

# 2019 TVBC MITE BUSTERS

Name: \_\_\_\_\_

T-shirt Size: \_\_\_\_\_

Total Number of Hives: \_\_\_\_\_

Total Number of Hives Checked: \_\_\_\_\_

| August Mite Check    |           |  |                   |                                    |                                    |
|----------------------|-----------|--|-------------------|------------------------------------|------------------------------------|
| Date                 | Hive Name | Was this hive treated prior to August? | Mite Count % or # | Treatment                          | If treated did you lose the queen? |
|                      |           |  |                   |                                    |                                    |
|                      |           |  |                   |                                    |                                    |
|                      |           |  |                   |                                    |                                    |
|                      |           |  |                   |                                    |                                    |
|                      |           |  |                   |                                    |                                    |
|                      |           |  |                   |                                    |                                    |
|                      |           |  |                   |                                    |                                    |
| September Mite Check |           |  |                   |                                    |                                    |
| Date                 | Hive Name | Mite Count % or #                      | Treatment         | If treated did you lose the queen? |                                    |
|                      |           |  |                   |                                    |                                    |
|                      |           |  |                   |                                    |                                    |
|                      |           |  |                   |                                    |                                    |
|                      |           |  |                   |                                    |                                    |
|                      |           |  |                   |                                    |                                    |
|                      |           |  |                   |                                    |                                    |
|                      |           |  |                   |                                    |                                    |
| October Mite Check   |           |  |                   |                                    |                                    |
| Date                 | Hive Name | Mite Count % or #                      | Treatment         | If treated did you lose the queen? |                                    |
|                      |           |  |                   |                                    |                                    |
|                      |           |  |                   |                                    |                                    |
|                      |           |  |                   |                                    |                                    |
|                      |           |  |                   |                                    |                                    |
|                      |           |  |                   |                                    |                                    |
|                      |           |  |                   |                                    |                                    |
|                      |           |  |                   |                                    |                                    |

Please use the back if more space is needed