



Apiary Name _____

Inspection Date _____

Time _____ Temp _____

Conditions _____

Currently Blooming _____

Sighted	Hive 1	Hive 2	Hive 3	Hive 4
# Brood Frames				
Capped Brood				
Larvae				
Eggs				
Queen				

Hive 1: Notes, observations and actions taken.
Recommendations for next inspection.

Laying Pattern	Hive 1	Hive 2	Hive 3	Hive 4
Excellent				
Fair				
Poor (Spotty)				
Laying Worker				

Hive 2: Notes, observations and actions taken.
Recommendations for next inspection.

Population	Hive 1	Hive 2	Hive 3	Hive 4
Low/Med/Heavy				
Temperament				

Hive 3: Notes, observations and actions taken.
Recommendations for next inspection.

Queen Cells	Hive 1	Hive 2	Hive 3	Hive 4
Present (Yes/No/Capped)				

Pests & Diseases	Hive 1	Hive 2	Hive 3	Hive 4
Small Hive Beetles				
Wax Moths				
Varroa Mite Count				
Deformed Wings				
Paralysis / Dwarf bees				
Dysentery				
Other irregularities				

Hive 4: Notes, observations and actions taken.
Recommendations for next inspection.

Stores	Hive 1	Hive 2	Hive 3	Hive 4
Pollen (High/Med/Low)				
Honey (High/Med/Low)				
# Capped Frames				

Supplies, Equipment and other items to bring to next trip to apiary