



Florida Department of Agriculture and Consumer Services
Division of Plant Industry

FOR DPS USE ONLY	
<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

APIARY INSPECTION REPORT

ADAM H. PUTNAM
COMMISSIONER

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

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			
QUARANTINE ACTION(s) 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:	PROTECTION SPECIALIST	DISTRICT NUMBER
(AUTHORIZED SIGNATURE)	(DIVISION of PLANT INDUSTRY)	
	District Office Phone #	
Print Name and Title	Date	