

CHBR – Field Checklist Inspection Form

HIVE: (eg: U2 or L8) _____ Time: _____ Date: _____

Inspectors: _____

Notes on purpose for visit: _____

Pollen Color being collected (eg none, orange): _____

QUEEN DATA: Found(Y / N)___ Color: _____ Box ___ Frame ___ Near Brood (Y / N)

Queen Cells Present(Y / N)___ *Show Leader* _____ Found young larvae (Y / N)

Sugar Shake Mite Count: Tester: _____ Number of Mites: _____

HIVE DATA: *Numbering: Box 1 is on the bottom; Frame 1 is on the left.
Number of Frames that contain the following, listed in order of precedence:
Brood frames have any eggs, larva or capped. Honey Stores, new or capped. Pollen Stores.
Empty Comb Frames are drawn but now not used. Not Drawn are with comb not drawn nor used.
The order of precedence is 1) Brood 2)Honey 3)Pollen 4)Empty 5)Not Drawn.*

| | Box 1 | Box 2 | Total | Supers |
|-----------------------|-------|-------|-------|--------|
| Brood Frames: | _____ | _____ | _____ | |
| Honey Stores Frames: | _____ | _____ | _____ | |
| Pollen Stores Frames: | _____ | _____ | _____ | |
| Empty Comb Frames: | _____ | _____ | _____ | |
| Not Drawn Frames: | _____ | _____ | _____ | |
| Sum: (must be 10) | _____ | _____ | _____ | |

NOTES OF INTEREST: *Include Queen Cells, Equipment Changes, Frame Work, Treatments, Feeding, Signs of Diseases like Mites*

Notes: _____

Notes: _____

Notes: _____