

Pest Management Inventory Worksheet

Producer _____ Date _____

Who Will Develop Your Pest Management Plan?

Name _____ Occupation _____

Company Name _____ Location _____

Who Assists You with Pest Management Decisions?

Are Fields Scouted Regularly for Pests?

Weeds Yes No By Whom? _____ How Often? _____

Insects Yes No By Whom? _____ How Often? _____

Diseases Yes No By Whom? _____ How Often? _____

Are pesticides with different modes of action rotated to control the same weeds in a crop? Yes No

How are Pesticides Handled on Your Farm including Application, Transportation, Storage, Loading, and Disposal?

Do You Have Any Pesticide Applicator Licenses? Yes No

Do You Calibrate Your Sprayer? Yes No When? _____

Pest Concerns

Pests	Crop(s) and/or Fields		
<u>Weeds</u>			
Grasses Wee	d Density*		
<u>Foxtail</u>			
<u>W. Proso Millet</u>			

Broadleaves			
<u>Lambsquarters</u>			
<u>Pigweed</u>			
<u>Ragweed</u>			
<u>Velvetleaf</u>			

Perennials			
<u>Quackgrass</u>			

Insects	Insect and Disease Thresholds Exceeded?		
<u>Corn Rootworms</u>			
<u>E. Cornbowers</u>			

Diseases			
<u>White Mold</u>			

Denote H = High M = Moderate L = Low

Notes _____

Pest Control Practices

Crop _____ Fields _____

Weed Control Practices

Herbicides Used		Application Information				
Trade Name/Formulation	Common Name	Rate	* Lbs. of a.l	Timing	Band	Method Broadcast

Cultural Practices

Cultivation Yes No Crop Rotation Yes No
 Other _____ Other _____

Notes _____

Insect Control Practices

Insecticides Used		Application Information				
Trade Name/Formulation	Common Name	Rate	* Lbs. of a.l	Timing	Band	Method Broadcast

Cultural Practices

Crop Rotation Yes No Other _____

Notes _____

*computing pounds of active ingredient applied is optional

