

HIVE INSPECTION SHEET



Dadant
Since 1863

Dadant & Sons, Inc.

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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:

| Hive Record | | | | | Colony Number: | | | | | |
|---------------|--------------|-------------------------|----------------------|-------|----------------|---------|---------|------------|-------------------------|--|
| Name | | | | | | | | | | |
| Location | | | | | Telephone | | | | | |
| QUEEN: Origin | | | | | Year | Clipped | Marked | Color | | |
| Date | Weather/Temp | Queen Present E or Q | Queen Cells E-L-S | Brood | Honey Stores | Temper | Disease | Mite Count | Comments / Observations | |
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |
| 6 | | | | | | | | | | |
| 7 | | | | | | | | | | |
| 8 | | | | | | | | | | |
| 9 | | | | | | | | | | |
| 10 | | | | | | | | | | |
| 11 | | | | | | | | | | |
| 12 | | | | | | | | | | |

Queen Color Code: 1-6 White, 2-7 Yellow, 3-8 Red, 4-9 Green, 5-0 Blue
 Queen present: E=Eggs found, Q=Queen found
 Queen cells: E=Egg in cell, L=Larva in cell, S=Sealed cell
 Brood: Number of frames

Honey Stores: Number of frames
 Temper 1 -10 Rating (1 -very gentle, 5-alert, 10 aggressive) Comparison Rating
 Disease: AFB, EFB, DWV, Nosema
 Mite Count: Sample Board 24 hr, Sugar Roll



Inspection Template

Hive # _____

Yard name: _____

Hive Info (Step 1 of 5)

Inspection Date: ____/____/____ ____:____
Queen Sited: _____ **Hive Strength:** _____%
Capped Brood: _____ **Eggs Sited:** _____
Uncapped Brood: _____

Inspection Notes (use back as needed):

Weather (Step 2 of 5)

Conditions: _____
Temperature: _____ F **Pressure:** _____ mb
Humidity: _____% (*Rising Falling Steady*)
Wind Speed: _____ **Wind Direction:** _____

Weather Notes:

Hive Conditions (Step 3 of 5)

| | |
|--|--|
| Odor: _____ (<i>Normal Foul</i>) | Temper: _____ (<i>Calm Nervous Angry</i>) |
| Equipment Condition: _____ (<i>Good Fair Poor Damaged</i>) | Population: _____ (<i>Heavy Moderate Low</i>) |
| Hive Condition: _____ (<i>Brace Comb Excess Propolis</i>) | Queen Cells: _____ (<i>Yes No</i>) |
| Foundation Type: _____ (<i>Wired Plastic Drone Cell Plasticell</i>) | Laying Pattern: _____ (<i>Excellent Fair Poor/Spotty</i>) |

Diseases/Treatments (Step 4 of 5)

| | | | |
|--|----------------------------------|----------------------------|---------------------------|
| Chalkbrood: _____ | Small Hive Beetle: _____ | CheckMite+: _____ | Apistan: _____ |
| Varroa Mites: _____ (<i>Light Moderate Heavy</i>) | | Mite Away II: _____ | Fumagilin-B: _____ |
| Nosema: _____ | Tracheal Mites: _____ | Terramycin: _____ | Terra-Pro: _____ |
| Euro Foulbrood: _____ | American Foulbrood: _____ | Formic Acid: _____ | Mite-A-Thol: _____ |
| Other Feedings: _____ | | Api-Life VAR: _____ | Hivastan: _____ |
| | | Tylan: _____ | |
| | | Other Meds: _____ | |

Feeding/Stores (Step 5 of 5)

| | | |
|--|---|-------------------------------|
| Honey Stores: _____ (<i>High Average Low</i>) | Pollen Stores: _____ (<i>High Average Low</i>) | |
| Honey B Healthy: _____ | Api Go: _____ | Fresh Pollen: _____ |
| MegaBee: _____ | EFCS-55: _____ | Ener-G-Plus: _____ |
| Vita Feed Gold: _____ | Mixed Sugar: _____ | Vita Feed Green: _____ |
| Other: _____ | | |

HIVE INSPECTION SHEET

Mann Lake Ltd. 800-880-7694

Hive ID _____ Yard# _____ Date: _____ Who worked hive: _____

HIVE TEMPERAMENT

Calm Nervous Aggressive

SAW QUEEN Yes No
(Marked? Yes No - Color _____)

LAYING PATTERN

Beautiful (Solid & Uniform)
 Mediocre (Little spotty)
 Poor (Spotty)

EGGS SEEN Yes No

Comments: _____

POPULATION

Heavy Moderate Low

QUEEN CELLS Yes No

Alone frame bottom: # _____

Converted worker cell: # _____

DISEASE/PESTS Yes No

Chalkbrood Nosema Varroa Mites

Tracheal Mites EFB AFB

Small Hive Beetle

Others: _____

MEDICATIONS

Added Date _____

CheckMite+™ Apistan® Mite Away II™

Fumagilin-B Mite-A-Thol® Tylan®

Terramycin™ Terra-Pro

Others: _____

Removed Date _____

CheckMite+™ Apistan® Mite Away II™

Fumagilin-B Mite-A-Thol® Tylan®

Terramycin™ Terra-Pro

Others: _____

INTEGRATED PEST MANAGEMENT

Screened bottom board

Powdered sugar mite drop

Drone cell foundation

Small hive beetle trap

Others: _____

EARLY SPRING INSPECTION

Reversed brood box(es) # ___ Deep ___ Med ___ Shallow

Cleaned Bottom Board

SPRING FEEDING/BUILD-UP

Bee-Pro®: _____ Dry _____ Wet _____ Patties

Syrup: _____

Pollen Sub: _____

Sugar Syrup (1/1 ratio): _____

Other: _____

HONEY FLOW PREPARATION

Added super(s): ___ Deep ___ Med ___ Shallow

Split hive (new hive# ___) Add inner cover

Added excluder Requeened Added feeder

Added pollen trap Fed Hive

HONEY REMOVAL/EXTRACTION

_____ # Supers removed

_____ pounds of honey extracted

_____ pounds comb honey

_____ pounds of pollen

Removed excluder

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"/> |

Fed hive

Sugar Syrup (2/1 ratio): _____

Syrup: _____

Bee-Pro®: _____

Other: _____

HIVE CONDITION

Normal Brace comb Excessive propolis

Normal odor Foul odor Equip. Damage

Replace Equipment-What: _____

Other: _____

Type of Foundation: Rite-Cell® Plastic Frames

Duragilt® Wired Medium

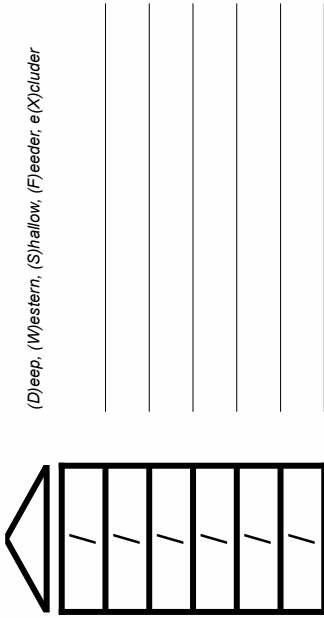
Replace Foundation: Yes No

Notes:

Hive Inspection Sheet

Hive ID

weather: _____ date: _____



| | | |
|-----------|---------------|-------|
| body size | filled frames | notes |
|-----------|---------------|-------|

Actions

Disease evidence _____

Treatments _____

Food given _____

Honey removed _____

Observations

Temperament _____

Bee population _____

Queen located? _____

Eggs present? _____

Laying pattern _____

Brood cells _____

Drone cells _____

Queen cells _____

Honey stores _____

Pollen stores _____

Near brood? _____

| | | |
|-----------|----------|-------------|
| chill | working | angry! |
| lots | average | little |
| yes | no | no |
| yes | no | no |
| solid | mediocre | random |
| heavy | average | sparse |
| low (<30) | average | high (100+) |

| | |
|--------------|------------------|
| frame bottom | converted worker |
| lots | little/ none |
| lots | little/ none |
| yes | no |

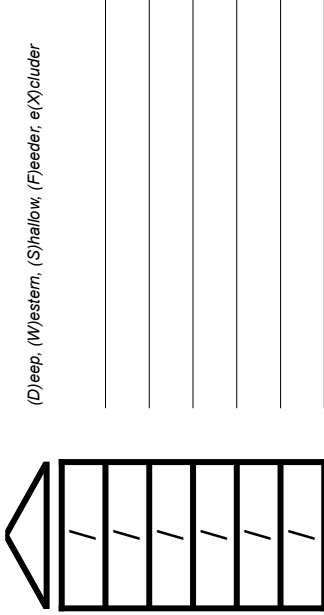
24hr mite count

hive halfweight

Hive Inspection Sheet

Hive ID

weather: _____ date: _____



| | | |
|-----------|---------------|-------|
| body size | filled frames | notes |
|-----------|---------------|-------|

Actions

Disease evidence _____

Treatments _____

Food given _____

Honey removed _____

Observations

Temperament _____

Bee population _____

Queen located? _____

Eggs present? _____

Laying pattern _____

Brood cells _____

Drone cells _____

Queen cells _____

Honey stores _____

Pollen stores _____

Near brood? _____

| | | |
|-----------|----------|-------------|
| chill | working | angry! |
| lots | average | little |
| yes | no | no |
| yes | no | no |
| solid | mediocre | random |
| heavy | average | sparse |
| low (<30) | average | high (100+) |

| | |
|--------------|------------------|
| frame bottom | converted worker |
| lots | little/ none |
| lots | little/ none |
| yes | no |

24hr mite count

hive halfweight