

1st Visit, July 2015

[Apiary ID: W_03]

Surveillance inspector: [Surname]

Date*:

* mandatory fields!

General information about the beekeeping operation (=bk operation) and the visited apiary:

1/ Beekeeper

Hans Imkermeister
 Honigstraße 52a
 1234 Bienenfeld



Phone:

E-Mail:

Total number of all apiaries of the bk operation at the current date*:

Total number of all bee colonies of the bk operation at the current date*:

Is the operation certified as 'organic' bk-operation?* yes no

Business objective of the bk operation? (multiple answers possible)

- honey package bees queens

Beekeeper since the year:

- Beekeeping education: none beginner's course advanced courses
 skilled worker beekeeping master beekeeping instructor

Interest in further training: yes no

How often do you use the following information sources for advanced education?

	At least once a month	Several times a year	Once a year	Every few years	never
Courses, educations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talks, conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Club evenings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beekeeping journals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet, internet forums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2/ Visited apiary

Location: postal code*: Municipality*:

Cadastral community:

GPS (6 decimals):

Latitude*: - Longitude*: (e.g.: 43.612454 -7.054878)

Sea level*:

Which type of landuse can be found in a 3 km radius (approximate estimation)?

- Farmland: percent
- Meadows: percent
- Woods: percent
- Settlements:percent

Did you migrate the colonies of this apiary in the season 2015? yes no

IF yes; migratory movements 2015:

Crop (nectar, pollen, honeydew source)	Country/federal state	Date of movement to crop	Date of movement from crop

3/ Risk factors for the introduction of exotic animals

Have queens been imported to Austria for this company since the start of the year 2013?

yes no

If yes, please state the country/countries of origin:

Have colonies, swarms or package bees been imported to Austria for this company since the start of the year 2013?

yes no

If yes, please state the country/countries of origin:

4/ Changes of colony number in the season 2014/2015

a) Overwintering in this apiary

- Number of wintered colonies in autumn 2014*:

6/ Biotechnical and other varroa treatments in this apiary *

Please specify all treatments in the last 12 months as accurately as possible!

Type of treatment	Conducted	Date of treatment				
Drone brood removal	<input type="checkbox"/> yes <input type="checkbox"/> no					
Heat treatment – whole colony	<input type="checkbox"/> yes <input type="checkbox"/> no device.....					
Heat treatment – brood combs	<input type="checkbox"/> yes <input type="checkbox"/> no device.....					
Total brood removal	<input type="checkbox"/> yes <input type="checkbox"/> no					
Brood interruption	<input type="checkbox"/> yes <input type="checkbox"/> no					
Trap comb method	<input type="checkbox"/> yes <input type="checkbox"/> no					

Supporting information: L Morawetz, H Köglberger, A Griesbacher, I Derakhshifar, K Crailsheim, R Brodschneider, R Moosbeckhofer; Health status of honey bee colonies (*Apis mellifera*) and disease-related risk factors for colony losses in Austria

7/ Winter losses 2014 / 2015

*This chapter deals with the winter losses of **ALL colonies of the beekeeping** operation and not only of the sampled apiary. The questions are from the internet platform 'bienenstand.at' from the University of Graz, which is also a part of 'Zukunft Biene'. Please answer this part also if the beekeeper had already participated in the survey of the University of Graz.*

Did the beekeeper participate in the winter loss survey 2014/2015 of the University of Graz (Bienenstand.at)?*

yes no

In which district are the apiaries located?*

in one district:.....

in more than one district

Where is the main apiary located? Please state the name of the municipality and postal code.*

Municipality.....; Postal code:

How many apiaries are part of the beekeeping operation?*

Are all these apiaries within a distance of about 15 km of each other?*

yes uncertain no

How many colonies were overwintered in the winter 2014/15?*

How many colonies were lost in the winter 2014/2015*

- Because of dead colonies or empty hives?.....
- because of unsolvable queen problems?.....

Supporting information: L Morawetz, H Köglberger, A Griesbacher, I Derakhshifar, K Crailsheim, R Brodschneider, R Moosbeckhofer; Health status of honey bee colonies (*Apis mellifera*) and disease-related risk factors for colony losses in Austria

List of samples taken

Please fill in accordingly

A) DESCRIPTION OF THE COLONY*	ID of focus colony											
	1	2	3	4	5	6	7	8	9	10	11	12
Queen emerged in the year...												
Productive colony (WV) or young colony (JV)												
Young colony: artificial swarm (KS) or nuc (A)												
Colony migrated in this season: yes (J) or no (N)												
Hive type (if different: brood super + honey supers)												
Number of supers												
Number of frames per super												
Colony size (1: very weak; 2: normal; 3: very strong)												

PLEASE check all that apply:

B.1) OBSERVED SYMPTOMS BEFORE COLONY OPENING*	1	2	3	4	5	6	7	8	9	10	11	12
Dead bees in front of the hive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bees unable to fly, crawlers in front of the hive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fecal marks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trembling bees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black and shiny bees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rejected bees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thrown out brood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crowded entrance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (set footnote & describe below)												

Please note extraordinary observations and symptoms ():
e.g. dead colonies in the apiary, use of back-opening hives,...

Abbreviation hive types:
 Z Zander
 ZF Zander flach
 DN = EM Deutschnormal, Einheitsmaß
 BW Breitwabe
 D Dadant
 If other hive type is used, define abbreviation here:

List of samples taken

Please check all that apply:

B.2) OBSERVED SYMPTOMS IN THE COLONY*	1	2	3	4	5	6	7	8	9	10	11	12
Patchy brood pattern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cell cappings punctured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cell cappings concave / discolored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slumped larvae	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discolored larvae / pupae	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dead larvae	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Typical AFB smell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glue-like larval remains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sacbrood symptoms (dead larvae with saclike appearance, gondola-shaped scales)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chalkbrood mummies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bees with deformed wings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Varroa mites on bees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Varroa mites embedded in cell cappings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suspicious mites (besides Varroa mites)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suspicious eggs / larvae / beetles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C) SUSPICION OF *	1	2	3	4	5	6	7	8	9	10	11	12
Varroosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Foulbrood (if suspicion: sample mandatory!)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
European Foulbrood (if suspicion: sample mandatory!)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sacbrood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chalkbrood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nosemosis (if suspicion: sample mandatory!)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Bee Paralysis Virus (if suspicion: sample mandatory!)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deformed Wing Virus (if suspicion: sample mandatory!)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Small hive beetle (if suspicion: sample mandatory!)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tropilaelaps mite (if suspicion: sample mandatory!)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dead colony (only visit 2 or 3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List of samples taken

SAMPLING*	ID of focus colony						
	1	2	3	4	5	6	7
Mandatory samples – note sample number							
Bee sample Varroa Large cup Visits 1 and 2							
Bee sample Posthoc Small cup All visits							
Beebread sample All visits							
Samples taken, when suspicion for disease – stick label in correct place							
Bees – Sampled outside the colony							
Bees – Sampled inside the colony							
Suspicious brood comb							
Suspicious mite							
Suspicious beetle/ beetle larvae							
Other (describe below)							