

HIVE \_\_\_\_\_ ID. \_\_\_\_\_  8 FRAME EQUIPMENT YARD # \_\_\_\_\_  
 10 FRAME EQUIPMENT

COMPONENTS	<input type="checkbox"/> COVER	<input type="checkbox"/> INNER COVER	<input type="checkbox"/> FEEDER	<input type="checkbox"/> SCREENED BOTTOM BOARD
SUPERS	#DEEP	#MEDIUM	#SHALLOW	
ADDED SUPER	DATE	ADDED EXCLUDER	DATE	
ADDED SUPER	ADDED SUPER			
QUEEN: CERTIFIED RUSSIAN INSTALLED DATED _____ <input type="checkbox"/> "B" BLOCK OR <input type="checkbox"/> "C" BLOCK				

DATE: \_\_\_\_\_ BEEK \_\_\_\_\_

HIVE TEMPERAMENT	<input type="checkbox"/> CALM	<input type="checkbox"/> NERVOUS	<input type="checkbox"/> AGGRESSIVE
SAW QUEEN	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
QUEEN CELLS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
SAW EGGS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
EXCESSIVE DRONES	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
PESTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	WHAT KIND?
POPULATION	<input type="checkbox"/> HIGH	<input type="checkbox"/> AVERAGE	<input type="checkbox"/> LOW
FOOD STORES	<input type="checkbox"/> HIGH	<input type="checkbox"/> AVERAGE	<input type="checkbox"/> LOW
LAYING PATTERN	<input type="checkbox"/> UNIFORM	<input type="checkbox"/> MOSTLY UNIFORM	<input type="checkbox"/> NOT UNIFORM <input type="checkbox"/> BRACE COMB
CONDITION	<input type="checkbox"/> NORMAL	<input type="checkbox"/> FOUL ODOR	<input type="checkbox"/> EXCESSIVE PROPOLIS
REPLACE EQUIPMENT			

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