

# Hive Inspection Form

A Bee Smart beekeeping project document

Hive ID: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Inspecting Apiarist: \_\_\_\_\_

Season: Spring\_\_\_ Summer\_\_\_ Fall\_\_\_ Winter\_\_\_

Air Temp: \_\_\_\_\_ Humidity: \_\_\_\_\_ Barometric Pressure: \_\_\_\_\_

Light: Full sun\_\_\_ Mostly sun\_\_\_ Mostly shaded\_\_\_

Conditions: Overcast\_\_\_ Clear\_\_\_ Partly Cloudy\_\_\_

Precip: None\_\_\_ light precip\_\_\_ heavy precip\_\_\_ light snow\_\_\_ Heavy snow\_\_\_

## Hive exterior

*If there are no indications of any of the problems, then the first, better option can be checked.*

Appearance: Positive\_\_\_ Defecation\_\_\_ Robbers\_\_\_ Insects\_\_\_ Scratches\_\_\_ Other\_\_\_

Describe Other \_\_\_\_\_

Signs of animals: N\_\_\_ Y\_\_\_ \_\_\_\_\_

Scent: Healthy scent\_\_\_ wet/moldy\_\_\_ Rotten/fermented\_\_\_ Urine\_\_\_ Other\_\_\_

Describe Other \_\_\_\_\_

Entrance activity: High traffic\_\_\_ Avg\_\_\_ Low\_\_\_ None\_\_\_ Fighting\_\_\_ Other\_\_\_

Describe Other \_\_\_\_\_

Lots of dead bees on ground/near entrance N\_\_\_ Y\_\_\_ Low\_\_\_ High

# Brood boxes: #Deeps\_\_\_ #Mediums\_\_\_ #Shallows\_\_\_

# Supers: #Deeps\_\_\_ #Mediums\_\_\_ #Shallows\_\_\_ Feeder/spacer box Y\_\_\_ N\_\_\_

**Supers inspection** N\_\_\_ Y\_\_\_ N/A\_\_\_

*If there are no indications of any of the problems, then the first, "N" option can be checked.*

Live SHB at top? N\_\_\_ Y\_\_\_ #\_\_\_ SHB Traps Full\_\_\_ Empty\_\_\_ Partial\_\_\_

Other pests in Supers? N\_\_\_ Y\_\_\_ Describe \_\_\_\_\_

Brood in Supers: N\_\_\_ Y\_\_\_ % Open Larvae\_\_\_ % Capped Pupae\_\_\_

# Brood Chamber Inspection N\_\_\_ Y\_\_\_ N/A\_\_\_

If there are no indications of any of the problems, then the first, "N" option can be checked.

**Brood in Upper/Rear:** N\_\_\_ Y\_\_\_ Open N\_\_\_ Y\_\_\_ % Capped N\_\_\_ Y\_\_\_ %

**Stores:** Honey N\_\_\_ Y\_\_\_ % Pollen N\_\_\_ Y\_\_\_ %

**Brood in Lower/Front:** N\_\_\_ Y\_\_\_ Open N\_\_\_ Y\_\_\_ % Capped N\_\_\_ Y\_\_\_ %

**Stores:** Honey N\_\_\_ Y\_\_\_ % Pollen N\_\_\_ Y\_\_\_ %

**Queen:** Sighted N\_\_\_ Y\_\_\_ Marked N\_\_\_ Y\_\_\_ Box\_\_\_\_\_ Frame\_\_\_\_\_

**Evidence of Queen** N\_\_\_ Y\_\_\_ Eggs\_\_\_ Calm comb\_\_\_ Retinue \_\_\_

**Other** \_\_\_\_\_

**Evidence of Fungal diseases:** N\_\_\_ Y\_\_\_ Low\_\_\_ Mid\_\_\_ High\_\_\_

Chalkbrood\_\_\_ Stonebrood\_\_\_ Nosema\_\_\_ Other\_\_\_

Describe Other: \_\_\_\_\_

**Evidence of Viral diseases:** N\_\_\_ Y\_\_\_ Low\_\_\_ Mid\_\_\_ High\_\_\_

Sacbrood\_\_\_ Para Mite Synd.\_\_\_ Chron Paral virus\_\_\_ Acute Paral virus\_\_\_ Def Wing virus\_\_\_

Israeli acute Paral Synd.\_\_\_ Black Queen cell virus\_\_\_ Other\_\_\_

Describe Other: \_\_\_\_\_

**Evidence of Bacterial diseases:** N\_\_\_ Y\_\_\_ Low\_\_\_ Mid\_\_\_ High\_\_\_

AFB\_\_\_ EFB\_\_\_ Other\_\_\_

Describe Other: \_\_\_\_\_

**Evidence of Conditional Concerns:** N\_\_\_ Y\_\_\_ Low\_\_\_ Mid\_\_\_ High\_\_\_

Dysentery\_\_\_ Chilled Brood\_\_\_ Food based bee Paral.\_\_\_ Other

Describe Other: \_\_\_\_\_

**Evidence of Toxic presence:** N\_\_\_ Y\_\_\_ Low\_\_\_ Mid\_\_\_ High\_\_\_

Describe: \_\_\_\_\_

**Insect pests inside the Brood chamber:** N\_\_\_ Y\_\_\_ Low\_\_\_ Mid\_\_\_ High\_\_\_

SHB\_\_\_ Varroa Mites\_\_\_ Wax Moth\_\_\_ Roaches\_\_\_ Ants\_\_\_ Spiders\_\_\_ Wasps\_\_\_ Other\_\_\_

Describe Other: \_\_\_\_\_

**Rodents inside Brood chamber:** N\_\_\_ Y\_\_\_ Nest N\_\_\_ Y\_\_\_

**Mite Counts:** NA\_\_\_ N\_\_\_ Y\_\_\_

**Screen Bottom count:** Total #\_\_\_\_\_ Below treatment level\_\_\_\_\_ At or above treatment level\_\_\_\_\_

**Shake count:** Total #\_\_\_\_\_ Below treatment level\_\_\_\_\_ At or above treatment level\_\_\_\_\_

**Other test:** \_\_\_\_\_

**Result:** \_\_\_\_\_

# Actions

**Hive Changes** N\_\_\_ Y\_\_\_ N/A\_\_\_

**Brood Boxes On:** N\_\_\_ Y\_\_\_ Type #D\_\_\_ #M\_\_\_ # S\_\_\_ # Supered\_\_\_ #Nadired\_\_\_

**Brood Boxes Off:** N\_\_\_ Y\_\_\_ Type #D\_\_\_ #M\_\_\_ # S\_\_\_ # Supered\_\_\_ #Nadired\_\_\_

**Honey Boxes On:** N\_\_\_ Y\_\_\_ Type #D\_\_\_ #M\_\_\_ # S\_\_\_ # Supered\_\_\_ #Nadired\_\_\_

**Honey Boxes Off:** N\_\_\_ Y\_\_\_ Type #D\_\_\_ #M\_\_\_ # S\_\_\_ # Supered\_\_\_ #Nadired\_\_\_

**Other boxes On:** Feeder N\_\_\_ Y\_\_\_ Spacer N\_\_\_ Y\_\_\_ Other N\_\_\_ Y\_\_\_

**Describe Other:** \_\_\_\_\_

**Other boxes Off:** Feeder N\_\_\_ Y\_\_\_ Spacer N\_\_\_ Y\_\_\_ Other N\_\_\_ Y\_\_\_

**Describe Other:** \_\_\_\_\_

**Next Inspection:** Date\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Time:\_\_\_\_\_

**Required conditions for next inspection:** N/A\_\_\_ N\_\_\_ Y\_\_\_

**Describe required conditions:** \_\_\_\_\_

**Add Boxes at next inspection:**N\_\_\_ Y\_\_\_ #Brood\_\_\_ Type brood\_\_\_ # Supers\_\_\_ Type Super\_\_\_

**IPM actions taken today:** \_\_\_\_\_

\_\_\_\_\_

**IPM actions for next inspection:** \_\_\_\_\_

\_\_\_\_\_

**Notes:** \_\_\_\_\_

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