/> - <input type="checkbox"/> 1 <input type="checkbox"/> 2
<input type="checkbox"/> + <input type="checkbox"/> - Excluder?	<input type="checkbox"/> + <input type="checkbox"/> -	Re-queen?	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> + <input type="checkbox"/> - Other Equip	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> + <input type="checkbox"/> -	Describe:	
Treatments?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> + <input type="checkbox"/> -	Describe:	
Pest Mgmt.?	<input type="checkbox"/> Y <input type="checkbox"/> N	Describe:	
Hive Mgmt.?	<input type="checkbox"/> Y <input type="checkbox"/> N	Describe:	
<i>Swap boxes, rearrange frames, scrape excess propolis, etc.</i>			
Mite Count?	<input type="checkbox"/> Y <input type="checkbox"/> N Performed Mite Count – Method:	Count:	Total ___ / 3 = ___ Ratio
Alcohol wash ½ cup of bees (300) divided by 3 to get ratio			
Other Actions?			

NOTES / OBSERVATIONS

NEXT ACTIONS

TEMPERAMENT | HONEY PRODUCTION | GOOD COLONY? Final Colony Assessment: Strong | Moderate | Weak | Dead-out

Detailed Box Review

Honey Boxes – **Highlight** circle the observed conditions. Cross out the boxes that are not applicable for this inspection

Honey Box Top	N/A	FRAME 1 – Side 1	FRAME 2 – Side 1	FRAME 3 – Side 1	FRAME 4 – Side 1	FRAME 5 – Side 1	FRAME 6 – Side 1	FRAME 7 – Side 1	FRAME 8 – Side 1	FRAME 9 – Side 1	FRAME 10 – Side 1
		FRAME 1 – Side 2	FRAME 2 – Side 2	FRAME 3 – Side 2	FRAME 4 – Side 2	FRAME 5 – Side 2	FRAME 6 – Side 2	FRAME 7 – Side 2	FRAME 8 – Side 2	FRAME 9 – Side 2	FRAME 10 – Side 2
	Medium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Deep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Honey Box Bottom	Medium	FRAME 1 – Side 1	FRAME 2 – Side 1	FRAME 3 – Side 1	FRAME 4 – Side 1	FRAME 5 – Side 1	FRAME 6 – Side 1	FRAME 7 – Side 1	FRAME 8 – Side 1	FRAME 9 – Side 1	FRAME 10 – Side 1
		FRAME 1 – Side 2	FRAME 2 – Side 2	FRAME 3 – Side 2	FRAME 4 – Side 2	FRAME 5 – Side 2	FRAME 6 – Side 2	FRAME 7 – Side 2	FRAME 8 – Side 2	FRAME 9 – Side 2	FRAME 10 – Side 2
	Deep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Deep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

⊙-No Comb | F-Foundation | C-Capped Brood | ⊙-No Honey | N-Nectar | H-Honey | CH-Capped Honey | Q- Queen Sighted | ■-No Bees | L-Low | M-Medium | H-High | ■-Larvae | E-Eggs | CB-Capped Brood

Brood Boxes – **Highlight** the observed conditions. Cross out the boxes that are not applicable for this inspection

Brood Chamber Top	Medium	FRAME 1 – Side 1	FRAME 2 – Side 1	FRAME 3 – Side 1	FRAME 4 – Side 1	FRAME 5 – Side 1	FRAME 6 – Side 1	FRAME 7 – Side 1	FRAME 8 – Side 1	FRAME 9 – Side 1	FRAME 10 – Side 1
		FRAME 1 – Side 2	FRAME 2 – Side 2	FRAME 3 – Side 2	FRAME 4 – Side 2	FRAME 5 – Side 2	FRAME 6 – Side 2	FRAME 7 – Side 2	FRAME 8 – Side 2	FRAME 9 – Side 2	FRAME 10 – Side 2
	Deep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Deep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Brood Chamber Bottom	Medium	FRAME 1 – Side 1	FRAME 2 – Side 1	FRAME 3 – Side 1	FRAME 4 – Side 1	FRAME 5 – Side 1	FRAME 6 – Side 1	FRAME 7 – Side 1	FRAME 8 – Side 1	FRAME 9 – Side 1	FRAME 10 – Side 1
		FRAME 1 – Side 2	FRAME 2 – Side 2	FRAME 3 – Side 2	FRAME 4 – Side 2	FRAME 5 – Side 2	FRAME 6 – Side 2	FRAME 7 – Side 2	FRAME 8 – Side 2	FRAME 9 – Side 2	FRAME 10 – Side 2
	Deep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Deep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

⊙ F F L C	These symbols represent comb present: Options: No Comb (⊙), Foundation Only (F), Foundationless (FL), Drawn Comb (C),
⊙ N C H H or P	These symbols rates resources. No resources (⊙), Nectar (N), Honey [not capped yet], Capped Honey (CH) and Pollen (P)
⊙ L M H L E C B D B	Quantity of Bees: Options include – None (⊙), Low (L), Medium (M), and Hight (H).
L E C B Q	Brood Resources: None (-), Larvae (L), Eggs (E), Capped Brood (CB), and Drone Brood(DB) and Queen sighted (Q)
D B Q C C Q S C	Drone and Queen Indicators: Drone Brood (DB), Queen Cells (QC), Capped Queen Cells (CQ), Supercedures Cells (SC)

Last Updated 4/15/2020 – Questions or Errors, E-Mail the Author, Kevin Inglin: kevin@bkcormer.org

Note: The intent of this form is to capture a full stack summary. It is not intended for routine use, but during periodic intervals. It is far to intrusive to get this amount of detail often.