*Potato Sustainability Initiative (PSI) Survey and*

*Audit Organizational Manual Documents*

*Compiled by*

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Idaho Association of Commerce and Industry Research Committee

Cooperation by Potato Sustainability Initiative (PSI) Committee, IPM Institute, potato industry of Idaho, Oregon and Washington, and Idaho State Department of Agriculture

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**Fields Planted to Potatoes in Year** \_\_\_\_\_\_\_\_\_\_\_\_

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| Grower’s Field Name | Processor | Processor Field ID Number | Location |  |
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**Seed Tracking Log**

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| --- | --- | --- | --- | --- | --- | --- |
| Crop Year | Date | Operation | Seed Quantity | Variety | Seed Provider/lot number | Field Name (and location within field if not entire field) |
| 2017 | 4/10/17 | Seed planting | X cwt | Best variety | John Doe/ 123456 | Example |
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| **Field and Post-Harvest Pesticide Treatment Report Form**\* List all soil treatments, preplant soil and seed treatments, post plant soil and foliar treatments. Include all fumigants, herbicides, insecticides, fungicides, growth regulators, vine killers, etc. | | | | | | | | | | | |  | | Page \_\_\_\_\_ of \_\_\_\_\_ | | | | | |  | |  |  |
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|  | |  | | | | |  | | | | |
| Farm Name: | | | Field Name: | | Field Location: | | | | County, State: | | | | | Total acres: | | | | | Crop/Variety: | | | | |
| Seed Source: | | | Planting Date: | | Total Acres or Weight treated: | | | | | | | | | Harvest Date: | | | | | Storage/Processing Site: | | | | |
| \*Application Method: G=Ground A=Air C=Chemigation W=Ground Application - Water Incorporated | | | | | | | | | | | | | | | | | | | | | | | |
| \*\* Pesticide Type: 0=Repellant 1=Seed Treatment 2=Fumigant 3=Nematicide 4=Herbicide 5=Fungicide 6=Insecticide 7=Grow Regulator 8=Sprout Inhibitor 9=Desiccant | | | | | | | | | | | | | | | | | | | | | | | |
| \*\*\* Rate Type: Field: Acre, 1000ft/row, 1000 sq ft Seed: CWT (100 lbs) Dilution: 10 gal, 50 gal, 100 gal | | | | | | | | | | | | | | | | | | | | | | | |
| \*\*\*\* Target Pest Type: 1=Bacterial 2=Fungal 3=Viral 4=Chewing Pest 5=Sucking Pest 6= Tuber/Root Pest 7=Broadleaf Weed 8=Grass 9=General Weed | | | | | | | | | | | | | | | | | | | | | | | |
| Treatment Date &Time Start/Finish | Field # | Acres Treated | App Method\* | Pesticide Type\*\* | Product Name and Formulation | Rate | Unit of Measure | Rate Type  \*\*\* | | Primary Target Pest | EPA No. | | Sensitive Area  Y/N | | Wind speed | | Wind Direction | Temp | | | Applicators License # or  Training Date if no license | | Name of Applicator |
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| Grower Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Field Rep Review Initials: \_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | |

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| **Nutrient Application Report Form**\* List all soil treatments, pre-plant soil, in-furrow and seed treatments, post plant soil and foliar treatments. | | | | | | | | | | | | | |  | | | Page \_\_\_\_\_ of \_\_\_\_\_ | | | | | | | |  | |  | | |  |
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|  | | |  | | | | | | |  | | | | | | |
| Farm Name: | | | \*Field Name: | | \*Field Location: | | County, State: | | Total acres: | | | | \*Crop/Variety: | | | | | | | | | | | | | | | | | |
| Seed Source: | | | Planting Date: | | Total Acres or Weight treated: | | | | | | | | | | | | Harvest Date: | | | | | | | Storage/Processing Site: | | | | | | |
| \*Application Method: band, broadcast, in-furrow, seed placed, fertigated, etc | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*\* Application Type: dry, liquid, granular, | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| \*Treatment Date &Time Start/Finish | Field # | \*Acres Treated | App Method\* | Application Type \*\* | \*Product Name and Formulation | \*Rate/A | | Unit of Measure | | EPA No. | | Sensitive Area  Y/N | | | Wind speed | | | Wind Direction | | | Temp | Applicators License # or  Training Date if no license | | | | | | Name of Applicator | | |
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| Grower Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Field Rep Review Initials: \_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**First Aid Kit Monitoring Log**

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| --- | --- | --- | --- | --- |
| Date | Location or # of First Aid Kit | Checked & Stocked | List Added Items  (bandaids, ointment, etc.) | Initials |
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**Post Emergence Plant Stand Results**

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| --- | --- | --- | --- | --- | --- | --- |
| Field name | Variety | Seed lot | Date counted | Number of plants/ length | Intended number of plants | Comments (e.g., seed decay, cause of decay, planter skips, herbicide damage) |
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**Equipment Calibration Log**

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| Date Calibrated | Equipment Name | Comments (Calibration Task) |
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**Pest Scouting Log**

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| --- | --- | --- | --- | --- | --- |
| Field ID | Date | Scout’s Name | Pest observed | Count or rating | Comments |
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**Worker Training Log**

**Employee name Employee signature Training date Topic and Method Trainer’s Initials**

# 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

# 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

# 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

# 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

# 6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

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# 8. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

# 9. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

# 10. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

# 11. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

# \*Training method - video, formal group presentation, one-on-one presentation, demonstration. Include follow-up or reviews.