



New Hanover County Beekeepers Hive Inspection Form

HIVE ID

YARD

DATE

BEEKEEPER

HIVE TEMPERMENT

Calm Nervous Aggressive

SAW THE 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 Light

Excessive Drone Dells? Yes No

Drone Population Estimate?

Low 30 Avg 30-100 High 100+

QUEEN CELLS Yes No

Supercedure Swarm

DISEASE OR PEST Yes No

Small Hive Beetle EFB

Varroa Mites AFB

Wax Moths Nosema

Chalkbrood

Comments _____

Medications _____

Date Applied _____

Date Removed _____

Comments _____

FALL / WINTER FEED

Pollen Patties Sugar Fondant

EARLY SPRING INSPECTION

Reversed Brood Box(es) #Deep ____ Med ____

SPRING FEEDING BUILDUP

Pollen Sub

Syrup (2/1)

Spring Sugar Syrup (1/1)

Varroa Mite Test

Sugar Shake Count ____ Alcohol Wash Count ____

Comments _____

HONEY FLOW PREPARATION

Added Supers: Deep ____ Med ____ Shallow ____

Extracted Frames: Med ____ Shallow ____

Ross Rounds? Comb Honey _____

Pollen _____

INTEGRATED PEST MANAGEMENT

Screen BTM BDS Drone Cell Foundation

Small Hive Beetle Trap Powdered Sugar Mite Drop

HIVE CONDITION

Normal Brace Comb

Normal Odor Foul Odor

Excessive Propolis Equipment Damage

Replace Equip _____

FOOD STORES

Honey Pollen

High

Avg

Low

Feed Hive _____

Type of Feeder _____

Type Amt of Feed _____