## **Apiary Information Apiary Name** Location Beekeeper Name Date of Assessment **Hive Details** Number of Hives Hive Types Average Hive Strength **Health Assessment** Queen Status **Brood Pattern** Adult Bee Population Presence of Pests Varroa Mite Level Visible Symptoms (DWV, etc.) **Resources & Management Food Stores** Supplemental Feeding Treatments Applied & Date **Inspector Notes Additional Comments**