



Beehive Health And Management Checklist

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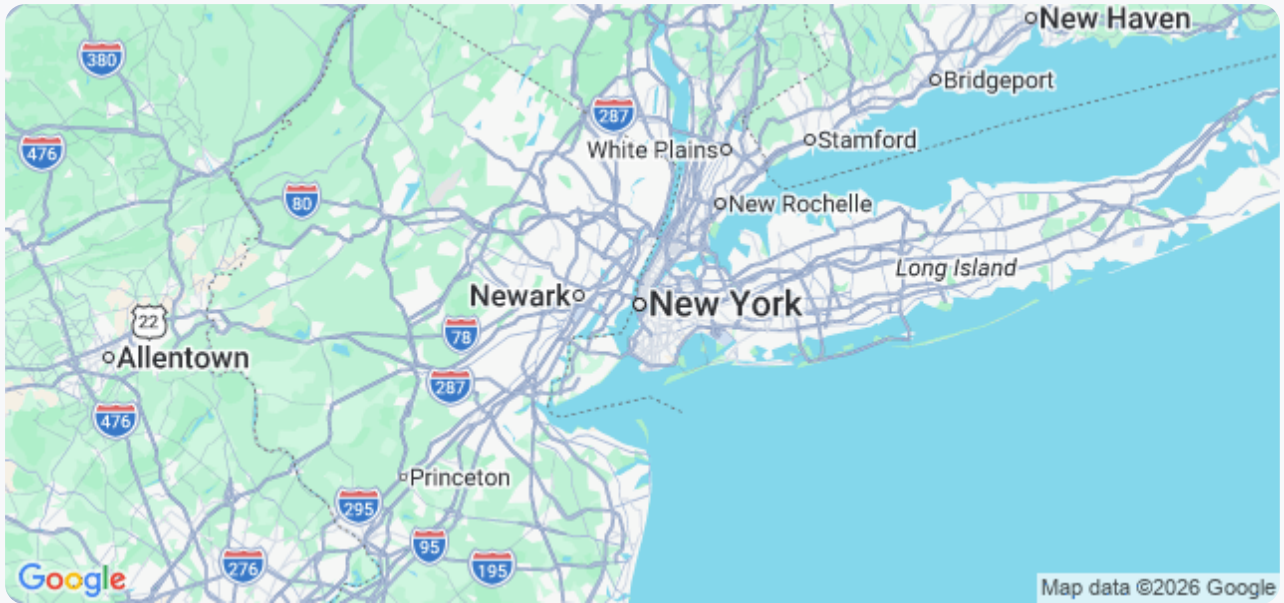
Hive Placement & Environment

Ensuring optimal location and surrounding conditions for healthy bee colonies.



Hive GPS Coordinates

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Distance to Nearest Water Source (meters)

Enter a number...

Sun Exposure (Hours per Day)

Enter a number...

Prevailing Wind Direction

- ☐ North
- ☐ Northeast
- ☐ East
- ☐ Southeast
- ☐ South
- ☐ Southwest
- ☐ West
- ☐ Northwest

Proximity to Agricultural Fields (meters)

- ☐ < 10
- ☐ 10-50
- ☐ 51-100
- ☐ >100

Description of Surrounding Vegetation

Write something...

Hive Elevation (meters)

Enter a number...

Hive Inspection & Assessment

Regularly examining the hive for signs of health, disease, and colony strength.

Date of Inspection

Estimated Hive Population (adult bees)

Queen Presence Confirmed?

- ☐ Yes
- ☐ No
- ☐ Uncertain

Queen Appearance

- ☐ Healthy
- ☐ Poor
- ☐ Uncertain

Brood Pattern Quality (scale of 1-5, 5 being excellent)

Enter a number...

Signs of Disease Observed (select all that apply)

- ☐ American Foulbrood
- ☐ European Foulbrood
- ☐ Chalkbrood
- ☐ Nosema
- ☐ Sacbrood
- ☐ None Observed

Detailed Notes on Hive Condition

Write something...

Hive Strength

- ☐ Strong
- ☐ Moderate
- ☐ Weak

Photos/Video of Hive (optional)

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Disease & Pest Management

Preventing, identifying, and addressing common bee diseases and pests.

Observed Signs of American Foulbrood (AFB)?

- ☐ Yes
- ☐ No
- ☐ Unsure

Evidence of Varroa Mite Infestation?

- ☐ High
- ☐ Moderate
- ☐ Low
- ☐ No Evidence

Varroa Mite Count (per 100 bees)

Date of Varroa Treatment

Treatment Method Used (if applicable)

- ☐ Apivar
- ☐ Apiguard
- ☐ Formic Acid
- ☐ Oxalic Acid
- ☐ Other
- ☐ No Treatment

Detailed Description of Any Unusual Behavior or Signs

Write something...

Upload Photos/Videos

 Upload File

Evidence of Small Hive Beetle (SHB)?

- ☐ Yes
- ☐ No
- ☐ Unsure

Nutrition & Forage

Managing food sources to ensure adequate nutrition for the bees throughout the year.

Estimated Forage Area (acres)

Enter a number...

Dominant Forage Plants Observed

- ☐ Clover
- ☐ Alfalfa
- ☐ Wildflowers
- ☐ Fruit Trees
- ☐ Other (Specify in Long Text)

If 'Other' forage plant selected, please specify:

Write something...

Date of Last Forage Survey

Enter date...

Honey Supers Added (Number)

Enter a number...

Supplemental Feeding Method (if applicable)

- ☐ Sugar Syrup
- ☐ Pollen Substitute
- ☐ None

Amount of Syrup/Pollen Supplement Provided (lbs/gallon)

Enter a number...

Notes on forage availability or unusual observations

Write something...

Swarm Prevention & Management

Techniques to reduce swarming and manage existing swarms.

Last Swarm Prevention Inspection Date

Enter date...

Swarm Prevention Method Employed

- ☐ Splitting Hive
- ☐ Removing Queen Cells
- ☐ Adding Space (Honey Supers)
- ☐ Requeening
- ☐ Other

Number of Queen Cells Found & Removed

Enter a number...

Notes on Queen Cell Appearance & Location

Write something...

Queen Cell Removal Effectiveness (Subjective)

- ☐ Highly Effective
- ☐ Moderately Effective
- ☐ Slightly Effective
- ☐ Not Effective

Potential Swarm Triggers Observed

- ☐ High Population
- ☐ Limited Forage
- ☐ Old Queen
- ☐ Confinement
- ☐ None Observed

If 'Other' swarm prevention method used, please describe:

Write something...

Winter Preparation & Management

Preparing the hive for winter and maintaining colony health through the cold months.

Hive Weight (lbs)

Honey Stores (lbs)

Colony Population Estimate (Adult Bees)

Ventilation Status

- ☐ Adequate
- ☐ Needs Improvement
- ☐ Blocked

Windbreak/Shelter Present?

- ☐ Yes
- ☐ No

Notes on Hive Condition (e.g., insulation, damage)

Write something...

Date of Last Winterization Check

Enter date...

Winterization Actions Taken

- ☐ Added Insulation
- ☐ Reduced Entrance Size
- ☐ Added Windbreak
- ☐ None

Record Keeping & Documentation

Maintaining detailed records of hive activity, treatments, and observations.

Date of Inspection

Enter date...

Hive Temperature (°F)

Enter a number...

Estimated Bee Population

Enter a number...

Detailed Notes on Hive Condition

Write something...

Observed Issues (Select all that apply)

- ☐ Queen Presence
- ☐ Brood Pattern Irregularities
- ☐ Signs of Disease (specify in notes)
- ☐ Pest Infestation (specify in notes)
- ☐ Robbing Activity
- ☐ Queen Cells Present

Queen Status

- ☐ Present & Laying Well
- ☐ Suspected Absent
- ☐ Dead/Deceased
- ☐ Uncertain

Treatment/Intervention Details (if applicable)

Write something...

Photos/Videos of Hive

 Upload File

Apiary Location (if multiple locations)

Write something...

Equipment Maintenance & Safety

Keeping beekeeping equipment in good working order and following safe handling practices.

Smoker Fluid Level (liters)

Enter a number...

Last Hive Tool Sharpening Date

Enter date...

Protective Gear Condition (Suit, Gloves, Veil)

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Needs Repair/Replacement

Notes on Equipment Condition/Repairs Needed

Write something...

Hive Stand Stability

- ☐ Stable
- ☐ Slightly Unstable
- ☐ Unstable - Needs Repair

Number of Supers Cleaned and Repaired

Enter a number...

Photo of Equipment Damage/Wear

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