

Hive Inspection Sheet

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Hive ID _____ Date: _____ Who worked hive: _____

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: _____
Other: _____

Interesting Observations:
