

Hive Inspection Sheet

Puget Sound Beekeepers Association 2/2014

Hive ID _____ Date _____ Who worked hive: _____

Hive Type: Langstroth Top Bar Warre Frames per Box: 8 10 other _____

Hive components: # _____ Deep Boxes # _____ Western # _____ Shallow

Hive Temperament

Calm Nervous Aggressive

Saw Queen

No Yes

(Marked? No Yes - Color _____)

Laying pattern

Beautiful (Solid & Uniform)

Mediocre (Little spotty)

Poor (Spotty)

Eggs seen

No Yes

Comments: _____

Population

Heavy Moderate Low

Excessive drone cells

No Yes

Drone Population Estimate:

Low: 30< Ave.: 30 to 100 High: 100+

Queen cells

No Yes

Along frame bottom: # _____

Converted worker cell: # _____

Disease/Pests

No Yes

CB Nosema Mites EFB AFB

Hive Beetle

Other: _____

Food Stores:

	Honey	Pollen
High (Everywhere)	<input type="checkbox"/>	<input type="checkbox"/>
Average	<input type="checkbox"/>	<input type="checkbox"/>
Low	<input type="checkbox"/>	<input type="checkbox"/>
Near Brood	<input type="checkbox"/>	<input type="checkbox"/>

Hive Condition

Normal

Brace Comb

Excessive Propolis

Normal odor

Foul odor

Equip. Damage

Other: _____

Actions Taken:

Fed hive

Added super(s) # _____ D _____ W _____ S

Split hive (new hive # _____)

Added Excluder

Requeened

Added Feeder

Swapped brood boxes

Other: _____

Medications

Added

Apistan

Formic acid

Crisco patties

Terramycin patties

Other: _____

Removed

Apistan

Formic acid

Crisco patties

Terramycin patties

Other: _____

Recommendations:

Add supers

Split

Replace Queen

Swarming imminent – needs monitoring

Replace Equipment -What: _____

Interesting observations: