# 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:

Longitudinal survey? Check box if yes:

**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 <u>the past year</u>.

**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.