



Florida Department of Agriculture and Consumer Services  
Division of Plant Industry

**APIARY INSPECTION REPORT**

Section 586.10(3), F.S. / Rule 5B-54.011, F.A.C.  
P.O. Box 147100, Gainesville, FL 32614-7100  
(352) 395-4636 / Fax (352) 395-4624

<b>FOR DPS USE ONLY</b>	
<input type="checkbox"/>	CH NAME
<input type="checkbox"/>	CH MAIL ADDRESS
<input type="checkbox"/>	CH PHYSICAL ADDRESS
<input type="checkbox"/>	CH TELEPHONE #
<input type="checkbox"/>	CH E-MAIL ADDRESS

**WILTON SIMPSON  
COMMISSIONER**

ROUTINE INSPECTION ( ) SPECIAL INSPECTION ( ) INSPECTION DATE: \_\_\_\_\_

INSPECTOR NUMBER: \_\_\_\_\_ HOURS: \_\_\_\_\_ ASSISTING INSPECTOR NUMBER: \_\_\_\_\_ HOURS: \_\_\_\_\_

FIRM NUMBER: \_\_\_\_\_

COMPANY NAME AND/OR PARTNERSHIP: \_\_\_\_\_

OWNER(S) NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ COUNTY: \_\_\_\_\_

PHYSICAL ADDRESS : \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ COUNTY: \_\_\_\_\_

PHONE NUMBERS: \_\_\_\_\_ or \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

LONGITUDE: \_\_\_\_\_ LATITUDE: \_\_\_\_\_

**BEEKEEPER COMPLIANCE AGREEMENTS**

**BEST MANAGEMENT REQUIREMENTS FOR MAINTAINING EUROPEAN HONEY BEE COLONIES**  
(Reference FDACS-08492, Rev. 07/17, Beekeeper Compliance Agreement, incorporated in 5B-54.0105, F.A.C.) NEW: \_\_\_\_\_ CONTINUING: \_\_\_\_\_

**BEST MANAGEMENT PRACTICES FOR PRODUCING HONEY BEE QUEENS IN FLORIDA** (Reference FDACS-08419, Rev. 07/17, Honey Bee Queen Compliance Agreement, incorporated in 5B-54.0105, F.A.C.) NEW: \_\_\_\_\_ CONTINUING: \_\_\_\_\_

# of Apiaries Verified	# of Hives Inspected	County(ies)	# of Hives Certified	Add Inventory		Total Annual Inventory
				Y ( )	N ( )	
OOS Certificate Number(s) Issued			RIFA Certificate Number(s) Issued			
<b>QUARANTINE ACTION(s)</b> See Notice of Quarantine, Stop-Sale and Hold Order for American Foulbrood Disease, FDACS 08063, Rev. 07/17:						
Name of Apiary Quarantined	# of Hives Infested with AFB	# of Hives Destroyed	Date Apiary to be Rechecked	Apiary is rechecked, is apparently free of AFB, and hereby released from Quarantine (Inspector's initials)		

Honey Bee Sample(s) Collected for					
Qty of Samples for:	Queen Breeders Health Certificate	Qty of Samples for:	Environmental	REMARKS:	
Invoiced:	CK. or MO. #:	Rcpt. #:	Amount Rec'd:		
I agree and confirm the accuracy of the above Inspection report and the diagnosis of the disease and pest indicated here in.					
I do not agree and request laboratory analysis.					
I further confirm that if in agreement of this inspection report, I have received (initial)AFB Quarantine notice, and agree to abide with the specified requirements.					
REPORT RECEIVED BY:	(AUTHORIZED SIGNATURE)	PROTECTION SPECIALIST	(DIVISION of PLANT INDUSTRY)	DISTRICT NUMBER	
			District Office Phone #		
Print Name and Title		Date			