



Conservation Planning *On Your Land*

Pest Management

Name _____

Pest Management

1. What are the major pests you manage for (list weeds, insects, diseases, rodents, etc.)?

2. Describe your pest management activities: _____

3. Do you use a Pest Control Advisor (PCA) to help with pest management recommendations?

- Yes
- No

4. Check all pest management activities you use:

- | | | |
|---|---|---|
| <input type="checkbox"/> Scouting | <input type="checkbox"/> Pheremone traps | <input type="checkbox"/> Field monitoring |
| <input type="checkbox"/> Attracting beneficial species | <input type="checkbox"/> Trapping | <input type="checkbox"/> Predators |
| <input type="checkbox"/> Removing mummies | <input type="checkbox"/> Crop rotation | <input type="checkbox"/> Tillage |
| <input type="checkbox"/> Water management | <input type="checkbox"/> Resistant varieties/seed/rootstock | <input type="checkbox"/> Mowing |
| <input type="checkbox"/> Residue management (removal, burning, incorporation, etc.) | | |
| <input type="checkbox"/> Pesticides | | |
| <input type="checkbox"/> Herbicides | <input type="checkbox"/> Insecticides | <input type="checkbox"/> Rodenticides |
| <input type="checkbox"/> Nematocides | <input type="checkbox"/> Fungicides | <input type="checkbox"/> Other |

5. Do you use any other practices to minimize loss of pesticides to surface and ground water? (examples: buffers, field borders, hedgerows, etc.) Please list.

6. Do you spot treat, band, or direct spray to reduce use of pesticides?

- Yes
- No