



# Beehive Health and Management Checklist

## Hive Placement & Environment

Ensuring optimal location and surrounding conditions for healthy bee colonies.

### Hive GPS Coordinates

 [Set My Current Location](#)



### 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

Enter date...

### Estimated Hive Population (adult bees)

Enter a number...

### 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

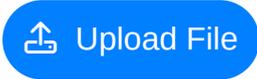
## Detailed Notes on Hive Condition

Write something...

## Hive Strength

- Strong
- Moderate
- Weak

## Photos/Video of Hive (optional)

 Upload File

# 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)

Enter a number...

### Date of Varroa Treatment

Enter date...

### 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)

## Dominant Forage Plants Observed

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

## If 'Other' forage plant selected, please specify:

## Date of Last Forage Survey

## Honey Supers Added (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)

Enter a number...

### Honey Stores (lbs)

Enter a number...

### Colony Population Estimate (Adult Bees)

Enter a number...

### 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...

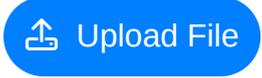
### Hive Stand Stability

- Stable
- Slightly Unstable
- Unstable - Needs Repair

### Number of Supers Cleaned and Repaired

Enter a number...

## Photo of Equipment Damage/Wear

 Upload File