Varroa Mite Mitigation Sampling Sheet

VERMONT
AGENCY OF AGRICULTURE, FOOD & MARKETS

Year_____ Apiary_____

Sample Date	Colony #	Sample result ___/300 bees	Above treatment threshold?	Treatment applied/action taken?	Treatment date completed	Follow-up sampling date	Follow-up sampling results _/300bees	Further action needed?	Notes:
April _____									
May _____									
June _____									
July _____									
Aug. _____									
Sept. _____									
Oct. _____									
Nov. _____									