*Potato Sustainability Initiative (PSI) Survey and*

*Audit Organizational Manual Documents*

*Compiled by*

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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 # orTraining 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 \_\_\_\_\_ |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |
| 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, |
|  |
| \*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 # orTraining 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**

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

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