



Details of person completing the form

Inspector/Person(s) attending

	BQ Officer	Contractor	Other
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date

Attach sample no.(s) or barcode

Attach LIMS number

Location details

Address

Nearest road

Locality

GPS Location

Latitude

Longitude

(WGS 84, decimal degrees)

 . °S

 . °E

Contact on site

Phone

Hive details

Number of hives

Comments

HIN

Surveillance details

	Alcohol wash	Sugar shake	Drone uncapping
Approximate number of bees tested			
Less than 300	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
~ 300	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than 300	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Results/Detection			
Positive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Negative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unconfirmed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sample submitted to DAF			
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Office use only

Sample receipt and dispatch

Date sample received by BQ

Comments

Sample dispatched to DAF BSL for analysis

No If no, provide reason

Yes If yes, provide date of dispatch and connote number

Sample entered into BORIS by

Date

Laboratory results

Date results received

Results and action taken

Result entered into BORIS by

Date

Privacy statement

The Department of Agriculture and Fisheries is collecting the information on this form as a record of surveillance activities conducted on managed bee hives under the National Varroa Mite Eradication Program. Summaries of managed hive surveillance may be provided to the Consultative Committee on Emergency Plant Pests, formed by the Australian Government Department of Agriculture and Water Resources for the purpose of reporting against the National Response Plan for the Eradication of *Varroa jacobsoni* from Queensland. Your personal information will not be disclosed to any other parties unless authorised or required by law.

Please return this form to Biosecurity Queensland at PO Box 1085 Townsville 4810 or by email to varroa@daf.qld.gov.au