

# Eastern Missouri Beekeepers Association—Hive Inspection Sheet

Apiary Location		Hive ID	
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Date and Time of Inspection	
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## Inspection Details

Pollen gathering?	<input type="checkbox"/>	Nectar Flow?	<input type="checkbox"/>	Weather	
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Purpose for Inspection

## Development Times for Honey Bees (days)

Caste	Egg	Larva	Pupa	Total
Worker	3	5.5	12.5	21
Drone	3	6.3	14.7	24
Queen	3	4.6	8.4	16

<b>Hive Status</b>	Queen	<input type="checkbox"/>	Marked	<input type="checkbox"/>	Eggs	<input type="checkbox"/>
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Queen Cells with Egg Larva or Pupa?	<input type="checkbox"/>	Removed Queen Cells	<input type="checkbox"/>	# Queen Cells Remaining	<input type="checkbox"/>
Emergency	<input type="checkbox"/>	Spotty Drone Brood?	<input type="checkbox"/>	# Frames of Brood	<input type="checkbox"/>
Swarm	<input type="checkbox"/>	Worker Brood All Stages?	<input type="checkbox"/>	# Frames Honey/Nectar	<input type="checkbox"/>
Supersedure	<input type="checkbox"/>	Compact Brood Pattern?	<input type="checkbox"/>	# Frames of Pollen	<input type="checkbox"/>
		# Frames of Foundation	<input type="checkbox"/>	# Frames Open Comb	<input type="checkbox"/>

# Frames bees occupied in brood chamber	<input type="checkbox"/>	# Supers in place	<input type="checkbox"/>	# Supers Added	<input type="checkbox"/>
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Health

Signs of Disease?	<input type="checkbox"/>	Good Temper	<input type="checkbox"/>
Small Hive Beetle Damage?	<input type="checkbox"/>		
Nosema Streaking	<input type="checkbox"/>		
Signs of Varroa Mite Infestation	<input type="checkbox"/>		

Feeding and/or Medication

Actions Taken and Notes

<b>Colony Condition</b>	Weak	<input type="checkbox"/>	Marginal	<input type="checkbox"/>	Strong	<input type="checkbox"/>	Eastern Missouri Beekeepers Assoc
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Telescoping Cover

Frame #	1	2	3	4	5	6	7	8	9	10
S3										
S2										
S1										
HB3										
HB2										
HB1										

Hive Body Brood/ Honey Supers

Indicate areas occupied by bees, honey, nectar, and pollen.  
Show the location of vital Queen cells.