National Honey Bee Disease and Pest Survey
Apiary Data Information Sheet

Sample Identification:

Collection date: _____

Sampler name: _____   Sampler phone #:_____

Sampler address: _____   Beekeeper phone #:_____

Beekeeper name: _____   Beekeeper email address:_____

Beekeeper address: _____   **GPS – use decimal degrees, e.g. dd.dddddd**

_____   Latitude: _____

Sampling Address: _____   Longitude: _____

_____   Name all locations (cities and states) where hive was located within the **past** **year**:

Sampling County: _____   _____

State Origin of Hive: _____   **Which of the following best describes the primary function of the sampled apiary?**
[ ] honey production [ ] pollination [ ] queen production

Is the sampled apiary part of a migratory operation?
[ ] Yes [ ] No

[ ] Other (please specify): _____

Please place a **check** (√) or an '**X**' in the colonies where the disease/pest/condition is observed. If there are no signs of the disease or pest, please write a "**0**" in the box unless otherwise directed. **See back for additional guidance in completing this form.**

	Colony #								
Brood disease	1	2	3	4	5	6	7	8	Total
AFB									
EFB									
Sac Brood									
Chalkbrood									
Parasitic Mite Syndrome (PMS)/Snotty brood									
Adult disease									
Deformed wing virus									
Black shiny bees									
Pest infestation									
Small hive beetle - larvae or adult									
Wax moth – larvae or adult									
Queen condition									
Queen cells present									
Drone laying queen									
Queen right (queen or eggs are viewed)									
Queenless (no eggs or queen viewed)									

No. colonies in apiary: _____   No. colonies sampled: _____

Comments:

US Bee Survey Data Inspection Sheet (DIS) Training Guide:

The Data Inspection Sheet (DIS) is used to capture visual inspection information during the collection process for the US Bee Survey. A DIS sheet should be completed during the inspection and collection of samples from the 8 hives in each apiary. It is important that each line and box be filled out on the form. This guide provides descriptions of some fields on the form that may not be self-explanatory.

Primary function of apiary: This refers to the apiary where the hive is currently located. The apiary may have several functions but it will usually have a primary function, either queen production, pollination, or honey production. The apiary will also be either migratory or stationary. Please include the primary function of the apiary AND whether the apiary is migratory or stationary.

GPS latitude and longitude: To make geographic data collection more consistent, please use GPS latitude and longitude data in decimal degrees with a minimum of 4 digits to the right of the decimal point. For example, the US Capital is located at 38.8897°, -77.0088°. A location in decimal degrees accurate to four decimal places provides an accuracy of 11.1 m at the equator. A five decimal place value provides accuracy to 1.11 m and 6 decimal places provides an accuracy of 0.11 m at the equator. If a GPS system is not available, the GPS data from the nearest town or city should be recorded.

Hive location(s) prior to inspection: It is important to determine the hive's previous location (cities and states) if it was recently moved to the current apiary. This would include any move or moves within the past year.

State Origin of Hive: This is the originating state of the hive. It is possible to have an originating hive from Pennsylvania that moved to California but was held in North Dakota for a month prior to moving to California. The state origin is the state where the hive began its migration.

Disease/Pest/Condition Table: As each hive is inspected and sampled, the appropriate boxes in the table should be filled in with an "**X**" or a **check** (√) if the disease, pest or a specific queen condition is observed. If the disease, pest or queen condition is not apparent, place a "**0**" in the box to indicate that none were seen.