

INSPECTION DETAILS

DATE	HIVE NAME / ID	INSPECTOR
TEMPERATURE (°F)	WEATHER	TIME

QUEEN STATUS

<input type="checkbox"/> Queen Spotted	<input type="checkbox"/> Eggs Present	<input type="checkbox"/> Young Larvae	<input type="checkbox"/> Capped Brood
QUEEN CELL(S)	NOTES		

COLONY ASSESSMENT

POPULATION	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> Strong	<input type="checkbox"/> Packed
BROOD PATTERN	<input type="checkbox"/> No Brood	<input type="checkbox"/> Spotty	<input type="checkbox"/> Patchy	<input type="checkbox"/> Solid
HONEY STORES	<input type="checkbox"/> Critical	<input type="checkbox"/> Light	<input type="checkbox"/> Adequate	<input type="checkbox"/> Heavy
TEMPERAMENT	<input type="checkbox"/> Calm	<input type="checkbox"/> Nervous	<input type="checkbox"/> Defensive	<input type="checkbox"/> Hot

PEST & DISEASE

<input type="checkbox"/> Varroa Mites	<input type="checkbox"/> Small Hive Beetles	<input type="checkbox"/> Wax Moths	<input type="checkbox"/> Ants / Pests
<input type="checkbox"/> Chalkbrood	<input type="checkbox"/> Sacbrood	<input type="checkbox"/> European Foulbrood	<input type="checkbox"/> American Foulbrood
SHB LEVEL	OIL TRAP COUNT	SWIFFER COUNT	

VARROA ALCOHOL WASH (if performed)

SAMPLE SIZE (bees)	MITES COUNTED	INFESTATION %	
<input type="checkbox"/> Acceptable (<2%)	<input type="checkbox"/> Caution (2-4%)	<input type="checkbox"/> Danger (>4%)	<input type="checkbox"/> Treatment Required

FEEDING & TREATMENTS

<input type="checkbox"/> 1:1 Syrup	<input type="checkbox"/> 2:1 Syrup	<input type="checkbox"/> Pollen Patty	<input type="checkbox"/> No Feed
FEED AMOUNT	UNIT		
PRODUCT / TREATMENT APPLIED			

NOTES & OBSERVATIONS

NEXT INSPECTION DUE _____ ACTIONS PLANNED _____