

Part II. Greenhouse/Nursery Environment

Growing Structure

| | | | | | | | |
|-------------|--------------------------|------------|--------------------------|---------------|--------------------------|---------------|--------------------------|
| Single-poly | <input type="checkbox"/> | Glass | <input type="checkbox"/> | Polycarbonate | <input type="checkbox"/> | Percent Shade | <input type="checkbox"/> |
| Double-poly | <input type="checkbox"/> | Fiberglass | <input type="checkbox"/> | Acrylic | <input type="checkbox"/> | Open field | <input type="checkbox"/> |
| Shade saran | <input type="checkbox"/> | Shadecloth | <input type="checkbox"/> | Wood | <input type="checkbox"/> | | |

Age of covering material _____

Environment surrounding the greenhouse/nursery

| | | | |
|--------------------|--------------------------|----------------------|--------------------------|
| Agricultural crops | <input type="checkbox"/> | Nonagricultural land | <input type="checkbox"/> |
| type(s) | _____ | type(s) | _____ |
| distance | _____ | distance | _____ |

Temperature Control

(If the crop is grown in the summer, questions on heating can be omitted. However, if the crop is grown in the winter, questions on heating and cooling should be answered.)

Do you have a minimum/maximum thermometer in the greenhouse? Yes ☐ No ☐

Do you have a minimum/maximum thermometer in each section of the greenhouse? Yes ☐ No ☐

Is temperature computer-controlled? Yes ☐ No ☐

Heater

Forced air ☐ Poly-tube hot air distribution system ☐

Type of heater _____ Last maintenance check _____

Date purchased _____ Location of heater (ft from bench/plants on floor) _____

Set points (day temp 0F/night temp 0F) _____

Insect screens Yes ☐ No ☐

Natural ventilation ☐ Fan-and-pad cooling ☐

Sides roll up (polyhouse) ☐ Pads regularly maintained ☐

Last time pads replaced (date) _____

Side vents ☐

Ridge vent ☐

Open roof ☐

Vents set point (temp 0F) _____

HAF (horizontal air flow) fans ☐ Automatic ☐ Manually-controlled ☐

Height from crop _____ft Number HAF fans per house/section _____

Size of house/section _____ sq. ft.

Describe pattern and angle _____

Irrigation Method

Hand-watering ☐

Subirrigation ☐

Tube irrigation ☐

Flooded benches ☐

Boom irrigation ☐

Flooded troughs ☐

Overhead sprinklers ☐

Flooded floor ☐

Mist system ☐

Water Quality

Water source

Well ☐ Well Depth _____ft

Lake, Pond ☐

River ☐

Municipal source ☐

Pumped and stored ☐ Recycled ☐

Is recycled water treated before use? Yes ☐ No ☐

Ozone ☐

Chlorine ☐

Bromine ☐

Others (specify) _____

Do you have current analysis of irrigation water? Yes ☐ No ☐ Date analysis performed _____

pH _____

Hardness _____

Alkalinity _____

Soluble salts _____ Contaminants _____

Has the water source been switched recently? Yes ☐ No ☐ When _____

Has the water from the new source been tested? Yes ☐ No ☐ Date analysis performed _____

Water treatment

Acid injection Yes ☐ No ☐

Sulfuric (rate of injection) _____ Phosphoric (rate of injection) _____

Nitric (rate of injection) _____ Citric (rate of injection) _____

Muriatic (rate of injection) _____ Other (list and rate of injection) _____

Injector/Proportioner brand used for acid injection _____ Injector/Proportioner ratio _____

Last date the proportioner was calibrated _____

Last date the proportioner was serviced (if different than above) _____

Fertility Delivery

Injector/Proportioner brand used for fertilization (if different than the one used for acid injection) _____
Injector/Proportioner ratio _____

Last date the proportioner was calibrated _____

Last date the proportioner was serviced (if different than above) _____

Do you separate concentrates in different stock tanks? Yes ☐ No ☐

Which chemicals in which tank? Stock tank size

(1) _____ gal

(2) _____ gal

(3) _____ gal

(4) _____ gal

(5) _____ gal

Stock tank locations in/out of the greenhouse (describe for each stock tank)

(1) covered ☐ uncovered ☐ aboveground ☐ belowground ☐ indoors ☐ outdoors ☐

(2) covered ☐ uncovered ☐ aboveground ☐ belowground ☐ indoors ☐ outdoors ☐

- (3) covered ☐ uncovered ☐ aboveground ☐ belowground ☐ indoors ☐ outdoors ☐
- (4) covered ☐ uncovered ☐ aboveground ☐ belowground ☐ indoors ☐ outdoors ☐
- (5) covered ☐ uncovered ☐ aboveground ☐ belowground ☐ indoors ☐ outdoors ☐

Pesticide Storage

Pesticides stored in approved pesticide storage Yes ☐ No ☐

Pesticides stored separately from fertilizers Yes ☐ No ☐

Worker Protection Sheets (WPS) record book kept in the greenhouse Yes ☐ No ☐

WPS available in the greenhouse Yes ☐ No ☐

Greenhouse Sanitation

Weeds

- None ☐ Few under benches ☐ Few in the pots ☐
- Numerous on bench/area ☐ Numerous under benches ☐

Algae

- None ☐ Evident on greenhouse walks ☐
- Evident on benches ☐ Evident on greenhouse walls ☐
- Evident on greenhouse floor ☐ Evident on foliage ☐