

Conditions and Configuration

Date and Time	Temp	Hive #	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Traffic at Entrance	<input type="checkbox"/> High <input type="checkbox"/> Med. <input type="checkbox"/> Low
Weather	<input type="checkbox"/> Sunny <input type="checkbox"/> Cloudy <input type="checkbox"/> Partly Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Humid <input type="checkbox"/> Dry <input type="checkbox"/> Still <input type="checkbox"/> Slight Breeze <input type="checkbox"/> Windy				
Configuration	#Deeps ___	#Mediums ___	#Shallows ___	<input type="checkbox"/> Queen Excluder?	Entrance Reducer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Configuration	<input type="checkbox"/> Solid Bottom <input type="checkbox"/> Screened Bottom Feeder <input type="checkbox"/> Yes <input type="checkbox"/> No Feeder Type:				

Inspection

Temperament	<input type="checkbox"/> Calm <input type="checkbox"/> Nervous <input type="checkbox"/> Aggressive	Bees bringing pollen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bearding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drawn Frames	Top Box #: ___ Bottom Box #: ___ Foundation Only #: ___ Super #1: ___ #2: ___ # at Entrance? # ___				
Brood Pattern	<input type="checkbox"/> Uniform <input type="checkbox"/> Random <input type="checkbox"/> Very Spotty <input type="checkbox"/> None	Domed Drone Brood in Worker Cells?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Population	<input type="checkbox"/> Heavy Top <input type="checkbox"/> Heavy Bottom <input type="checkbox"/> Moderate Top <input type="checkbox"/> Moderate Bottom <input type="checkbox"/> Light Top <input type="checkbox"/> Light Bottom <input type="checkbox"/> None Top <input type="checkbox"/> None Bottom <input type="checkbox"/> Bearding # Frames Populated Top ___ # Frames Populated Bottom ___				
Pests Present	<input type="checkbox"/> Ants <input type="checkbox"/> Mites <input type="checkbox"/> Mice <input type="checkbox"/> Wax Moths <input type="checkbox"/> Hive Beetles <input type="checkbox"/> Other				
Food Stores	Honey: <input type="checkbox"/> High <input type="checkbox"/> Med. <input type="checkbox"/> Low	Pollen: <input type="checkbox"/> High <input type="checkbox"/> Med. <input type="checkbox"/> Low	Eggs/Larvae?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hive Condition	<input type="checkbox"/> Normal <input type="checkbox"/> Brace Comb <input type="checkbox"/> Excessive Propolis <input type="checkbox"/> Normal Odor <input type="checkbox"/> Foul Odor <input type="checkbox"/> Equipment Damage				
Drone Count	<input type="checkbox"/> Low (<30) <input type="checkbox"/> Average. (30 to 100) <input type="checkbox"/> High (100+)	Queen Cells	<input type="checkbox"/> Yes <input type="checkbox"/> No	Queen	<input type="checkbox"/> Yes <input type="checkbox"/> No
Queen Cells	<input type="checkbox"/> Queen Cell Numbers ___ If Yes, Location(s):				
Feeder Level	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Full <input type="checkbox"/> Med. <input type="checkbox"/> Low <input type="checkbox"/> Empty	Any moisture found in hive?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Diseases	<input type="checkbox"/> N/A <input type="checkbox"/> Chalkbrood <input type="checkbox"/> Nosema <input type="checkbox"/> EFB <input type="checkbox"/> AFB <u>Other:</u>				

Actions Taken

Feed Bees?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fed?	<input type="checkbox"/> Sugar Water Solution – Ratio: ___ <input type="checkbox"/> Pollen Patty <u>Other:</u>		
Add Feeder?	<input type="checkbox"/> Yes <input type="checkbox"/> No <u>Type:</u>	Refill Amount	<input type="checkbox"/> N/A <input type="checkbox"/> ¼, <input type="checkbox"/> ½, <input type="checkbox"/> ¾, <input type="checkbox"/> full		
Add Super?	#Deeps ___	#Mediums ___	#Shallows ___	Add Excluder? <input type="checkbox"/> Yes <input type="checkbox"/> No	Requeened? <input type="checkbox"/> Yes <input type="checkbox"/> No
Frame Mgmt.?	<input type="checkbox"/> N/A <input type="checkbox"/> Changed – <u>Describe:</u>				
Add Meds?	<input type="checkbox"/> N/A <input type="checkbox"/> Apistan <input type="checkbox"/> Formic Acid <input type="checkbox"/> Apiguard <input type="checkbox"/> Mite Away 2 <u>Other:</u>				
Remove Meds?	<input type="checkbox"/> N/A <input type="checkbox"/> Apistan <input type="checkbox"/> Formic Acid <input type="checkbox"/> Apiguard <input type="checkbox"/> Mite Away 2 <u>Other:</u>				
Pest Mgmt.?	<input type="checkbox"/> Powdered Sugar IPM <input type="checkbox"/> Hive Beetle Trap <input type="checkbox"/> Drone Frame Mgmt. <u>Other:</u>				
Hive Mgmt.?	<input type="checkbox"/> Swaped Brood Boxes <input type="checkbox"/> Equipment Change – <u>What:</u>				
Mite Count?	<input type="checkbox"/> Performed Mite Count – <u>Method:</u>				Count: # ___
Other Actions?					

Notes / Observations