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