

Bee Annual Check List

NAME: _____

PROP ID #'S: _____

TOTAL # OF ACRES: _____

TOTAL # OF Colonies: _____

INCLUDE LAND MAP WITH LOCATION OF HIVES

Inspection of Colonies

How often? _____

Dates of year? _____

Queen Replacement

How often, annually? _____

Date of last replacement? _____

Products produced (Detail):

Africanized bee prevention (Plan Detail):

Fire ant prevention (Plan Detail):

Supplemented by planting clover? YES / NO

Does an individual supply feed to the colonies? YES / NO

Food product: _____

Amount of product fed: _____

How Often the food is provided: _____

Are hives currently active? YES / NO

During winter are the colonies inactive? YES / NO

Winter Maintenance

Provide an electric light with additional box surrounds? YES / NO

Other, prevention and/or maintenance that may be pertinent to the appraisal district:

