

Field Scouting Form

Farm: _____ Scout: _____ Date: _____ Time: _____

Field: _____ Acreage: _____ Crop: _____ Plant Population: _____

Crop Growth Stage, Height and Condition: _____

Soil Condition: _____

Weeds	Growth Stage	Pressure/Density

Insects	Stage	Pressure/Density

Diseases	Stage	Pressure

Field Map: weeds, insects, disease patches, crop conditions, including GPS co-ordinates



Field Scout's Comments: _____

Action Recommended: _____
