

Bee Hive Inspection Form

Name Apiary Hive # Date

Inspection Purpose

☐ Quick Exam ☐ Full Exam ☐ Temperature ☐ Humidity ☐ Sunny ☐ Cloudy ☐ Windy

Nuc ☐ 8-frame ☐

Hive Bodies

One ☐

Two ☐

Three ☐

Four ☐

Eggs

Larvae / Open Brood

Capped Brood

Drone Brood

0

1

2

3

None

Little

OK

Lots

☐

☐

☐

☐

Nectar

Honey

Pollen

Room to Expand

0

1

2

3

None

Little

OK

Lots

☐

☐

☐

☐

☐

☐

☐

☐

☐

☐

☐

☐

☐

☐

☐

☐

Saw Queen ? ☐ YES ☐ NO Marked / Color

Her Body Color

NO

Queen Cells:

☐ Yes

☐ I put a tack in frame No.

☐ Charged

☐ Capped

☐ Chewed

☐ Opened

Bee Population:

☐ *Very Light*

☐ *Light*

☐ *Balanced*

☐ *Crowded*

Bees Attitude:

☐ *Gentle*

☐ *Irritated*

☐ *Nasty*

What you did today :

☐ *Fed*

☐ *Did Not Feed*

What needs to be done during next inspection :

Next Inspection should be in:

☐

1 Week

☐

2 Weeks

☐

3 Weeks

☐

4 Weeks

☐

5 Weeks

Next Inspection Date: