



Pesticide Poisoning Report

General information	
Your name	
Your phone number	
Address where poisoning occurred	
Symptoms	
Types of symptoms	Dead bees at hive entrance <input type="checkbox"/> Dead bees inside the hive <input type="checkbox"/> Dead brood <input type="checkbox"/> Lack of foraging bees seen leaving the hive <input type="checkbox"/> Reduced brood / adult bee numbers <input type="checkbox"/> Live adults slow / paralysed <input type="checkbox"/> Bees behaving aggressively <input type="checkbox"/> Queen failure <input type="checkbox"/> Other:
Number of hives affected	
Date and time that symptoms were observed	
Sample collection	
Have you collected any of the following samples for laboratory analysis: Dead bees from outside the hive <input type="checkbox"/> Dead bees and comb from inside the hive <input type="checkbox"/> A swab sample from the outside of the hive <input type="checkbox"/> Remember, samples should be dispatched on ice immediately or stored in the freezer.	
Suspected cause	
Response from witness (if you have discussed it with them)	
Response from the person you believe responsible (if you have discussed it with them)	
Your signature	
Date	

