

Date: _____
Time: _____

Hive: _____
Weather: _____

Activity at the Entrance:	Light	Moderate	Heavy
Bringing in Pollen:	Yes	No	
Indications of Robbing:	Yes	No	
Bees on the Ground:	Yes	No	
Comments:			

Super(s) Added: _____
 Super(s) Removed: _____
 Mite Test ____ - ____ - ____ Mite count: _____
 Medication added ____ - ____ - ____ Removed ____ - ____ - ____
 Medication used: _____
 Comments: _____

Population:	Light	Moderate	Heavy
Hive Temperament:		Calm	Moderate Aggressive
Hive Beetles:	Low	Moderate	Heavy
Brood Pattern:	Good	Fair	Poor
Evidence of Queen:		Yes	No
Saw the Queen:		Yes	No
Sufficient Pollen/Nectar:		Yes	No
Honey Stores Sufficient:		Yes	No
Comments:			

Entrance Reducer _____

Oil in Freeman Beetle Tray changed _____ - _____ - _____

Beetle Jail Installed/Cleaned _____ - _____ - _____

Feed

1/1 Syrup _____ - _____ - _____

2/1 Syrup _____ - _____ - _____

Quantity _____

Added Pro Health Yes No

Pollen

Patty _____ - _____ - _____

Dry _____ - _____ - _____



1 2 3 4 5 6 7 8 9 10

If inspecting 2 deep hive – Record resources for TOP Box
 ↓ BOTTOM Box

Back of Hive

B – Capped Brood
OB – Open Brood
Eggs, Larvae
E – Empty comb
D – Drone brood
H – Honey
N – Nectar (uncapped)
P - Pollen
Q – Queen
QC – Queen Cell
C – Queen Cup
Empty
HB – Small Hive Beetles
V – Visible Varroa Mites
DWW – Deformed wing
CB – Chalk Brood
U – Undrawn foundation

Notes: