

# Specialty Bee Pollen Harvest Quality Inspection Form

Inspector Name:

Date of Inspection:

Location:

Harvest Batch Number:

Producer Name:

## Physical Inspection

Color Uniformity:

Pollen Grain Integrity:

Moisture Content (approx.%):

Presence of Foreign Matter:

Aroma:

## Documentation

Harvest Method:

Storage Condition Observed:

Remarks/Comments:

Inspector Signature: