

Date: _____

Hive Id _____

Hive Worked By _____

Eclectic Bee Farm Hive Inspection Sheet

www.eclecticbeefarm.com

Brood Inspection

Eggs: Yes No

Pattern: Solid Little Spotty Spotty

Queen Cells Yes No _____

Population Heavy Moderate Low

Number of frames of bees: _____

Food Stores

	Honey	Pollen
Everywhere	<input type="checkbox"/>	<input type="checkbox"/>
Medium	<input type="checkbox"/>	<input type="checkbox"/>
Low	<input type="checkbox"/>	<input type="checkbox"/>
Near Brood	<input type="checkbox"/>	<input type="checkbox"/>

Fed Hive _____

Honey Flow-- Preparation/ Removal

Added Super

Removed Super: # removed

Pounds of honey extracted

Pounds of Pollen removed

Hive Condition

Normal

Burr Comb

Excessive propolis

Normal odor Foul odor

Disease/ Pests

Small Hive Beetle Varroa Mite

Nosema EFB

AFB

Other: _____

IPM

Small Hive Beetle Trap

Drone Cell Foundation

Screened Bottom Board

Other _____

Medications

Name of Medication _____

Date Added _____

Removed Date _____

Temperament

Calm Aggressive Agitated

Equipment Needed

Notes