

Seed Identity Information:

1. Is an analysis tag available? Yes _____ (Attach if yes) No _____
2. Vendor name and address on tag _____
3. Crop Kind: _____ Variety/Hybrid: _____
4. Lot Number: _____ Germination Percentage: _____ Test Date: _____
5. Purity Analysis: Pure seed % _____ Inert matter% _____ Other crop seed% _____ Weed Seed% _____
6. List noxious weed seed: _____
7. Dealer where purchased: _____
8. Date purchased: _____ Quantity purchased: _____
9. Retail value of seed: _____ Sales receipt number: _____
10. Was seed invoiced by lot number? Yes _____ No _____
11. Is a sample of the seed available? Yes _____ No _____
 If yes, please describe the following: Quantity on hand _____
 Storage conditions _____
 Package or bag opened or unopened _____

Transplant Information for this field:

1. Source of transplants: _____ Grower _____ Other Farmer _____ Commercial Transplant Grower
2. If other than grower, please provide name and contact information for source of plants and attach invoice or other documentation of transplant variety, if available.
 Name: _____ Telephone Number: () _____
 Address: _____
3. Were there issues with greenhouse transplant production? _____ Yes _____ No _____ Unknown
 If yes, explain, including any pesticides or other control measures required in transplant production. _____

Field Application of Herbicides, Insecticides, or Plant Growth Regulators

Product	Date	Rate	Band/Broadcast	PPI, PRE, POT, PD	<i>Preplant Incorp. (PPI); Preemergence (PRE); Post-Emergence Overtop (POT); Post-Emergence Directed (PD)</i>

Please provide the following information for each application:

1. Name of chemical and the individual who applied the material.
2. Were additives utilized?
3. Was the pest control adequate?
4. Sprayer Type/Brand?
5. Carrier
6. Were directions on the label followed?

Field Name: _____

1. What date was the seed dealer or distributor contacted? _____
2. What date was the seed labeler contacted? _____
3. What date did the seed labeler contact the grower? _____
4. Has the seed dealer/labeler inspected the field? _____ Date: _____
5. What was the dealer/labeler response? _____
6. Was a settlement offer made? _____ Yes _____ No If yes, what was offered? _____
7. County location _____
8. Is this field utilized for seed production? ___ Yes ___ No Commercial Production ___ Yes ___ No
9. Variety/Hybrid: _____ Lot Number: _____ Total Acres: _____
10. Seeds per pound: _____ Seedling rate/acre: _____ Seed depth: _____
11. Row Spacing: _____
12. Seed Treatment: _____ Yes _____ No If yes, list treatment: _____
13. Seed Company applied: _____ Yes _____ No Rate: _____
 Farmer applied: _____ Yes _____ No Rate: _____
 Custom Applied: _____ Yes _____ No Rate: _____
14. In-furrow treatment: _____
15. Date(s) planted: _____
16. Soil Type(s): _____
17. Fertilizer Applied (Note: Attach copy of soil test reports, if applicable): _____
18. Expected yield per acre: _____
19. Field configurations (include slope and drainage): _____
20. Is crop rotation in place on this farm? _____ Yes _____ No
21. Provide the last two years of crop rotation data including type of crop and all pesticides applied, seed treatment information and yield data.
22. Weather and environmental information. Please provide temperature information for two weeks before and two weeks afterward (normal, above normal or below normal?)
23. Soil moisture conditions at planting: _____

Irrigation(I)/Rainfall two weeks prior to and two weeks after planting

Date	Type (I or R)	Amount	Hours of Event

Tillage Practices:

1. Did you use any tillage in the field prior to planting? Yes No
2. Explain tillage practices. _____
3. Did you practice no-till or reduced tillage in the field? Yes No
4. If yes, was a burn-down herbicide utilized after planting? Yes No
5. Describe your tillage practices after planting. _____

Disease, Insect and Weed Control:

1. Were insects a problem at any time during the growing season? Yes No
2. Was adequate weed control achieved throughout the growing season? Yes No
3. Were weeds a problem later in the season that required additional tillage or herbicides? Yes No
4. Which disease(s) were noted during the growing season? _____
5. Were there diseases affecting the stand?
6. Were there diseases affecting the crop during plant and seed development? Yes No
7. Were there any symptoms of insect or disease injury on seeds or fruit during production or at harvest? Yes No Provide details: _____

Describe the condition of the crop as it progressed through the season. When did you notice the crop was not developing as expected? _____

Did you answer the questions in this report based on (you may choose more than one):
 Records Memory Estimations

Note: Additional information may be requested at a later date including any reports from consultants who may have reviewed the specific field problems, fertilizer samples, plant tissue samples, and crop loss summary reports (crop production and revenue loss estimates).