

Emergency Response Data Sheet

Beekeeper & Collection Information

Sample/Hive Information

Collection Date: _____

__ Healthy __ Weak/crashing

Beekeeper Name: _____

Number live healthy colonies in apiary: _____

Beekeeper Phone #: _____

Number of weak crashing colonies apiary: _____

Beekeeper Email: _____

Number of dead colonies in apiary: _____

Beekeeper Address: _____

Seasonal information (movement, excessive swarming, crops pollinated etc.): _____

Sampling Address: _____

Sampling County: _____

Please include any other relevant and/or important information, unusual circumstances: _____

GPS – use decimal degrees, e.g. dd.ddddddd

Latitude: _____

Longitude: _____

Sample #	Colony #	Disease, symptoms, unusual circumstances observed	Pests (mites, small hive beetle, wax moth, exotic species, etc.) observed	Queen Condition	Pollen sample taken (Y/N)	Notes
1						
2						
3						
4						
5						
6						
7						
8						