

# PREVAILING DISEASE LEVEL INSPECTION FORM

Burn Year Commencing: September 1, 20\_\_

County or Multi-District Region: \_\_\_\_\_ Total Planted Acres: \_\_\_\_\_

Agricultural Commissioner/Representative: \_\_\_\_\_

Property Owner/Manager (of field sampled): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers (as applicable): Business \_\_\_\_\_ Home \_\_\_\_\_ Fax \_\_\_\_\_

Inspection Method:

- Biased/Nonbiased Combined.....**6** sample sites required .....Express the values for each site in percentage of diseased stems\*.
- Visual Assessment, Stem Rot.....**6** sample sites required .....Express the values for each site in percentage of acres infected.
- Soil Inspection, Stem Rot.....**8** sample sites required .....Express the values for each site in sclerotia / gram of soil.

Sampling Schedule:

Acreage Planted	# Of Fields in sampling years	Total # of Samples (3 per field) in sampling years
< 50,000	6	18
50,000 – 100,000	10	30
> 100,000	15	45

Attach a map for each field/location showing collection sites. Refer to inspection procedures for each method.

Field Name	Acres	Sample sites (take 100 samples from each site)								Avg.	Describe Any Pertinent Field Conditions
		Site 1	Site 2	Site 3	Site 4	Site 5	Site 6	Site 7	Site 8		

Name of Inspector \_\_\_\_\_ Name of Agency \_\_\_\_\_

Date of inspection \_\_\_\_\_ Agency Address \_\_\_\_\_

Signature of Inspector \_\_\_\_\_