

FOR LAB USE ONLY:

Sample # _____

Date Rcd. in Lab ____/____/____

Date Processed ____/____/____

Determination : **AHB / EHB**

FABIS=

F.1=

F.2=

Collector notified: Date ____/____/____; By: phone, post, other

Latitude: _____

Longitude: _____

Honey Bee Collection Data Form

Please use a **Pencil & Print Clearly**

Date of Collection: ____/____/____

Person Collecting: _____

Company/occupation: _____ Mailing address: _____

Phone: () _____

Name of Property Owner (if different from above): _____

Phone: () _____ Mailing address: _____

LOCATION OF COLONY:

County _____

IF WITHIN A TOWN OR CITY LIMITS:

Town/City _____ 3) **Address of site** _____

Nearest Cross Street _____

IF OUTSIDE TOWN OR CITY LIMITS:

Distance & direction from nearest town _____. ____miles _____ of _____

Instructions for Locating on Map (please give starting point)

Location Within Site: (CIRCLE ONE) Tree Bldg. Other (EXPLAIN)

TYPE OF AGGREGATION: (CIRCLE LETTER CORRESPONDING TO BEST DESCRIPTION)

- a) Swarm b) Wild Colony (honeycomb present, often in a cavity)
c) Managed beehive d) Other _____

Was the Swarm/colony/hive Killed Off? (CIRCLE ONE) YES NO

If the Bees Stung Humans or Animals:

a) name of person(s) stung + appx. number of times stung: _____

b) medical treatment given: _____

c) animals stung (IF ANY): _____

d) source of disturbance (e.g., lawn mower): _____