

Hive # _____

- Hive Inspection Checklist -

Source of Bees _____	Bee Yard _____		
Queen Type _____	Queen is Marked <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 50px; text-align: center;">Yes</td> <td style="width: 50px; text-align: center;">No</td> </tr> </table>	Yes	No
Yes	No		
Queen Origination _____	Year Queen Produced _____		

Year Established	NUC	HIVE	Qty of Honey Produced		LBS	
Date						
Weight						
# Brood Frames						
# Resource Frames						
Bringing in Pollen						
Temperment						
Do they Sting?						
Fed / Not Fed						
Disease Present						
Disease symptoms?						
Day old Brood Present						
Capped Brood Present						
Treated (Date)						
Treatment Type						
Swarm Cells Present						
Supercedure Cells present						
Strength of Hive						
Inspect again in (#days)						

Hive # _____

Hive # _____

- Hive Inspection Checklist Cont. -

Year Established _____	Bee Yard _____
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Date & Time							
Weight							
# Brood Frames							
# Resource Frames							
Bringing in Pollen							
Temperment							
Do they Sting?							
Fed / Not Fed							
Disease Present							
Disease symptoms?							
Day old Brood Present							
Capped Brood Present							
Treated (Date)							
Treatment Type							
Swarm Cells Present							
Supercedure Cells present							
Strength of Hive							
Inspect again in (#days)							

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