

# Apiary Pesticide Exposure Report

## Reporter Information

Name

Contact (Email/Phone)

Affiliation

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## Apiary Information

Location

Apiary ID/Name

Number of Hives Affected

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## Incident Details

Date Discovered

Suspected Date of Exposure

Symptoms Observed

Estimated Bee Loss/Impact

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## Pesticide Information

Suspected Pesticide(s) Name

Application Method (e.g. aerial, ground)

Nearby Treated Crop(s)

Evidence (e.g. residue, containers, local activity)

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## **Additional Notes**