

Apiary Monthly Health Inspection Checklist

Apiary Details

Date of Inspection

Inspector Name

Location

Hive(s) Inspected

Inspection Checklist

| Item | Yes | No | Notes |
|-------------------------------------|--------------------------|--------------------------|----------------------|
| Queen present & active? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Brood (eggs/larvae/pupae) present? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Honey & pollen reserves sufficient? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Signs of disease/pests? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Hive structure in good condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Varroa mite check performed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Unusual bee behavior observed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |

General Observations

Actions Taken / Recommendations

