

# HIVE INSPECTION SHEET

Mann Lake Ltd. 800-880-7694

Hive ID \_\_\_\_\_ Yard# \_\_\_\_\_ Date: \_\_\_\_\_ Who worked hive: \_\_\_\_\_

## HIVE TEMPERAMENT

Calm  Nervous  Aggressive

**SAW QUEEN**  Yes  No  
(Marked?  Yes  No - Color \_\_\_\_\_)

## LAYING PATTERN

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

**EGGS SEEN**  Yes  No

Comments: \_\_\_\_\_

## POPULATION

Heavy  Moderate  Low

**QUEEN CELLS**  Yes  No

Alone frame bottom: # \_\_\_\_\_

Converted worker cell: # \_\_\_\_\_

**DISEASE/PESTS**  Yes  No

Chalkbrood  Nosema  Varroa Mites  
 Tracheal Mites  EFB  AFB  
 Small Hive Beetle  
 Others: \_\_\_\_\_

## MEDICATIONS

Added Date \_\_\_\_\_

CheckMite+™  Apistan®  Mite Away II™  
 Fumagilin-B  Mite-A-Thol®  Tylan®  
 Terramycin™  Terra-Pro  
 Others: \_\_\_\_\_

Removed Date \_\_\_\_\_

CheckMite+™  Apistan®  Mite Away II™  
 Fumagilin-B  Mite-A-Thol®  Tylan®  
 Terramycin™  Terra-Pro  
 Others: \_\_\_\_\_

## INTEGRATED PEST MANAGEMENT

Screened bottom board  
 Powdered sugar mite drop  
 Drone cell foundation  
 Small hive beetle trap  
 Others: \_\_\_\_\_

## EARLY SPRING INSPECTION

Reversed brood box(es) # \_\_\_ Deep \_\_\_ Med \_\_\_ Shallow  
 Cleaned Bottom Board

## SPRING FEEDING/BUILD-UP

Bee-Pro®: \_\_\_\_\_ Dry \_\_\_\_\_ Wet \_\_\_\_\_ Patties  
 Syrup: \_\_\_\_\_  
 Pollen Sub: \_\_\_\_\_  
 Sugar Syrup (1/1 ratio): \_\_\_\_\_  
 Other: \_\_\_\_\_

## HONEY FLOW PREPARATION

Added super(s): \_\_\_ Deep \_\_\_ Med \_\_\_ Shallow  
 Split hive (new hive# \_\_\_)  Add inner cover  
 Added excluder  Requeened  Added feeder  
 Added pollen trap  Fed Hive

## HONEY REMOVAL/EXTRACTION

\_\_\_\_\_ # Supers removed  
\_\_\_\_\_ pounds of honey extracted  
\_\_\_\_\_ pounds comb honey  
\_\_\_\_\_ pounds of pollen  
 Removed excluder

## 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"/>
<input type="checkbox"/> Fed hive		
<input type="checkbox"/> Sugar Syrup (2/1 ratio):	_____	
<input type="checkbox"/> Syrup:	_____	
<input type="checkbox"/> Bee-Pro®:	_____	
<input type="checkbox"/> Other:	_____	

## HIVE CONDITION

Normal  Brace comb  Excessive propolis  
 Normal odor  Foul odor  Equip. Damage  
 Replace Equipment-What: \_\_\_\_\_  
 Other: \_\_\_\_\_  
**Type of Foundation:**  Rite-Cell®  Plastic Frames  
 Duragilt®  Wired  Medium  
Replace Foundation:  Yes  No

Notes: