

Date:

Pad#:

Inspection Form No.

Hive Nickname:

Hive ID/Yard	Time	:	Temp	°	Mood	<input type="checkbox"/> N/A	<input type="checkbox"/> Calm	<input type="checkbox"/> Nervous	<input type="checkbox"/> Aggressive
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 Format	<input type="checkbox"/> [8/10] Frame   <input type="checkbox"/> All Medium   <input type="checkbox"/> [5/6] Frame Nuc   <input type="checkbox"/> Top Bar   <input type="checkbox"/> Warre   <input type="checkbox"/> National   <input type="checkbox"/> Layens								
Configuration	Deep <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		Medium <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		Shallow <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2		Entrance Reducer <input type="checkbox"/> < <input type="checkbox"/> ^ <input type="checkbox"/> >		Slatted Rack <input type="checkbox"/>
Format	<input type="checkbox"/> Wood   <input type="checkbox"/> Poly   <input type="checkbox"/> Plastic		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			
Bottom Board	<input type="checkbox"/> Solid   <input type="checkbox"/> Screened: <i>Insert In?</i> <input type="checkbox"/> Y <input type="checkbox"/> N		Insulation in use?		<input type="checkbox"/> Y <input type="checkbox"/> N	Queen Excluder in use? <input type="checkbox"/> Y <input type="checkbox"/> N			

INSPECTION OBSERVATIONS:

Type of Inspection:  External Observation Only |  Superficial Inspection |  Extensive

Reason / Objective of the inspection											
Entry Traffic	<input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H	Entry Activity		<input type="checkbox"/> N/A	<input type="checkbox"/> Bearding   <input type="checkbox"/> Incoming Pollen   <input type="checkbox"/> Cleansing Flights   <input type="checkbox"/> Orienting						
Brood Notes	<input type="checkbox"/> N/A   <input type="checkbox"/> ☉	<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?		Queen Age	<input type="checkbox"/> ? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Bees	Total Bees <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H   Eggs <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H   Larva <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H   Capped Brood <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H   Drones <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H										
Resources	<input type="checkbox"/> N/A   Nectar <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H   Pollen <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H   Propolis <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> H   Honey Frames <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8										
Pests Present	<input type="checkbox"/> N/A   <input type="checkbox"/> ☉   <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"/> +/- Boxes?	<input type="checkbox"/> N/A	#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"/> +/- Excluder?	<input type="checkbox"/> +/- Re-queen?	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> +/- Other Equip	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> +/-	Describe:											
Treatments?	<input type="checkbox"/> Y <input type="checkbox"/> N <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