## **Bee Farmer Self Inspection Form**

BEEKEEPER'S DETAILS							APIARY DETAILS					
NBU Beekeeper ID no. (if known):							Date Sample(s) Taken:					
Name:							Apiary Name:					
Address:							County:					
							OS map reference (if known):					
Postcode:												
Tel. No:							Total no. of colonies owned by beekeeper:					
Email Address:							Total no. of colonies in apiary:					
						NBU use only						
Colony reference number	Number of combs of bees	Number of combs of brood	Percentage of brood diseased	Sample type taken: (LFD/tube)	Action to be taken: (DES/SSW)	Date action to be taken on:		Comments		Diagnosis	Initials	Date