

QUARTERLY COLONY LOSS - April 2015

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SECTION 1 - APIARIES

1. Between January 1, 2015 and March 31, 2015, did this operation own or control any apiaries?

2705 **Yes** – Go to Section 2

No – Go to Section 9

SECTION 2 - COLONIES OWNED

1. On January 1, 2015, how many total colonies did this operation own, regardless of location?

| |
|------|
| 2706 |
|------|

2. On March 31, 2015, how many total colonies did this operation own, regardless of location?

| |
|------|
| 2707 |
|------|

SECTION 3 - COLONIES BY STATE: JANUARY THROUGH MARCH

1. Please report for all colonies owned by this operation between January 1, 2015 and March 31, 2015.

| OFFICE USE | 1 | 2 | | 3 | 4 | 5 | 6 |
|------------|--|---|----------------------------|---|--|---|---|
| | Between January 1 and March 31, in which states were your colonies located? (Exclude states that were only passed through to reach a destination state.) | Were these colonies located in this state on January 1: (Check "No" if colonies were moved into the state after January 1) | | How many colonies did you have in this state on January 1, or when they were first moved into this state after January 1? | Of the (column 3) colonies, how many were completely lost/dead out between January 1 and March 31? | Of the (column 3) colonies, how many were requeened and/or received nucs/packages between January 1 and March 31? (Exclude completely lost/dead out colonies reported in column 4.) | How many new colonies did you add in this state between January 1 and March 31? (Include splits, newly created, and replacements of lost/dead out colonies. Exclude colonies reported in column 5.) |
| | (State) | Yes | No | (Colonies) | (Colonies) | (Colonies) | (Colonies) |
| 2710 | A | 2711 1 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2712 | 2713 | 2714 | 2715 |
| 2710 | B | 2711 1 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2712 | 2713 | 2714 | 2715 |
| 2710 | C | 2711 1 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2712 | 2713 | 2714 | 2715 |
| 2710 | D | 2711 1 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2712 | 2713 | 2714 | 2715 |
| 2710 | E | 2711 1 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2712 | 2713 | 2714 | 2715 |
| 2710 | F | 2711 1 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2712 | 2713 | 2714 | 2715 |
| 2710 | G | 2711 1 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2712 | 2713 | 2714 | 2715 |

SECTION 4 - COLONIES RENOVATED/ADDED

1. Between January 1, 2015 and March 31, 2015, how many new colonies were added or received new honey bees by the following methods?

| | None | Colonies |
|--|--------------------------|----------|
| a. Purchased package (with or without queen) | <input type="checkbox"/> | 2760 |
| b. Purchased nuc | <input type="checkbox"/> | 2761 |
| c. Purchased queen/queen cell only | <input type="checkbox"/> | 2762 |
| d. Self-created queen/queen cell | <input type="checkbox"/> | 2763 |
| e. Captured swarm | <input type="checkbox"/> | 2764 |

SECTION 5 – LOSS

1. Of the total colonies owned between January 1, 2015 and March 31, 2015, did any lost colonies experience all of the following symptoms?

- Little to no build-up of dead bees in the hive or at the hive entrance
- Rapid loss of adult bee population despite the presence of queen, capped brood, and food reserves
- Absence or delayed robbing of the food reserves
- Loss not attributable to Varroa or Nosema loads

- 2770 **Yes** - Continue
 No - Go to Section 6
 No Loss - Go to Section 6
 Don't Know - Go to Section 6

Colonies

2. How many colonies did you lose that experienced all of the symptoms in Item 1?

| |
|------|
| 2771 |
|------|

SECTION 6 – COLONY HEALTH: JANUARY THROUGH MARCH

1. Of the total colonies owned between January 1, 2015 and March 31, 2015, how many colonies by state were affected by the following, but not necessarily lost? Note: The total of columns 2 through 7 may exceed the total number of colonies in a state.

| | Varroa Mites | Other Pests and Parasites ¹ | Diseases ² | Pesticides | Other ³ | Unknown |
|----------------|---------------------|---|------------------------------|-------------------|---------------------------|-------------------|
| (State) | (Colonies) | (Colonies) | (Colonies) | (Colonies) | (Colonies) | (Colonies) |
| 2774 | 2775 | 2776 | 2777 | 2780 | 2781 | 2782 |
| 2774 | 2775 | 2776 | 2777 | 2780 | 2781 | 2782 |
| 2774 | 2775 | 2776 | 2777 | 2780 | 2781 | 2782 |
| 2774 | 2775 | 2776 | 2777 | 2780 | 2781 | 2782 |
| 2774 | 2775 | 2776 | 2777 | 2780 | 2781 | 2782 |
| 2774 | 2775 | 2776 | 2777 | 2780 | 2781 | 2782 |
| 2774 | 2775 | 2776 | 2777 | 2780 | 2781 | 2782 |

1/ Includes Tracheal Mites, Nosema, Hive beetle, Wax moths, etc.

2/ Includes American and European foulbrood, Chalkbrood, Stonebrood, Paralysis (acute and chronic), Kashmir, Deformed Wing, Sacbrood, IAPV, Lake Sinai II, etc.

3/ Includes weather, starvation, insufficient forage, queen failure, hive damage/destroyed, etc.

SECTION 7 – COMMENTS

SECTION 8 - CHANGE IN OPERATION

1. Has the operation named on the label been sold or turned over to someone else?

- Yes** – Identify the new operator(s) **No** – Go to Section 9

Operation Name: _____

Operator Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) - _____

SECTION 9 - CONCLUSION

1. Do you make any day-to-day decisions for any other apiaries?

¹ **Yes** – List other operations: _____

³ **No**

THANK YOU FOR YOUR COOPERATION

Respondent Name: _____

| | |
|-------------------------|------------------------------|
| 9911 | 9910 MM DD YY |
| Phone: () -- | |

| Response | Respondent | Mode | Enum. | Eval. | Change | Office Use for POID | | | |
|---|--------------------------------------|---|--------------------------------------|-------|--------|---------------------|------|------|------|
| 1-Comp 2-R 3-Inac 4-Office Hold 5-R – Est 6-Inac – Est 7-Off Hold – Est | 9901 9902 | 1-Op/Mgr 2-Sp 3-Acct/Bkpr 4-Partner 9-Oth | 9903 9998 | 9900 | 9985 | 9989 | | | |
| | | | | | | Optional Use | | | |
| | | | | | | 9907 | 9908 | 9906 | 9916 |
| S/E Name _____ | | | | | | | | | |