

# Part III. Crop Information

*All questions pertain to the crop in question only.*

## Season when crop was grown

Spring ☐

Summer ☐

Fall ☐

Winter ☐

## Seed-Grown Plugs

Crop(s) affected \_\_\_\_\_

Cultivar(s) affected \_\_\_\_\_

Grown from seed sown in the greenhouse ☐ In germination room ☐ On the greenhouse bench ☐

Date seeds sown \_\_\_\_\_

Name of company seeds purchased from \_\_\_\_\_ Lot # \_\_\_\_\_

Time in production \_\_\_\_\_ days \_\_\_\_\_ weeks Planted in plug trays ☐ Planted in community flats ☐

Grown from purchased plugs ☐ Date plugs planted \_\_\_\_\_

Name of company purchased from \_\_\_\_\_

Plugs arrived in reasonable condition ☐ Plugs unhealthy/disturbed on arrival ☐

Plugs planted \_\_\_\_\_ days after arrival

Describe problems, if any, with the plugs either grown from seed or purchased \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Cuttings/Liners

Crop(s) affected \_\_\_\_\_

Cultivar(s) affected \_\_\_\_\_

Grown from cuttings taken from:

In-house stock plants ☐ Purchased cuttings (unrooted) ☐ Purchased liners (rooted cuttings) ☐

Name of company purchased from \_\_\_\_\_

Date cuttings stuck \_\_\_\_\_ Cuttings/liners stuck \_\_\_\_\_ days after arrival (if purchased)

Time the crop has been in production \_\_\_\_\_days \_\_\_\_\_weeks

Cuttings/liners arrived in reasonable condition ☐

Cuttings/liners unhealthy/disturbed on arrival ☐

Cuttings treated Yes ☐ No ☐

Rooting hormone used (name and rate)\_\_\_\_\_

Other chemicals used (name and rate)\_\_\_\_\_

Describe problems, if any, with the cuttings either when under mist or after roots developed (include any pest or diseaseproblems)\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Purchased, pre-finished plant material other than plugs or liners**

Date plants planted \_\_\_\_\_ Plants planted \_\_\_\_\_ days after arrival

Name of company purchased from \_\_\_\_\_

Plants arrived in reasonable condition ☐

Plants unhealthy/disturbed on arrival ☐

Describe problems, if any, with the cuttings pre-finished plant material (include any pest or disease problems) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Production Environment**

*This section applies to any of the plant material/crop listed above.*

#### **Light Conditions**

Natural light ☐ Ambient light levels (if measured) \_\_\_\_\_ (foot-candles, lux, lumens; circle one)

Shadecloth ☐ \_\_\_\_\_%

Shading Compound (Paint) ☐

None ☐

Placed on (date) \_\_\_\_\_

Placed on (date) \_\_\_\_\_

Taken down (date) \_\_\_\_\_

Washed down (date) \_\_\_\_\_

Are there large areas of shadows due to infrastructure? Yes ☐ No ☐

If yes, describe\_\_\_\_\_

\_\_\_\_\_

Natural and artificial light ☐ Light levels (if measured) \_\_\_\_\_ (foot-candles, lux, lumens; circle one)

Artificial light (including lights in germination room) ☐ Light levels (if measured) \_\_\_\_\_ (foot-candles, lux, lumens; circle one)

Type(s) \_\_\_\_\_ Wattage \_\_\_\_\_ Reflector ☐

Distance apart \_\_\_\_\_ Distance from crop \_\_\_\_\_

Age of lights \_\_\_\_\_ Duration/Timing \_\_\_\_\_

Is this crop photoperiod-sensitive? Yes ☐ No ☐ Unknown ☐

Have you used any photoperiod treatment? Yes ☐ No ☐

Describe any photoperiod treatment applied to the crop \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Humidity levels tested or known? Yes ☐ No ☐ % Relative Humidity \_\_\_\_\_

If yes, which method used?

Hand-held psychrometer ☐ Computer-controlled psychrometer ☐

Weather station data ☐ Grower-estimated ☐

Is condensation frequent in the greenhouse? Yes ☐ No ☐ If yes, how often \_\_\_\_\_

Does the excess moisture drip on plants? Yes ☐ No ☐

Are any anti-condensate chemicals or other treatments used? Yes ☐ No ☐ If yes, what type \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Environmental/cultural conditions that may have impacted crop**

Light (natural or artificial, plant spacing) ☐ \_\_\_\_\_

Temperature (weather or controlled day/night run) ☐ \_\_\_\_\_

Atmospheric (humidity, CO<sub>2</sub>, air pollution) ☐ \_\_\_\_\_

Water (rainfall, irrigation source, quality, frequency) ☐ \_\_\_\_\_

Other (specify) ☐ \_\_\_\_\_

### **Crop grown on:**

#### **Greenhouse (check all that apply)**

Floor ☐ Bench ☐ Off the floor (on pallettes, 2x4s, overturned trays, etc.) ☐

Concrete ☐ Wood ☐

Blackcloth (Weed Mat) ☐ Metal ☐  
Gravel/Sand ☐ Wire mesh ☐

### Nursery

Ground ☐ Ground cloth ☐ Gravel/Sand ☐

Under tree cover ☐ No cover ☐

### Container information

#### Greenhouse

#### Nursery

Plug/Liner trays (size) \_\_\_\_\_  
Pots \_\_\_\_\_  
Plastic (size) \_\_\_\_\_  
Clay (size) \_\_\_\_\_  
Bedding Plant Trays (size) \_\_\_\_\_  
Hanging Baskets (size) \_\_\_\_\_

<#1 ☐ #15 ☐  
#1 ☐ #25 ☐  
#3 ☐ #45 ☐  
#5 ☐ >45 ☐  
#7 ☐

Manufacturer \_\_\_\_\_

Manufacturer \_\_\_\_\_

Containers reused Yes ☐ No ☐

Containers sterilized Yes ☐ No ☐ Method/Chemical used for sterilization \_\_\_\_\_

Containers stored after sterilization Yes ☐ No ☐

### Media Substrate Information

Pre-mixed potting substrate (Brand) \_\_\_\_\_ Company \_\_\_\_\_

Lot # \_\_\_\_\_ Ship date \_\_\_\_\_

Method of mixing (if mixed on site) Manual ☐

Mechanical mixer ☐

Components (pre-mixed and mixed on site)

Peat moss ☐ \_\_\_\_\_ % or ratio  
Coir fiber ☐ \_\_\_\_\_ % or ratio  
Pine bark ☐ \_\_\_\_\_ % or ratio  
Hard wood bark ☐ \_\_\_\_\_ % or ratio  
Polysterene flakes ☐ \_\_\_\_\_ % or ratio  
Other (specify) \_\_\_\_\_ % or ratio

Perlite ☐ \_\_\_\_\_ % or ratio  
Vermiculite ☐ \_\_\_\_\_ % or ratio  
Sand ☐ \_\_\_\_\_ % or ratio  
Rock wool ☐ \_\_\_\_\_ % or ratio  
Clay ☐ \_\_\_\_\_ % or ratio  
Compost ☐ \_\_\_\_\_ % or ratio

Pre-plant Amendments (excluding fertilizers)

Already added ☐

To be added ☐

CU YD  
Dolomitic limestone ☐ \_\_\_\_\_  
Calcitic limestone ☐ \_\_\_\_\_

100 SF  
\_\_\_\_\_  
\_\_\_\_\_

100 Gal  
\_\_\_\_\_  
\_\_\_\_\_

		CU YD	100 SF	100 Gal	
Liquid lime	<input type="checkbox"/>	_____	_____	_____	
Chelates	<input type="checkbox"/>	_____	_____	_____	
Insecticide	<input type="checkbox"/>	_____	_____	_____	
Fungicide	<input type="checkbox"/>	_____	_____	_____	
Surfactants	<input type="checkbox"/>	_____	_____	_____	Brand _____
Other	<input type="checkbox"/>	_____	_____	_____	Brand _____

Did you test media after mixing? Yes ☐ No ☐ pH \_\_\_\_\_ EC \_\_\_\_\_

Sterilizing growing medium Yes ☐ No ☐ Method of sterilization \_\_\_\_\_

### Pre-plant Fertilizers Added to the Soil Substrate

#### Analysis and brands of N-P-K fertilizer(s) used and rate(s) of application

Soluble <input type="checkbox"/>	Analysis _____	Brand _____	Rate _____
Soluble <input type="checkbox"/>	Analysis _____	Brand _____	Rate _____
Soluble <input type="checkbox"/>	Analysis _____	Brand _____	Rate _____
Controlled-release <input type="checkbox"/>	Analysis _____	Brand _____	Rate _____

#### Analysis and brands of micronutrient fertilizer(s) (Minor Element Package) used and rate(s) of application (including fertilizers that were pre-mixed in the substrate mix)

Analysis _____	Brand _____	Rate _____
Analysis _____	Brand _____	Rate _____
Analysis _____	Brand _____	Rate _____

### Post-plant Fertilizer Program

#### Analysis and brands of N-P-K fertilizer(s) used and rate(s) of application

Soluble <input type="checkbox"/>	Analysis _____	Brand _____	Rate _____
Soluble <input type="checkbox"/>	Analysis _____	Brand _____	Rate _____
Soluble <input type="checkbox"/>	Analysis _____	Brand _____	Rate _____
Controlled-release <input type="checkbox"/>	Analysis _____	Brand _____	Rate _____

#### Analysis and brands of micronutrient fertilizer(s) (Minor Element Package) used and rate(s) of application

Analysis _____	Brand _____	Rate _____
Analysis _____	Brand _____	Rate _____
Analysis _____	Brand _____	Rate _____

#### Analysis and names of macro- or micronutrient fertilizer(s) in foliar applications (if any)

Analysis _____	Brand _____	Rate _____
Analysis _____	Brand _____	Rate _____
Analysis _____	Brand _____	Rate _____

### Other fertilizers

Magnesium sulphate (Epsom Salts) ☐ Rate \_\_\_\_\_ Date applied \_\_\_\_\_

Iron sulfate ☐ Rate \_\_\_\_\_ Date applied \_\_\_\_\_

Organic ☐ Rate \_\_\_\_\_ Date applied \_\_\_\_\_

Other \_\_\_\_\_ Rate \_\_\_\_\_ Date applied \_\_\_\_\_

### **Fertilization regimen (frequency) of soluble feed**

Intermittent feed ☐ \_\_\_\_\_ times per week      Constant feed ☐ \_\_\_\_\_ times per week

### **Method of application of granular/slow release fertilizer**

With measuring device ☐ Describe device \_\_\_\_\_ Without measuring device ☐

Application pattern for granular fertilizer

Equally distributed in the pot ☐

On one side only ☐

Touching plant stem ☐

Away from plant stem ☐

### **Pest-Control Application Information**

**Fungicides** (list brands, application rates, and frequency)

---

---

---

---

Date of last application \_\_\_\_\_ Temperature during application \_\_\_\_\_ °F

**Insecticides/miticides** (list brands, application rates, and frequency)

---

---

---

---

Date of last application \_\_\_\_\_ Temperature during application \_\_\_\_\_ °F

**Biological pesticides** (insects, fungi, nematodes, list brands and date(s) when released)

---

---

---

Date of last application \_\_\_\_\_ Temperature during application \_\_\_\_\_ °F

**Herbicides** (list brands, application rates, and frequency)

---

---

---

Date of last application \_\_\_\_\_

**Herbicide(s)** last applied:

In the greenhouse \_\_\_\_\_

Outside the greenhouse \_\_\_\_\_

Under and around benches \_\_\_\_\_

On the property perimeter \_\_\_\_\_

Proximity to crop (ft) \_\_\_\_\_

**Algaecides** (list brands, application rates, and frequency)

---

---

---

Date of last application \_\_\_\_\_

Temperature during application \_\_\_\_\_ °F

**Algaecide** applied to: Floor ☐ Walls ☐ Benches ☐ Water source ☐ Cool pads ☐

**Plant Growth Regulators (PGRs)** applied to the crop

B-Nine	<input type="checkbox"/>	Rate _____	Date(s) of treatment _____	
A-Rest	<input type="checkbox"/>	Rate _____	Date(s) of treatment _____	
Bonzi	<input type="checkbox"/>	Rate _____	Date(s) of treatment _____	
Sumagic	<input type="checkbox"/>	Rate _____	Date(s) of treatment _____	
Cycocel	<input type="checkbox"/>	Rate _____	Date(s) of treatment _____	
Florel	<input type="checkbox"/>	Rate _____	Date(s) of treatment _____	
Other	<input type="checkbox"/>	Rate _____	Date(s) of treatment _____	Type _____
Tank Mix (list chemicals) _____		Rate for each chemical _____		
		Date(s) of treatment _____		
		Date(s) of treatment _____		

**Method of application** Spray ☐ Drench ☐ Other (specify) \_\_\_\_\_

Date of last application \_\_\_\_\_

Temperature during application \_\_\_\_\_ °F

Do you use the same sprayer for all pesticides? Yes ☐ No ☐

Do you use separate equipment for PGRs? Yes ☐ No ☐

Do you use separate equipment for herbicides? Yes ☐ No ☐

Has your spray equipment been calibrated? Yes ☐ No ☐ Date of calibration \_\_\_\_\_

Did you test plant growth regulators on a small scale prior to application to the crop? Yes ☐ No ☐

**Shipping and Post-Harvest Considerations**

Did you personally inspect the crop at the buyer's location? Yes ☐ No ☐ Date \_\_\_\_\_

Were plants inspected before being loaded at your location? Yes ☐ No ☐

By whom? \_\_\_\_\_

Are any records kept or photos taken of shipments before they leave the premises? Yes ☐ No ☐

What mode of shipping did you use for this crop?

Common Carrier Truck ☐

In-House Truck ☐

USPS, FEDEX, UPS ☐

Air Freight ☐

Was the shipping vehicle refrigerated or ventilated? Yes ☐ No ☐

What was the shipping distance? \_\_\_\_\_ miles

How long did the delivery take? \_\_\_\_\_ Is this unusual? Yes ☐ No ☐

Did you receive a complaint from the buyer upon delivery? Yes ☐ No ☐

If no, when? \_\_\_\_\_

Were there any weather conditions that might have affected the crop? Yes ☐ No ☐

Outside temperature when plants were loaded \_\_\_\_\_ 0F

Were plants exposed to outside temperatures when loaded on the truck? Yes ☐ No ☐

Was there a mid-point refrigerated storage layover for this shipment, such as happens with major food chains?

Yes ☐ No ☐ Describe \_\_\_\_\_

Was the crop wrapped in sleeves? Yes ☐ No ☐

If so, what material was used for the sleeve? \_\_\_\_\_

Do you have a copy of the directions for handling given to the driver or shipping company? Yes ☐ No ☐

Was the delivery carried out by those who usually handle your shipment? Yes ☐ No ☐

How long was the crop held in the greenhouse beyond the ideal stage of development for shipping? \_\_\_\_ hours

Was the crop foliage dry when shipped? Yes ☐ No ☐

How much time elapsed between the last watering and the departure of the shipment? \_\_\_\_\_ hours

Have you had this particular problem before? Yes ☐ No ☐ If so, when? \_\_\_\_\_

Please describe the symptoms as provided by the buyer, and attach any photos (paper or digital, if available) or other forms of documentation

---

---

---