



Hive Inspection Sheet

Date:

Hive ID:

Who worked the hive:

Hive Temperament:

Calm Nervous Aggressive

Population

Heavy Moderate Low

Was Queen Seen:

Yes No

Eggs/Larvae Seen:

Yes No

Comments: _____

Laying Pattern:

Solid Spotty Poor

Queen Cells:

Yes No

Drone Cells:

High Moderate Low

Disease/Pests:

Yes No

Chalk Brood EFB

Nosema AFB

Mites **Other:** _____

Food Stores:

	Honey	Pollen
High	<input type="radio"/>	<input type="radio"/>
Average	<input type="radio"/>	<input type="radio"/>
Low Near Brood	<input type="radio"/>	<input type="radio"/>

Hive Conditions:

Normal Brace Comb Excessive Propolis
 Normal odor Foul odor Equip Damage

Comments: _____

Feeding and Medications:

Added/Removed

Sugar Water Crisco Patties
 Pollen Patties Fumagilin B
 Icing Sugar Other: _____

Recommendations:

Add supers Split hive
 Replace Queen Swarm possible-monitor
 Replace Equipment-What: _____

Other: _____

Observations:

