

Hive Inspection Sheet

Apiary Name _____

Hive ID _____ Date _____ Inspection carried out by _____

Hive Temperament

Calm Nervous Aggressive

Saw Queen

No Yes

Marked No Yes - Colour _____

Laying Pattern

Beautiful (*solid and 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< Av: 30 to 100 High: 100+

Queen Cells

No Yes

Along frame bottom # _____

Converted worker cell # _____

Disease/Pests

No Yes

CB Nosema Varroa EFB AFB

Wax Moth

Other: _____

Food Stores

	Honey	Pollen
High (Everywhere)	<input type="checkbox"/>	<input type="checkbox"/>
Average (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 Odour Foul Odour Damage

Other: _____

Actions taken:

Fed hive Added super(s)
 Split Hive (*new hive # _____*)
 Added Excluder Requeened Added Feeder
 Swapped Brood Boxes
Other: _____

Medications

Added

Bayvoral Thymol Oxalic Acid
 Other _____

Removed

Bayvoral
Other _____

Recommendations

Add Supers Split Requeen
 Swarming Imminent - needs monitoring
 Replace Equipment _____

Interesting Observations:
