

# Pollinator Protection Incident Investigation Worksheet

Investigating Agency: \_\_\_\_\_

Case Number: \_\_\_\_\_

Investigator/Inspector: \_\_\_\_\_

Inspection Date: \_\_\_\_\_ Incident Date: \_\_\_\_\_

## Beekeeper & Apiary Information

Name:

Address:

City:

State:

Zip:

County:

Phone:

Email:

Apiary Physical Location:

GPS Coordinates (lat)

GPS Coordinates (long)

Deg      Min      Sec

Deg      Min      Sec

Primary Purpose for beekeeping?

Hobby

Sideline

Commercial

Is Apiary mapped or registered?

Yes

No

If Yes, List:

First incident filed with department?

Yes

No

Total Number of Hives  
in Apiary:

Total Number of Hives  
Affected:

Affected Colony(s):

Overwintered

Nuc

Package/Swarm

How long have the hives  
been at this location?

If less than 6 months and were moved, describe the previous location(s), including when they were moved:

Are any contracts signed? If yes, describe:

List in-hive pesticides used within last 6 months. Include Brand Name, EPA Reg No, & Active Ingredient:

List all feeds (including sugar water) and supplements used within last 3 months:

## Weather Information at Time of Incident

(If specific incident day/time is unknown, list the weather over the past week)

Temperature including Highs & Lows	Rain (inches)	Humidity (%)	Wind speed & direction
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## Area Information

Describe the immediate area around the Apiary (property/land where the Apiary is located):

Describe the 1-mile radius area around the Apiary including any new construction where a structural application may have taken place or where a mosquito control application may have occurred (include map):

Describe any forage location within the 1-mile radius. Include crops grown, stage of growth, are there any blooming plants attractive to pollinators, are there any field borders or ground cover attractive to pollinators, etc.

Were bees present at any site listed above?

Yes

No

Where is the bees' source of water located?

## Pesticides Applied

List pesticides applied to the immediate area around the Apiary (property/land where the Apiary is located). Include Date/Time Applied, Applicator, Brand Name, EPA Reg No, & Active Ingredient(s):

List pesticides applied to any forage location listed above. Include Date/Time Applied, Applicator, Brand Name, EPA Reg No, & Active Ingredient(s):

## Samples

List samples taken from the hive:

List other samples taken:

# Pollinator Protection Worksheet - Apiary Inspector

Beekeeper: \_\_\_\_\_

Case Number: \_\_\_\_\_

Apiary Inspector: \_\_\_\_\_

Inspection Date: \_\_\_\_\_ Incident Date: \_\_\_\_\_

Apiary Information		
Number of Hives in Apiary:	Number of Hives Affected:	Number of Hives Inspected:
Magnitude of loss per colony (%):		
Apiary Details (colony history, management details, etc.):		
Describe any Hive Disease, Pest, or Malady contributing to loss:		
Describe the food stores of the affected hives:		
Additional apiary/hive observations:		
Were any samples taken for lab analysis? If yes, attach lab results:		
Additional Info:		