

HIVE INSPECTION SHEET



Dadant
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Hive Obtained From: _____
Date Established: _____
Yard #: _____
Hive ID: _____
Date: _____
Weather Condition: _____
Who Worked Hive: _____
Next Inspection Due: _____

HIVE TEMPERAMENT

- Calm Nervous Aggressive Time to requeen

LOCATED QUEEN No Yes

- (Marked? No Yes - Color _____)
 Replace queen - Date _____

LAYING PATTERN

- Beautiful (Solid & Uniform)
 Mediocre (Intermittent or random)
 Poor (Spotty)

EGGS PRESENT No Yes Comments: _____

POPULATION Heavy Moderate Low

- Added deep body
 Split hive (new hive # _____)
 Swarming imminent - needs monitoring

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

- Chalkbrood Nosema Varroa Mites
 Tracheal Mites EFB AFB Small Hive Beetle
 Other: _____

MEDICATIONS

- Added - Date* _____
 Apistan Apiguard Mite Away II
 Tylan Fumagilin-B Terramycin
 Other: _____

- Removed - Date* _____
 Apistan Apiguard Mite Away II
 Tylan Fumagilin-B Terramycin
 Other: _____

INTEGRATED PEST MANAGEMENT (IPM)

- Screened bottom board
 Powdered sugar mite drop
 Drone cell foundation
 Other: _____

EARLY SPRING INSPECTION

- Reversed brood box(es): # _____ Deep _____ Med. _____ Shallow _____
 Cleaned Bottom Board

SPRING FEEDING/BUILD-UP

- Brood Builder: _____ dry _____ wet _____ patties
 MegaBee: _____ dry _____ wet _____ patties
 Fructose: _____
 Pollen Sub _____
 Sugar Syrup (1/1 ratio) _____
 Other _____

SPRING/SUMMER HONEY FLOW PREPARATION

- Added queen excluder
 Added super(s): # _____ Deep _____ Med. _____ Shallow _____
 Added ventilated inner cover
 Added pollen trap (optional if sufficient stores)

HONEY REMOVAL/EXTRACTION

- _____ # supers removed
_____ pounds honey extracted
_____ pounds comb honey
 Remove excluder (if done with honey production)
 Begin varroa control medication: _____

FOOD STORES/WINTER PREPARATION

- | | Honey | Pollen |
|-------------------|-----------------------|-----------------------|
| High (Everywhere) | <input type="radio"/> | <input type="radio"/> |
| Average | <input type="radio"/> | <input type="radio"/> |
| Low | <input type="radio"/> | <input type="radio"/> |
| Near Brood | <input type="radio"/> | <input type="radio"/> |
- Fed Hive -
 Sugar Syrup (2/1 ratio) _____
 Other: _____
 Added entrance reducer
 Colony configuration: # _____ Brood Boxes # _____ Supers

HIVE CONDITION

- Normal Brace comb Burr comb Excessive Propolis
 Normal odor Foul odor Equip. Damage
 Replace Equipment - What: _____
 Other: _____

- Type of foundation: Duragilt Plasticell EZ Frame
 Wired Med. Brood Cut Comb

- Comb Condition or age: _____
 Replace Foundation

NOTES:

