

Hive Inspection Sheet

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Hive ID _____ Date inspected: _____ Weather: _____

Hive Temperament

- Calm Nervous Aggressive
 Running on comb Calm on comb Following
 Pinging Stinging
Temperament 1-10 1-Good 10-Bad

STINGS

- None < 3 > 3

Saw Queen

- No Yes
(Marked? No Yes - Colour _____
Clipped No Yes

Laying pattern

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

Eggs seen

- No Yes
Comments: _____

Population

- Heavy Moderate Low

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
 CB Nosema Mites EFB

Other: _____

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"/>

Hive Condition

- Normal Brace comb Excessive Propolis
 Good odour Foul odour Equip. Damage

Other: _____

Actions taken:

- Fed hive Added super(s) # _____ D _____ W _____ S
 Split hive (*new hive #* _____)
 Added Excluder Requeened Added Feeder
 Swapped brood boxes Added frames # _____

Other: _____

Medications

Added

- Apistan Formic acid Apiguard
 Thymol syrup Oxalic acid
 Other: _____

Removed

- Apistan
 Other: _____

Recommendations:

- Add supers Split Replace Queen
 Swarming imminent – needs monitoring
 Replace Equipment -What: _____

Other: _____

Other Observations:
