

**AMERICAN FOULBROOD TRACEBACK TO DETERMINE A SOURCE OF INFECTION  
(Beekeeper to complete – please print)**

Beekeeper's name..... Registration.....

Infected apiary(ies) location(s).....

Number of apiaries managed by beekeeper.....

Please supply additional pages if insufficient room on this form.

Apiaries moved prior to date of finding AFB in the last 12 months.			
Site address moved from	Site address moved to	Date moved	Name of person moving hives
*Any losses or thefts of hives at previous site; details: (theft to be reported to the police)			
Any recent purchases or introduction of material; details: names, registration numbers:			
Any treatment with antibiotics or supplementary feeding with patties or honey; details:			
Any stored material used in apiary, e.g. comb. Length of time in storage and original source:			
Any known apiaries within 3 km radius from infected apiary, before apiary moved at each site; details:			
List any other possible source of infection; details: shared equipment, neglected apiaries, rubbish tips, extracting sheds:			
Loads owned by other beekeepers & their disease status which you manage:			

**Beekeeper: What is the most likely source of the AFB infection in your opinion?**  
 .....  
 .....

**Other comments:**  
 .....  
 .....

**Signed:**.....**Date:**.....