

APIARY HEALTH INSPECTION REPORT

INSPECTION DATE ___/___/___ **INSPECTOR NAME** _____

TOTAL COLONIES INSPECTED (alive / dead) ___/___ **TOTAL NUCS INSPECTED** _____

BEEKEEPER Name _____ Primary Phone(____) _____ - _____

Address _____ City _____ State ____ Zip Code _____

Email _____ County _____

APIARY Name _____ Same as above

Address _____ City _____ State ____ Zip Code _____

COLONY HEALTH OBSERVATIONS (additional information may be included on a separate sheet)

Colony _____ Notes _____

Colony _____ Notes _____

Colony _____ Notes _____

Colony _____ Notes _____

PESTS, PARASITES, PATHOGENS AND OTHER ISSUES DETECTED (if present and include total # of hives)

- | | |
|--|---|
| <input type="checkbox"/> American Foulbrood (AFB) _____ | <input type="checkbox"/> European Foulbrood (EFB) _____ |
| <input type="checkbox"/> Chalkbrood _____ | <input type="checkbox"/> Stone Brood _____ |
| <input type="checkbox"/> Parasitic Mite Syndrome (PMS) / Varroosis / Snot Brood / Idiopathic Brood Disease Syndrome (IBDS) _____ | <input type="checkbox"/> K-Wing _____ |
| <input type="checkbox"/> <i>Nosema</i> spp. _____ | <input type="checkbox"/> Small Hive Beetle (SHB) _____ |
| <input type="checkbox"/> Tracheal Mites _____ | <input type="checkbox"/> Deformed Wing Virus (DWV) _____ |
| <input type="checkbox"/> Sacbrood Virus (SBV) _____ | <input type="checkbox"/> Chronic Bee Paralysis Virus (CBPV) _____ |
| <input type="checkbox"/> Black Queen Cell Virus (BQCV) _____ | <input type="checkbox"/> Queen-less/Drone Layer/Virgin _____ |
| <input type="checkbox"/> Wax Moth _____ | <input type="checkbox"/> Bear Damage _____ |
| <input type="checkbox"/> Mouse Damage _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Pesticide Injury Suspected _____ | |
| <input type="checkbox"/> Varroa Mite Method/Count) _____ / _____ | |

RECOMMENDATIONS (when applicable)

- | | | |
|---|--|--|
| <input type="checkbox"/> Sample for Bee Diagnostics Lab | <input type="checkbox"/> Sample for Virus Lab | <input type="checkbox"/> Sample for Pesticide Lab |
| <input type="checkbox"/> Treat for Varroa Mites | <input type="checkbox"/> Monitor Varroa Mites Pre / Post Treatment | <input type="checkbox"/> Feed 1:1 or 2:1 Sugar Syrup |
| <input type="checkbox"/> Feed Pollen | <input type="checkbox"/> Add / Remove Boxes | <input type="checkbox"/> Replace Equipment |
| <input type="checkbox"/> Split / Combine Colony | <input type="checkbox"/> Monitor / Manage for Swarming | <input type="checkbox"/> Re-Queen Colony |
| <input type="checkbox"/> Remove / Repair Comb | <input type="checkbox"/> Prevent Robbing | <input type="checkbox"/> Other _____ |

Adapted from the Massachusetts Dept. of Agricultural Resources Apiary Program by UMass Extension
 Produced as part of the Massachusetts Bee-Vet Project, September 2021. For more info visit:
<https://ag.umass.edu/resources/pollinators/resources-for-veterinarians>

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