

## ~ Apiary Inspection Checklist ~

Date & Time: \_\_\_\_\_

Bee Yard: \_\_\_\_\_

Weather: \_\_\_\_\_



Hive Number:	1	2	3	4	5	6
Weight						
# of Brood Boxes						
# of Honey Boxes						
Screened Bottom						
Propped Cover						
Entrance Reducer						
Dead Bees on Porch						
Traffic Volume						
Orientation Flights						
Bringing in Pollen						
Aggressive						
Type of Supplement						
# Frames of Adult Bees						
Drones						
Signs of Dysentery?						
Hive Scent Normal?						
Queen Color (if seen)						
# Frames Open Brood						
# Frames Capped Brood						
Total # Frames of Brood						
% Drone Brood						
Signs of Brood Disease?						
# Frames Nectar						
# Frames Capped Honey						
# Frames of Pollen						
# Empty Frames						
# Queen Cells						
# Dead Bees on Bottom						
Deformed Wings?						
Mites?						
Strength of Hive						