

# Crop Management Inventory

## Job Sheet

<b>Land Owner/Operator:</b>	<b>Assisted By:</b>
<b>Address:</b>	<b>Date:</b>
<b>Phone: (Home)</b> <b>(Work)</b> <b>(Cell)</b>	<b>Farm(s):</b>
<b>Tract(s):</b>	<b>Field(s):</b>

### Crop Information:

Past Crop History	GMO *	Variety	Yield	Typical Planting Date	Planting Rate	Row Width	Maturity

\*GMO= Genetic Modified Organism – Which GMO?

1. Planned crop rotation: \_\_\_\_\_
2. Existing crop rotation: \_\_\_\_\_
3. Tillage operations (by crop) See table below

Planned Crops	Tillage Operations	Timing (Spring/Summer/Fall)	% Residue at Planting)

## Pest Management:

### A. Weed Management:

1. Based on your present crop rotation, which weeds have been the most problematic. List the specific control method.
2. Do you have any herbicide resistant weed species?

	Target Weeds	Producer Selected Control Method	Application Method *
<b>Upcoming Crop Year</b>			
Field #			
Crop:			
Field #			
Crop:			
Field #			
Crop:			
<b>1 Year Ago</b>			
Field #			
Crop:			
Field #			
Crop:			
Field #			
Crop:			

\*Methods include: **Burndown**, **PPI**= pre-plant incorporated, **PRE**= preemergence, **POST**= postemergence

### 3. Which of the following practices are routinely followed? (Check all that apply)

<input type="checkbox"/>	Scout fields in at least four locations to determine weed species and density before applying a herbicide.
<input type="checkbox"/>	Consult University herbicide efficacy ratings to assist with herbicide choices.
<input type="checkbox"/>	Make split applications of herbicides/use reduced rates.
<input type="checkbox"/>	Apply band applications of herbicides.
<input type="checkbox"/>	Rotate chemical classes.
<input type="checkbox"/>	Create weed maps for each field.

## Insect Management:

1. Over the last two seasons, which insects have been the most problematic? List the specific chemical, biological or cultural control method.

	Target Insects	Producer Selected Control Method (chemical, biological or cultural)	Application Method *
<b>Upcoming Year</b>			
Field #			
Crop:			
Field #			
Crop:			
Field #			
Crop #			
<b>1 Year Ago</b>			
Field #			
Crop:			
Field #			
Crop:			

\*Includes- Seed Treatment, Transgenic Traits, Mechanical Placement (e.g. Broadcast, Banding or Infurrow Placement).

2. Do you walk your fields to determine the population and damage caused in four locations by the following insects? Check all that applies.

Yes    No

<input type="checkbox"/>	<input type="checkbox"/>	Stand reducing insects (e.g. wireworm, white grub, seed corn maggot, cutworms)
<input type="checkbox"/>	<input type="checkbox"/>	Defoliating insects (e.g. bean leaf beetle, fall armyworm, spider mites)
<input type="checkbox"/>	<input type="checkbox"/>	Pod feeding insects (e.g.) bean leaf beetle, stink bugs, grasshoppers)

3. Do you use any practices to control and/or monitor insects? (*Check all that apply*)

<input type="checkbox"/>	Seed treatments.
<input type="checkbox"/>	At planting soil insecticide application.
<input type="checkbox"/>	Post emergence insecticides.
<input type="checkbox"/>	Other (list):

## Disease Management:

- Over the last two seasons, which diseases have been the most problematic? List the specific chemical, biological or cultural control method.

	Target Diseases	Producer Selected Control Method (chemical, biological or cultural)	Application Method *
<b>Upcoming Year</b>			
Field #			
Crop:			
Field #			
Crop:			
<b>1 Year Ago</b>			
Field #			
Crop:			
Field #			
Crop:			

\*Application methods include broadcast, other

- Do you use a fungicide seed treatment or a foliar fungicide on any crop? (*List*)

Crop	Treatment

Additional Notes: