

Washington State ***Cherry Pest Management Practices*** ***Survey 2000***

Endorsed by:

Washington State University
Washington Tree Fruit Research Commission
Washington State Horticultural Association
North Central Washington Fieldmen's Association

Please complete this form and return in the addressed, stamped envelope to:

Pest Management Survey
Attn.: Wendy Jones
WSU Tree Fruit Research & Extension Center
1100 N. Western Ave.
Wenatchee, WA 98801

Survey form ID no:

Section I. General description of your orchard operation in 2000.

These are general questions regarding your orchard operations. Please check the box associated with the best answer, or fill in the blank.

Q1. Which category best describes your farming activity? (check any that apply)

- ☐ Full-time
☐ Part-time (supplemental income required)
☐ Conventional commercial
☐ Organic
☐ Transition to organic
☐ Other _____
(please specify)

**Q2. How many acres of the following fruit crops did you grow in 2000?
(check all that apply and write in number of acres)**

- | | # Acres |
|---|---------|
| <input type="checkbox"/> Apple | _____ |
| <input type="checkbox"/> Pear | _____ |
| <input type="checkbox"/> Cherry | _____ |
| <input type="checkbox"/> Peach | _____ |
| <input type="checkbox"/> Nectarine | _____ |
| <input type="checkbox"/> Prune | _____ |
| <input type="checkbox"/> Other _____ | _____ |
| (please specify) | |

Q3. In which region(s) of the state is/are your orchard(s) located? (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Okanogan | <input type="checkbox"/> Upper Yakima Valley |
| <input type="checkbox"/> Wenatchee | <input type="checkbox"/> Lower Yakima Valley |
| <input type="checkbox"/> Chelan/Manson | <input type="checkbox"/> Ellensburg |
| <input type="checkbox"/> Columbia Basin | <input type="checkbox"/> Columbia Gorge |
| <input type="checkbox"/> Tri-Cities | <input type="checkbox"/> Other _____ |
| | (please specify) |

Q4. Approximately how many acres of cherry varieties did you grow and what was the yield in tons in 2000? (check all that apply and write in number of acres and tons)

- | | # Acres | # Tons |
|---|---------|--------|
| <input type="checkbox"/> Attica | _____ | _____ |
| <input type="checkbox"/> Bing | _____ | _____ |
| <input type="checkbox"/> Cashmere | _____ | _____ |
| <input type="checkbox"/> Chelan | _____ | _____ |
| <input type="checkbox"/> Index | _____ | _____ |
| <input type="checkbox"/> Lambert | _____ | _____ |
| <input type="checkbox"/> Lapins | _____ | _____ |
| <input type="checkbox"/> Rainier | _____ | _____ |
| <input type="checkbox"/> Skeena | _____ | _____ |
| <input type="checkbox"/> Sweetheart | _____ | _____ |
| <input type="checkbox"/> Tieton | _____ | _____ |
| <input type="checkbox"/> Vans | _____ | _____ |
| <input type="checkbox"/> Other _____ | _____ | _____ |
| (please specify) | | |

Q5. In the past five (5) years, has your overall per acre use of pesticides increased, decreased or stayed about the same? (check only one box)

- ☐ Increased
☐ Decreased
☐ Stayed about the same

Q6. How often, if at all, do you (or your fieldman/consultant) use any of the following Integrated Pest Management (IPM) practices? (circle the answer)

	How often is the practice used			
	Often	Sometimes	Seldom	Never
a. Field monitoring for pests				
b. Alternate row middle spraying				
c. Economic/treatment thresholds				
d. Biological control				
e. Reduced pesticide rates				
f. Pheromone traps/fruit fly traps				
g. Others _____ (please specify)				

Q7. How important are each of the following in making pest management decisions? (circle the answer)

	Importance of information source		
	Very	Somewhat	Not
a. Advice from a private consultant			
b. Advice from a chemical distribution firm representative			
c. Recommendations from Cooperative Extension			
d. WSU recommendation in the <i>Crop Protection Guide for Tree Fruit in Washington</i>			
e. Information in the book <i>Orchard Pest Management</i>			
f. Advice from a representative of a packing warehouse field service			
g. Consultation with other growers			
h. Other: _____ (please specify)			

Section II. Questions specific to your orchard reporting block.

In Sections II and III, you need to choose a single cherry block, and report your pesticide usage on that block. Choose a block that you feel is representative of your operation, specifically of pesticide use. This is the "**reporting block**". Choose an orchard block that is bearing (more than 5 years old). First, please answer a few question about the reporting block:

Q1. What is the size of your reporting block? _____ acres

Q2. Which age best represents most of the trees in the reporting block?
(check only one)

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> 5-9 years | <input type="checkbox"/> 21-24 years |
| <input type="checkbox"/> 10-15 years | <input type="checkbox"/> 25-30 years |
| <input type="checkbox"/> 16-20 years | <input type="checkbox"/> more than 30 years |

Q3. In which region of the state is your reporting block located?
(check only one)

- | | |
|---|--|
| <input type="checkbox"/> Okanogan | <input type="checkbox"/> Upper Yakima Valley |
| <input type="checkbox"/> Wenatchee | <input type="checkbox"/> Lower Yakima Valley |
| <input type="checkbox"/> Chelan/Manson | <input type="checkbox"/> Ellensburg |
| <input type="checkbox"/> Columbia Basin | <input type="checkbox"/> Columbia Gorge |
| <input type="checkbox"/> Tri-Cities | <input type="checkbox"/> Other _____ |
- (please specify)

Q1. Which category best describes the farming activity at you reporting block?
(check any that apply)

- ☐ Conventional
☐ Organic
☐ Transition to organic
☐ Other _____
- (please specify)

Q4. Which tree training system best describes the reporting block? (check only one)

- | | | |
|---|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Open center | <input type="checkbox"/> Steep leader | <input type="checkbox"/> Spanish bush |
| <input type="checkbox"/> Central leader | <input type="checkbox"/> V trellis | <input type="checkbox"/> Other _____ |
- (please specify)

Q5. Which irrigation system best describes the reporting block? (check only one)

- | | |
|--|-------------------------------|
| <input type="checkbox"/> Impact sprinkler (under-tree) | <input type="checkbox"/> Drip |
| <input type="checkbox"/> Micro sprinkler (under-tree) | <input type="checkbox"/> Rill |
| <input type="checkbox"/> Other _____ | |
- (please specify)

Q6. Which tree spacing best describes your reporting block?

(write in # of feet)

_____ feet between trees in the row

_____ feet between rows

Q7. What type of ground cover best describes the one in your reporting block?

(check only one box)

☐ No cover crop (all bare ground)

☐ Mixed weeds

☐ Grass middles, herbicide strips under trees

☐ Other _____

☐ Solid grass (middles *and* under trees)

(please specify)

Q8. What percentage of the reporting block is in the following cherry varieties?

(check all that apply and write in %)

Variety	%	Variety	%	Variety	%
<input type="checkbox"/> Attica		<input type="checkbox"/> Index		<input type="checkbox"/> Skeena	
<input type="checkbox"/> Bing		<input type="checkbox"/> Lambert		<input type="checkbox"/> Sweetheart	
<input type="checkbox"/> Cashmere		<input type="checkbox"/> Lapins		<input type="checkbox"/> Tieton	
<input type="checkbox"/> Chelan		<input type="checkbox"/> Rainier		<input type="checkbox"/> Vans	
<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____	

Section III. Spray applications to the reporting block.

In this Section, you are asked to provide information on the chemicals you used in your reporting block during the 2000 growing season. Sprays applied to the trees and foliage are in a separate section from herbicide sprays.

Sprays applied to trees and foliage: The year is divided into the major treatment periods (for example: dormant, delayed dormant, cover sprays, etc.), and for each application you are asked for information on the following items (arranged in about this layout):

Date of application (if any was made)	Orchard Area Treated
Type of application equipment	Spray Volume/acre
Target of the treatment: (pest/disease/nutrient deficiency/horticultural condition)	
Material used and rate/acre	

There is one page per application. This covers *all* materials put into the tank on that pass through the orchard. If you did not put on any sprays during a listed treatment period, simply check the box at the top left hand side of the page under "**Date of application**" that reads "No xxxxxxx treatment applied".

Please put at least that one mark on each page so we know you didn't just skip the page. Most sections can be answered by simply checking the box in front of the appropriate response.

In the chemical section, we have tried to list the most commonly used chemicals for you; you need only write in the amount used. If you use a generically available chemical, check the equivalent trade name listed. (Note: PGR's are Plant Growth Regulators, like thinning and stop-drop materials.)

NOTE THAT AMOUNTS ARE IN RATE PER ACRE...DON'T FORGET TO SPECIFY THE UNITS (POUNDS, FLUID OUNCES, ETC)! Also, please specify the formulation used if not already indicated.

If your selection is not listed, check the "Other" category and write in your answer; or if you have more than one "other", use the blank lines, or the space to the right or in the margins or where ever, using arrows to point; we'll figure it out.

Summer sprays: There are 5 pages labeled "Lt. Green Spray", "Straw Spray", and "1st Cover Spray" through "5th Cover Spray". If you did not put on any summer sprays, indicate this at the top of each page. If you put on certain summer sprays, fill in the information on those pages, and check the upper left section "No 'xxxx' spray treatment applied" on the rest. If you put on more than 5 covers, photocopy a blank sheet, cross out the number, put in the next number (8, 9....?) and fill in the information as appropriate.

Post-harvest sprays: There are 3 pages numbered "Post-harvest Spray #1" through "Post-harvest Spray #3". If you did not put on any post-harvest sprays, indicate this at the top of each page. If you put on only 1, fill in the information on that, and check upper left section "No post-harvest spray treatment applied" on the second page. If you put on more than 3, photocopy a blank sheet, cross out the number, put in the next number (4, 5....?) and fill in the information as appropriate.

Nutrients: There are more formulations of nutrients than can be listed in the space available; we have listed them generically as "zinc" or "boron." Because the amount of active ingredient can vary, please write down either the **exact name of the product**, or the % active ingredient. If the product contains multiple nutrients, just give the **exact product name**.

Adjuvants: You do *not* have to list adjuvants (e.g., spreaders, stickers, buffers, UV protectants, etc.)

Herbicides: There is a separate section for herbicides; there are spaces for two applications/page. The layout is similar to the other spray application, except there is no "Target" (we're assuming you're spraying for weeds) and no "Orchard Area Treated." This should be obvious from Q8 in Section II, which asked you about your ground cover management.

Cover Spray EXAMPLE

Date of Application <input type="checkbox"/> No summer spray treatment applied <input checked="" type="checkbox"/> Cover spray treatment on: <u>15 May</u> <div style="text-align: center;">(date)</div>	Orchard Area Treated <input checked="" type="checkbox"/> All rows (100%) <input type="checkbox"/> Borders only <input type="checkbox"/> Every other row (50%) <input type="checkbox"/> Other _____ % treated <div style="text-align: center;">(please specify)</div>
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Application Method <input type="checkbox"/> Engine-driven sprayer <input type="checkbox"/> Fertigation / Chemigation <input checked="" type="checkbox"/> PTO sprayer <input type="checkbox"/> Other _____ <input type="checkbox"/> Handgun <input checked="" type="checkbox"/> Aerial <i>Cythion</i>	Spray Volume/acre <input type="checkbox"/> <50 gal <input type="checkbox"/> 50 gal <input checked="" type="checkbox"/> 100 gal <input type="checkbox"/> 150 gal <input type="checkbox"/> 200 gal <input type="checkbox"/> 400 gal <input type="checkbox"/> Other _____
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Treatment Target Section: check one or more in each category.		
Insects/mites <input checked="" type="checkbox"/> Black cherry aphid <input type="checkbox"/> Cherry rust mite <input type="checkbox"/> Green soldier bug <input type="checkbox"/> leafminer <input checked="" type="checkbox"/> leafrollers <input type="checkbox"/> lecanium scale <input type="checkbox"/> San Jose scale <input type="checkbox"/> shothole borer <input type="checkbox"/> spider mites <input type="checkbox"/> stink bug <input checked="" type="checkbox"/> Western cherry fruit fly <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____	Diseases <input checked="" type="checkbox"/> Brown rot <input type="checkbox"/> Coryneum blight <input type="checkbox"/> Powdery mildew <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____	Nutrient disorders/Hort. conditions <input checked="" type="checkbox"/> Other <u>fruit firmness /</u> <u>reduced cracking</u>

Chemical Section: check one or more chemicals and write in amount applied per acre:					
Insecticides	Amount/Acre	Fungicides	Amount/Acre	Nutrients/PGRs	Amount/Acre
<input type="checkbox"/> Apollo		<input type="checkbox"/> Abound		<input checked="" type="checkbox"/> Other _____	
<input checked="" type="checkbox"/> Azinphos-methyl 50WP	1 Lb	<input type="checkbox"/> Benlate			
<input type="checkbox"/> Carbaryl 4L		<input checked="" type="checkbox"/> Captan 50WP	4 Lb		
<input checked="" type="checkbox"/> Cythion	1 pt	<input type="checkbox"/> Indar 25WSP			
<input checked="" type="checkbox"/> Diazinon 4EC	4 pt	<input type="checkbox"/> Orbit			
<input type="checkbox"/> Dimethoate 400		<input type="checkbox"/> micronized sulfur			
<input type="checkbox"/> Guthion 50WP		<input type="checkbox"/> Rally 40WP			
<input type="checkbox"/> Malathion 8EC		<input type="checkbox"/> Rovral 50W			
<input type="checkbox"/> Savey 50WP		<input type="checkbox"/> Rubigan 1EC			
<input type="checkbox"/> Sevin XLR		<input type="checkbox"/> Sulfurix			
<input type="checkbox"/> Sevin 50WP		<input type="checkbox"/> wettable sulfur			
<input type="checkbox"/> Success		<input type="checkbox"/> Other _____			
<input type="checkbox"/> Thiodan 50WP					
<input type="checkbox"/> Vendex 4F					
<input type="checkbox"/> Vendex 50WP					
<input type="checkbox"/> Bt* _____					
<input type="checkbox"/> Other _____					

* if you selected Bt as a treatment please write in the **product name** in addition to the amount/acre used.

Dormant Spray

Date of Application

- ☐ No dormant treatment applied
☐ Dormant treatment on: _____
(date)

Orchard Area Treated

- ☐ All rows (100%) ☐ Borders only
☐ Every other row (50%)
☐ Other _____ % treated
(please specify)

Application Method

- | | |
|---|--|
| <input type="checkbox"/> Engine-driven sprayer
<input type="checkbox"/> PTO sprayer
<input type="checkbox"/> Handgun
<input type="checkbox"/> Aerial | <input type="checkbox"/> Fertigation / Chemigation
<input type="checkbox"/> Other _____ |
|---|--|

Spray Volume/acre

- | | |
|--|---|
| <input type="checkbox"/> <50 gal
<input type="checkbox"/> 100 gal
<input type="checkbox"/> 200 gal
<input type="checkbox"/> Other _____ | <input type="checkbox"/> 50 gal
<input type="checkbox"/> 150 gal
<input type="checkbox"/> 400 gal |
|--|---|

Treatment Target Section: check one or more in each category:

Insects/mites

- ☐ Unknown
☐ Other _____

Diseases

- ☐ Coryneum blight
☐ Bacterial gummosis
☐ Unknown
☐ Other _____

Nutrient disorders/Hort. conditions

- ☐ zinc deficiency/maintenance
☐ Other _____

Chemical Section: check one or more and write in amount applied per acre:

<u>Insecticides</u>	<u>Amount/ Acre</u>	<u>Fungicides.</u>	<u>Amount/ Acre</u>	<u>Nutrients/PGRs</u>	<u>Amount/ Acre</u>
<input type="checkbox"/> Other: _____		<input type="checkbox"/> copper hydroxide		<input type="checkbox"/> zinc _____	
		<input type="checkbox"/> fixed copper		<input type="checkbox"/> Other: _____	
		<input type="checkbox"/> Other: _____			

Delayed Dormant Spray

Date of Application

- ☐ No delayed dormant treatment applied
☐ Dormant treatment on: _____
(date)

Orchard Area Treated

- ☐ All rows (100%) ☐ Borders only
☐ Every other row (50%)
☐ Other _____ % treated
(please specify)

Application Method

- ☐ Engine-driven sprayer ☐ Fertigation / Chemigation
☐ PTO sprayer ☐ Other _____
☐ Handgun
☐ Aerial

Spray Volume/acre

- ☐ <50 gal ☐ 50 gal
☐ 100 gal ☐ 150 gal
☐ 200 gal ☐ 400 gal
☐ Other _____

Treatment Target Section: check one or more in each category:

Insects/mites

- ☐ Black cherry aphid
☐ cutworms
☐ spider mites
☐ San Jose scale
☐ lecanium scale
☐ Unknown
☐ Other _____

Diseases

- ☐ Coryneum blight
☐ Unknown
☐ Other _____

Nutrient disorders/Hort. conditions

- ☐ boron deficiency/maintenance
☐ zinc deficiency/maintenance
☐ Other _____

Chemical Section: check one or more chemicals and write in amount applied per acre:

<u>Insecticides</u>	<u>Amount/ Acre</u>	<u>Fungicides</u>	<u>Amount/ Acre</u>	<u>Nutrients/PGRs</u>	<u>Amount/ Acre</u>
<input type="checkbox"/> Spray oil		<input type="checkbox"/> Bravo		<input type="checkbox"/> boron _____	
<input type="checkbox"/> Apollo		<input type="checkbox"/> Captan 50WP			
<input type="checkbox"/> Diazinon 50WP		<input type="checkbox"/> lime-sulfur		<input type="checkbox"/> zinc _____	
<input type="checkbox"/> Lorsban 4EC		<input type="checkbox"/> Other _____			
<input type="checkbox"/> Lorsban 50WP				<input type="checkbox"/> Other _____	
<input type="checkbox"/> Supracide 25WP					
<input type="checkbox"/> Thiodan 3EC					
<input type="checkbox"/> Thiodan 50WP					
<input type="checkbox"/> Vendex					
<input type="checkbox"/> Bt* _____					
<input type="checkbox"/> Other _____					

* if you selected Bt as a treatment please write in the **product name** in addition to the amount/acre used.

Pre-bloom Spray

Date of Application

- ☐ No pre-bloom treatment applied
☐ Pre-bloom treatment on: _____
(date)

Orchard Area Treated

- ☐ All rows (100%) ☐ Borders only
☐ Every other row (50%)
☐ Other _____ % treated
(please specify)

Application Method

- ☐ Engine-driven sprayer ☐ Fertigation / Chemigation
☐ PTO sprayer ☐ Other _____
☐ Handgun
☐ Aerial

Spray Volume/acre

- ☐ <50 gal ☐ 50 gal
☐ 100 gal ☐ 150 gal
☐ 200 gal ☐ 400 gal
☐ Other _____

Treatment Target Section: check one or more in each category:

Insects/mites

- ☐ Black cherry aphid
☐ Cherry rust mite
☐ cutworms
☐ Green soldier bug
☐ leafrollers
☐ lecanium scale
☐ mealybugs
☐ San Jose scale
☐ spider mites
☐ Unknown
☐ Other _____

Diseases

- ☐ Unknown
☐ Other _____

Nutrient disorders/Hort. conditions

- ☐ boron deficiency/maintenance
☐ K deficiency/maintenance
☐ Mg deficiency/maintenance
☐ N deficiency/maintenance
☐ P deficiency/maintenance
☐ zinc deficiency/maintenance
☐ Other _____

Chemical Section: check one or more chemicals and write in amount applied per acre:

<u>Insecticides</u>	<u>Amount/ Acre</u>	<u>Fungicides</u>	<u>Amount/ Acre</u>	<u>Nutrients/PGRs</u>	<u>Amount/ Acre</u>
<input type="checkbox"/> Diazinon 50WP		<input type="checkbox"/> Other _____		<input type="checkbox"/> boron _____	
<input type="checkbox"/> malathion _____					
<input type="checkbox"/> Thiodan 3EC				<input type="checkbox"/> urea _____	
<input type="checkbox"/> Thiodan 50WP					
<input type="checkbox"/> Other _____				<input type="checkbox"/> zinc _____	
				<input type="checkbox"/> NutraPhos Super K	
				<input type="checkbox"/> Sorba spray Mg	
				<input type="checkbox"/> Other _____	
				<input type="checkbox"/> Other _____	

Blossom Spray

Date of Application

- ☐ No blossom treatment applied
☐ Blossom treatment on: _____
(date)

Orchard Area Treated

- ☐ All rows (100%) ☐ Borders only
☐ Every other row (50%)
☐ Other _____ % treated
(please specify)

Application Method

- ☐ Engine-driven sprayer ☐ Fertigation / Chemigation
☐ PTO sprayer ☐ Other _____
☐ Handgun
☐ Aerial

Spray Volume/acre

- ☐ <50 gal ☐ 50 gal
☐ 100 gal ☐ 150 gal
☐ 200 gal ☐ 400 gal
☐ Other _____

Treatment Target Section: check one or more in each category:

Insects/mites

- ☐ Green soldier bug
☐ Unknown
☐ Other _____

Diseases

- ☐ Brown rot
☐ Powdery mildew
☐ Unknown
☐ Other _____

Nutrient disorders / Hort. conditions

- ☐ Other _____

Chemical Section: check one or more chemicals and write in amount applied per acre:

<u>Insecticides</u>	<u>Amount/ Acre</u>	<u>Fungicides</u>	<u>Amount/ Acre</u>	<u>Nutrients/PGRs</u>	<u>Amount/ Acre</u>
<input type="checkbox"/> Other _____		<input type="checkbox"/> Abound		<input type="checkbox"/> Other _____	
		<input type="checkbox"/> Captan 50WP			
		<input type="checkbox"/> Elite 45DF			
		<input type="checkbox"/> Indar 75WSP			
		<input type="checkbox"/> Orbit			
		<input type="checkbox"/> micronized sulfur			
		<input type="checkbox"/> Rally 40WP			
		<input type="checkbox"/> wettable sulfur			
		<input type="checkbox"/> Rovral 50W			
		<input type="checkbox"/> Other _____			

Petal Fall Spray

Date of Application

- ☐ No petal fall treatment applied
☐ Petal fall treatment on: _____
(date)

Orchard Area Treated

- ☐ All rows (100%) ☐ Borders only
☐ Every other row (50%)
☐ Other _____ % treated
(please specify)

Application Method

- ☐ Engine-driven sprayer ☐ Fertigation / Chemigation
☐ PTO sprayer ☐ Other _____
☐ Handgun
☐ Aerial

Spray Volume/acre

- ☐ <50 gal ☐ 50 gal
☐ 100 gal ☐ 150 gal
☐ 200 gal ☐ 400 gal
☐ Other _____

Treatment Target Section: check one or more in each category:

Insects/mites

- ☐ Black cherry aphid
☐ Cherry rust mite
☐ Green soldier bug
☐ leafroller
☐ Unknown
☐ Other _____

Diseases

- ☐ Brown rot
☐ Powdery mildew
☐ Unknown
☐ Other _____

Nutrient disorders/Hort. conditions

- ☐ boron deficiency/maintenance
☐ K deficiency/maintenance
☐ Mg deficiency/maintenance
☐ N deficiency/maintenance
☐ P deficiency/maintenance
☐ zinc deficiency/maintenance
☐ Other _____

Chemical Section: check one or more chemicals and write in amount applied per acre:

<u>Insecticides</u>	<u>Amount/ Acre</u>	<u>Fungicides</u>	<u>Amount/ Acre</u>	<u>Nutrients/PGRs</u>	<u>Amount/ Acre</u>
<input type="checkbox"/> Diazinon 4EC		<input type="checkbox"/> spray oil		<input type="checkbox"/> boron _____	
<input type="checkbox"/> malathion _____		<input type="checkbox"/> Abound			
<input type="checkbox"/> Success		<input type="checkbox"/> Elite		<input type="checkbox"/> urea _____	
<input type="checkbox"/> Thiodan 3EC		<input type="checkbox"/> Indar			
<input type="checkbox"/> Thiodan 50WP		<input type="checkbox"/> micronized sulfur		<input type="checkbox"/> zinc _____	
<input type="checkbox"/> Other _____		<input type="checkbox"/> Orbit			
		<input type="checkbox"/> Rubigan 1EC		<input type="checkbox"/> NutraPhos Super K	
		<input type="checkbox"/> wettable sulfur		<input type="checkbox"/> Sorba spray Mg	
		<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____	
				<input type="checkbox"/> Other _____	

Shuck-fall Spray

Date of Application

- ☐ No shuck-fall treatment applied
☐ Chemical thinning treatment on: _____
(date)

Orchard Area Treated

- ☐ All rows (100%) ☐ Borders only
☐ Every other row (50%)
☐ Other _____ % treated
(please specify)

Application Method

- ☐ Engine-driven sprayer ☐ Fertigation / Chemigation
☐ PTO sprayer ☐ Other _____
☐ Handgun
☐ Aerial

Spray Volume/acre

- ☐ <50 gal ☐ 50 gal
☐ 100 gal ☐ 150 gal
☐ 200 gal ☐ 400 gal
☐ Other _____

Treatment Target Section: check one or more in each category:

Insects/mites

- ☐ Black cherry aphid
☐ Green soldier bug
☐ White apple leafhopper
☐ Unknown
☐ Other _____

Diseases

- ☐ Brown rot
☐ Coryneum blight
☐ Powdery mildew
☐ Unknown
☐ Other _____

Nutrient disorders/Hort. conditions

- ☐ boron deficiency/maintenance
☐ K deficiency/maintenance
☐ Mg deficiency/maintenance
☐ zinc deficiency/maintenance
☐ Other _____

Chemical Section: check one or more chemicals and write in amount applied per acre:

<u>Insecticides</u>	<u>Amount/ Acre</u>	<u>Fungicides</u>	<u>Amount/ Acre</u>	<u>Nutrients/PGRs</u>	<u>Amount/ Acre</u>
<input type="checkbox"/> Diazinon 4EC		<input type="checkbox"/> spray oil		<input type="checkbox"/> boron _____	
<input type="checkbox"/> Ecozin 3%		<input type="checkbox"/> Abound			
<input type="checkbox"/> malathion _____		<input type="checkbox"/> Captan 50WP		<input type="checkbox"/> NutraPhos SuperK	
<input type="checkbox"/> Sevin 4F		<input type="checkbox"/> Elite 45DF		<input type="checkbox"/> Sorba Spray Mg	
<input type="checkbox"/> Sevin 50WP		<input type="checkbox"/> micronized sulfur		<input type="checkbox"/> zinc _____	
<input type="checkbox"/> Success		<input type="checkbox"/> Orbit			
<input type="checkbox"/> Thiodan 3EC		<input type="checkbox"/> Rally 40W		<input type="checkbox"/> Other _____	
<input type="checkbox"/> Thiodan 50WP		<input type="checkbox"/> Rubigan 1EC			
<input type="checkbox"/> Bt* _____		<input type="checkbox"/> wettable sulfur			
<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____			

* if you selected Bt as a treatment please write in the **product name** in addition to the amount/acre used.

Lt. Green Fruit Spray

Date of Application

- ☐ No lt.-green spray treatment applied
☐ Cover spray treatment on: _____
(date)

Orchard Area Treated

- ☐ All rows (100%) ☐ Borders only
☐ Every other row (50%)
☐ Other _____ % treated
(please specify)

Application Method

- ☐ Engine-driven sprayer ☐ Fertigation / Chemigation
☐ PTO sprayer ☐ Other _____
☐ Handgun
☐ Aerial

Spray Volume/acre

- ☐ <50 gal ☐ 50 gal
☐ 100 gal ☐ 150 gal
☐ 200 gal ☐ 400 gal
☐ Other _____

Treatment Target Section: check one or more in each category:

Insects/mites

- ☐ Black cherry aphid
☐ Cherry rust mite
☐ Green soldier bug
☐ leafrollers
☐ lecanium scale
☐ San Jose scale
☐ shothole borer
☐ spider mites
☐ stink bug
☐ Western cherry fruit fly
☐ Unknown
☐ Other _____

Diseases

- ☐ Brown rot
☐ Coryneum blight
☐ Powdery mildew
☐ Unknown
☐ Other _____

Nutrient disorders/Hort. conditions

- ☐ fruit firmness
☐ fruit sizing
☐ Other _____

Chemical Section: check one or more chemicals and write in amount applied per acre:

<u>Insecticides</u>	<u>Amount/ Acre</u>	<u>Fungicides</u>	<u>Amount/ Acre</u>	<u>Nutrients/PGRs</u>	<u>Amount/ Acre</u>
<input type="checkbox"/> azinphos-methyl 50WP		<input type="checkbox"/> spray oil		<input type="checkbox"/> gibberillic acid	
<input type="checkbox"/> Carbaryl 4L		<input type="checkbox"/> Abound			
<input type="checkbox"/> cythion		<input type="checkbox"/> Captan 50WP		<input type="checkbox"/> Other _____	
<input type="checkbox"/> Diazinon 4EC		<input type="checkbox"/> Indar 25WSP			
<input type="checkbox"/> Dimethoate 400		<input type="checkbox"/> Orbit			
<input type="checkbox"/> Guthion 50WP		<input type="checkbox"/> micronized sulfur			
<input type="checkbox"/> Malathion 8EC		<input type="checkbox"/> Rally 40WP			
<input type="checkbox"/> Sevin XLR		<input type="checkbox"/> Rovral 50W			
<input type="checkbox"/> Sevin 50WP		<input type="checkbox"/> Rubigan 1EC			
<input type="checkbox"/> Success		<input type="checkbox"/> Sulfurix			
<input type="checkbox"/> Thiodan 50WP		<input type="checkbox"/> wettable sulfur			
<input type="checkbox"/> Vendex 4F		<input type="checkbox"/> Other _____			
<input type="checkbox"/> Vendex 50WP					
<input type="checkbox"/> Bt* _____					
<input type="checkbox"/> Other _____					

* if you selected Bt as a treatment please write in the **product name** in addition to the amount/acre used.

Straw Fruit Spray

Date of Application

- ☐ No straw-fruit spray treatment applied
☐ Cover spray treatment on: _____
(date)

Orchard Area Treated

- ☐ All rows (100%) ☐ Borders only
☐ Every other row (50%)
☐ Other _____ % treated
(please specify)

Application Method

- ☐ Engine-driven sprayer ☐ Fertigation / Chemigation
☐ PTO sprayer ☐ Other _____
☐ Handgun
☐ Aerial

Spray Volume/acre

- ☐ <50 gal ☐ 50 gal
☐ 100 gal ☐ 150 gal
☐ 200 gal ☐ 400 gal
☐ Other _____

Treatment Target Section: check one or more in each category:

Insects/mites

- ☐ Black cherry aphid
☐ Cherry rust mite
☐ Green soldier bug
☐ leafrollers
☐ lecanium scale
☐ San Jose scale
☐ shothole borer
☐ spider mites
☐ stink bug
☐ Western cherry fruit fly
☐ Unknown
☐ Other _____

Diseases

- ☐ Brown rot
☐ Coryneum blight
☐ Powdery mildew
☐ Unknown
☐ Other _____

Nutrient disorders/Hort. conditions

- ☐ fruit firmness
☐ fruit sizing
☐ Other _____

Chemical Section: check one or more chemicals and write in amount applied per acre:

<u>Insecticides</u>	<u>Amount/ Acre</u>	<u>Fungicides</u>	<u>Amount/ Acre</u>	<u>Nutrients/PGRs</u>	<u>Amount/ Acre</u>
<input type="checkbox"/> azinphos-methyl 50WP		<input type="checkbox"/> spray oil		<input type="checkbox"/> gibberillic acid	
<input type="checkbox"/> Carbaryl 4L		<input type="checkbox"/> Abound			
<input type="checkbox"/> cythion		<input type="checkbox"/> Captan 50WP		<input type="checkbox"/> Other _____	
<input type="checkbox"/> Diazinon 4EC		<input type="checkbox"/> Indar 25WSP			
<input type="checkbox"/> Dimethoate 400		<input type="checkbox"/> Orbit			
<input type="checkbox"/> Guthion 50WP		<input type="checkbox"/> micronized sulfur			
<input type="checkbox"/> Malathion 8EC		<input type="checkbox"/> Rally 40WP			
<input type="checkbox"/> Sevin XLR		<input type="checkbox"/> Rovral 50W			
<input type="checkbox"/> Sevin 50WP		<input type="checkbox"/> Rubigan 1EC			
<input type="checkbox"/> Success		<input type="checkbox"/> Sulfurix			
<input type="checkbox"/> Thiodan 50WP		<input type="checkbox"/> wettable sulfur			
<input type="checkbox"/> Vendex 4F		<input type="checkbox"/> Other _____			
<input type="checkbox"/> Vendex 50WP					
<input type="checkbox"/> Bt* _____					
<input type="checkbox"/> Other _____					

* if you selected Bt as a treatment please write in the **product name** in addition to the amount/acre used.

1st Cover Spray

Date of Application

- ☐ No cover spray treatment applied
☐ Cover spray treatment on: _____
(date)

Orchard Area Treated

- ☐ All rows (100%) ☐ Borders only
☐ Every other row (50%)
☐ Other _____ % treated
(please specify)

Application Method

- ☐ Engine-driven sprayer ☐ Fertigation / Chemigation
☐ PTO sprayer ☐ Other _____
☐ Handgun
☐ Aerial

Spray Volume/acre

- ☐ <50 gal ☐ 50 gal
☐ 100 gal ☐ 150 gal
☐ 200 gal ☐ 400 gal
☐ Other _____

Treatment Target Section: check one or more in each category:

Insects/mites

- ☐ Black cherry aphid
☐ Cherry rust mite
☐ Green soldier bug
☐ leafminer
☐ leafrollers
☐ lecanium scale
☐ San Jose scale
☐ shothole borer
☐ spider mites
☐ stink bug
☐ Western cherry fruit fly
☐ Unknown
☐ Other _____

Diseases

- ☐ Brown rot
☐ Coryneum blight
☐ Powdery mildew
☐ Unknown
☐ Other _____

Nutrient disorders/Hort. conditions

- ☐ Other _____

Chemical Section: check one or more chemicals and write in amount applied per acre:

<u>Insecticides</u>	<u>Amount/ Acre</u>	<u>Fungicides</u>	<u>Amount/ Acre</u>	<u>Nutrients/PGRs</u>	<u>Amount/ Acre</u>
<input type="checkbox"/> Apollo		<input type="checkbox"/> spray oil			
<input type="checkbox"/> azinphos-methyl 50WP		<input type="checkbox"/> Abound		<input type="checkbox"/> Other _____	
<input type="checkbox"/> Carbaryl 4L		<input type="checkbox"/> Captan 50WP			
<input type="checkbox"/> cythion		<input type="checkbox"/> Indar 25WSP			
<input type="checkbox"/> Diazinon 4EC		<input type="checkbox"/> Orbit			
<input type="checkbox"/> Dimethoate 400		<input type="checkbox"/> micronized sulfur			
<input type="checkbox"/> Guthion 50WP		<input type="checkbox"/> Rally 40WP			
<input type="checkbox"/> Malathion 8EC		<input type="checkbox"/> Rovral 50W			
<input type="checkbox"/> Savey 50WP		<input type="checkbox"/> Rubigan 1EC			
<input type="checkbox"/> Sevin XLR		<input type="checkbox"/> Sulforix			
<input type="checkbox"/> Sevin 50WP		<input type="checkbox"/> wettable sulfur			
<input type="checkbox"/> Success		<input type="checkbox"/> Other _____			
<input type="checkbox"/> Thiodan 50WP					
<input type="checkbox"/> Vendex 4F					
<input type="checkbox"/> Vendex 50WP					
<input type="checkbox"/> Bt* _____					
<input type="checkbox"/> Other _____					

* if you selected Bt as a treatment please write in the **product name** in addition to the amount/acre used.

2nd Cover Spray

<u>Date of Application</u> <input type="checkbox"/> No cover spray treatment applied <input type="checkbox"/> Cover spray treatment on: _____ <div style="text-align: right;">(date)</div>	<u>Orchard Area Treated</u> <input type="checkbox"/> All rows (100%) <input type="checkbox"/> Borders only <input type="checkbox"/> Every other row (50%) <input type="checkbox"/> Other _____ % treated <div style="text-align: right;">(please specify)</div>
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<u>Application Method</u> <input type="checkbox"/> Engine-driven sprayer <input type="checkbox"/> Fertigation / Chemigation <input type="checkbox"/> PTO sprayer <input type="checkbox"/> Other _____ <input type="checkbox"/> Handgun <input type="checkbox"/> Aerial	<u>Spray Volume/acre</u> <input type="checkbox"/> <50 gal <input type="checkbox"/> 50 gal <input type="checkbox"/> 100 gal <input type="checkbox"/> 150 gal <input type="checkbox"/> 200 gal <input type="checkbox"/> 400 gal <input type="checkbox"/> Other _____
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Treatment Target Section: check one or more in each category:		
<u>Insects/mites</u> <input type="checkbox"/> Black cherry aphid <input type="checkbox"/> Cherry rust mite <input type="checkbox"/> Green soldier bug <input type="checkbox"/> leafminer <input type="checkbox"/> leafrollers <input type="checkbox"/> lecanium scale <input type="checkbox"/> San Jose scale <input type="checkbox"/> shothole borer <input type="checkbox"/> spider mites <input type="checkbox"/> stink bug <input type="checkbox"/> Western cherry fruit fly <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____	<u>Diseases</u> <input type="checkbox"/> Brown rot <input type="checkbox"/> Coryneum blight <input type="checkbox"/> Powdery mildew <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____	<u>Nutrient disorders/Hort. conditions</u> <input type="checkbox"/> Other _____

Chemical Section: check one or more chemicals and write in amount applied per acre:					
<u>Insecticides</u>	<u>Amount/Acre</u>	<u>Fungicides</u>	<u>Amount/Acre</u>	<u>Nutrients/PGRs</u>	<u>Amount/Acre</u>
<input type="checkbox"/> Apollo		<input type="checkbox"/> spray oil			
<input type="checkbox"/> azinphos-methyl 50WP		<input type="checkbox"/> Abound		<input type="checkbox"/> Other _____	
<input type="checkbox"/> Carbaryl 4L		<input type="checkbox"/> Captan 50WP			
<input type="checkbox"/> cythion		<input type="checkbox"/> Indar 25WSP			
<input type="checkbox"/> Diazinon 4EC		<input type="checkbox"/> Orbit			
<input type="checkbox"/> Dimethoate 400		<input type="checkbox"/> micronized sulfur			
<input type="checkbox"/> Guthion 50WP		<input type="checkbox"/> Rally 40WP			
<input type="checkbox"/> Malathion 8EC		<input type="checkbox"/> Rovral 50W			
<input type="checkbox"/> Savey 50WP		<input type="checkbox"/> Rubigan 1EC			
<input type="checkbox"/> Sevin XLR		<input type="checkbox"/> Sulforix			
<input type="checkbox"/> Sevin 50WP		<input type="checkbox"/> wettable sulfur			
<input type="checkbox"/> Success		<input type="checkbox"/> Other _____			
<input type="checkbox"/> Thiodan 50WP					
<input type="checkbox"/> Vendex 4F					
<input type="checkbox"/> Vendex 50WP					
<input type="checkbox"/> Bt* _____					
<input type="checkbox"/> Other _____					

* if you selected Bt as a treatment please write in the **product name** in addition to the amount/acre used.

3rd Cover Spray

<u>Date of Application</u> <input type="checkbox"/> No cover spray treatment applied <input type="checkbox"/> Cover spray treatment on: _____ <div style="text-align: right;">(date)</div>	<u>Orchard Area Treated</u> <input type="checkbox"/> All rows (100%) <input type="checkbox"/> Borders only <input type="checkbox"/> Every other row (50%) <input type="checkbox"/> Other _____ % treated <div style="text-align: right;">(please specify)</div>
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<u>Application Method</u> <input type="checkbox"/> Engine-driven sprayer <input type="checkbox"/> Fertigation / Chemigation <input type="checkbox"/> PTO sprayer <input type="checkbox"/> Other _____ <input type="checkbox"/> Handgun <input type="checkbox"/> Aerial	<u>Spray Volume/acre</u> <input type="checkbox"/> <50 gal <input type="checkbox"/> 50 gal <input type="checkbox"/> 100 gal <input type="checkbox"/> 150 gal <input type="checkbox"/> 200 gal <input type="checkbox"/> 400 gal <input type="checkbox"/> Other _____
---	---

Treatment Target Section: check one or more in each category:		
<u>Insects/mites</u> <input type="checkbox"/> Black cherry aphid <input type="checkbox"/> Cherry rust mite <input type="checkbox"/> Green soldier bug <input type="checkbox"/> leafminer <input type="checkbox"/> leafrollers <input type="checkbox"/> lecanium scale <input type="checkbox"/> San Jose scale <input type="checkbox"/> shothole borer <input type="checkbox"/> spider mites <input type="checkbox"/> stink bug <input type="checkbox"/> Western cherry fruit fly <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____	<u>Diseases</u> <input type="checkbox"/> Brown rot <input type="checkbox"/> Coryneum blight <input type="checkbox"/> Powdery mildew <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____	<u>Nutrient disorders/Hort. conditions</u> <input type="checkbox"/> Other _____

Chemical Section: check one or more chemicals and write in amount applied per acre:					
<u>Insecticides</u>	<u>Amount/Acre</u>	<u>Fungicides</u>	<u>Amount/Acre</u>	<u>Nutrients/PGRs</u>	<u>Amount/Acre</u>
<input type="checkbox"/> Apollo		<input type="checkbox"/> spray oil			
<input type="checkbox"/> azinphos-methyl 50WP		<input type="checkbox"/> Abound		<input type="checkbox"/> Other _____	
<input type="checkbox"/> Carbaryl 4L		<input type="checkbox"/> Captan 50WP			
<input type="checkbox"/> cythion		<input type="checkbox"/> Indar 25WSP			
<input type="checkbox"/> Diazinon 4EC		<input type="checkbox"/> Orbit			
<input type="checkbox"/> Dimethoate 400		<input type="checkbox"/> micronized sulfur			
<input type="checkbox"/> Guthion 50WP		<input type="checkbox"/> Rally 40WP			
<input type="checkbox"/> Malathion 8EC		<input type="checkbox"/> Rovral 50W			
<input type="checkbox"/> Savey 50WP		<input type="checkbox"/> Rubigan 1EC			
<input type="checkbox"/> Sevin XLR		<input type="checkbox"/> Sulforix			
<input type="checkbox"/> Sevin 50WP		<input type="checkbox"/> wettable sulfur			
<input type="checkbox"/> Success		<input type="checkbox"/> Other _____			
<input type="checkbox"/> Thiodan 50WP					
<input type="checkbox"/> Vendex 4F					
<input type="checkbox"/> Vendex 50WP					
<input type="checkbox"/> Bt* _____					
<input type="checkbox"/> Other _____					

* if you selected Bt as a treatment please write in the **product name** in addition to the amount/acre used.

4th Cover Spray

Date of Application

- ☐ No cover spray treatment applied
☐ Cover spray treatment on: _____
(date)

Orchard Area Treated

- ☐ All rows (100%) ☐ Borders only
☐ Every other row (50%)
☐ Other _____ % treated
(please specify)

Application Method

- ☐ Engine-driven sprayer ☐ Fertigation / Chemigation
☐ PTO sprayer ☐ Other _____
☐ Handgun
☐ Aerial

Spray Volume/acre

- ☐ <50 gal ☐ 50 gal
☐ 100 gal ☐ 150 gal
☐ 200 gal ☐ 400 gal
☐ Other _____

Treatment Target Section: check one or more in each category:

Insects/mites

- ☐ Black cherry aphid
☐ Cherry rust mite
☐ Green soldier bug
☐ leafminer
☐ leafrollers
☐ lecanium scale
☐ San Jose scale
☐ shothole borer
☐ spider mites
☐ stink bug
☐ Western cherry fruit fly
☐ Unknown
☐ Other _____

Diseases

- ☐ Brown rot
☐ Coryneum blight
☐ Powdery mildew
☐ Unknown
☐ Other _____

Nutrient disorders/Hort. conditions

- ☐ Other _____

Chemical Section: check one or more chemicals and write in amount applied per acre:

<u>Insecticides</u>	<u>Amount/ Acre</u>	<u>Fungicides</u>	<u>Amount/ Acre</u>	<u>Nutrients/PGRs</u>	<u>Amount/ Acre</u>
<input type="checkbox"/> Apollo		<input type="checkbox"/> spray oil			
<input type="checkbox"/> azinphos-methyl 50WP		<input type="checkbox"/> Abound		<input type="checkbox"/> Other _____	
<input type="checkbox"/> Carbaryl 4L		<input type="checkbox"/> Captan 50WP			
<input type="checkbox"/> cythion		<input type="checkbox"/> Indar 25WSP			
<input type="checkbox"/> Diazinon 4EC		<input type="checkbox"/> Orbit			
<input type="checkbox"/> Dimethoate 400		<input type="checkbox"/> micronized sulfur			
<input type="checkbox"/> Guthion 50WP		<input type="checkbox"/> Rally 40WP			
<input type="checkbox"/> Malathion 8EC		<input type="checkbox"/> Rovral 50W			
<input type="checkbox"/> Savey 50WP		<input type="checkbox"/> Rubigan 1EC			
<input type="checkbox"/> Sevin XLR		<input type="checkbox"/> Sulforix			
<input type="checkbox"/> Sevin 50WP		<input type="checkbox"/> wettable sulfur			
<input type="checkbox"/> Success		<input type="checkbox"/> Other _____			
<input type="checkbox"/> Thiodan 50WP					
<input type="checkbox"/> Vendex 4F					
<input type="checkbox"/> Vendex 50WP					
<input type="checkbox"/> Bt* _____					
<input type="checkbox"/> Other _____					

* if you selected Bt as a treatment please write in the **product name** in addition to the amount/acre used.

5th Cover Spray

<u>Date of Application</u> <input type="checkbox"/> No cover spray treatment applied <input type="checkbox"/> Cover spray treatment on: _____ <div style="text-align: right;">(date)</div>	<u>Orchard Area Treated</u> <input type="checkbox"/> All rows (100%) <input type="checkbox"/> Borders only <input type="checkbox"/> Every other row (50%) <input type="checkbox"/> Other _____ % treated <div style="text-align: right;">(please specify)</div>
--	--

<u>Application Method</u> <input type="checkbox"/> Engine-driven sprayer <input type="checkbox"/> Fertigation / Chemigation <input type="checkbox"/> PTO sprayer <input type="checkbox"/> Other _____ <input type="checkbox"/> Handgun <input type="checkbox"/> Aerial	<u>Spray Volume/acre</u> <input type="checkbox"/> <50 gal <input type="checkbox"/> 50 gal <input type="checkbox"/> 100 gal <input type="checkbox"/> 150 gal <input type="checkbox"/> 200 gal <input type="checkbox"/> 400 gal <input type="checkbox"/> Other _____
---	---

Treatment Target Section: check one or more in each category:		
<u>Insects/mites</u> <input type="checkbox"/> Black cherry aphid <input type="checkbox"/> Cherry rust mite <input type="checkbox"/> Green soldier bug <input type="checkbox"/> leafminer <input type="checkbox"/> leafrollers <input type="checkbox"/> lecanium scale <input type="checkbox"/> San Jose scale <input type="checkbox"/> shothole borer <input type="checkbox"/> spider mites <input type="checkbox"/> stink bug <input type="checkbox"/> Western cherry fruit fly <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____	<u>Diseases</u> <input type="checkbox"/> Brown rot <input type="checkbox"/> Coryneum blight <input type="checkbox"/> Powdery mildew <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____	<u>Nutrient disorders/Hort. conditions</u> <input type="checkbox"/> Other _____

Chemical Section: check one or more chemicals and write in amount applied per acre:					
<u>Insecticides</u>	<u>Amount/Acre</u>	<u>Fungicides</u>	<u>Amount/Acre</u>	<u>Nutrients/PGRs</u>	<u>Amount/Acre</u>
<input type="checkbox"/> Apollo		<input type="checkbox"/> spray oil			
<input type="checkbox"/> azinphos-methyl 50WP		<input type="checkbox"/> Abound		<input type="checkbox"/> Other _____	
<input type="checkbox"/> Carbaryl 4L		<input type="checkbox"/> Captan 50WP			
<input type="checkbox"/> cythion		<input type="checkbox"/> Indar 25WSP			
<input type="checkbox"/> Diazinon 4EC		<input type="checkbox"/> Orbit			
<input type="checkbox"/> Dimethoate 400		<input type="checkbox"/> micronized sulfur			
<input type="checkbox"/> Guthion 50WP		<input type="checkbox"/> Rally 40WP			
<input type="checkbox"/> Malathion 8EC		<input type="checkbox"/> Rovral 50W			
<input type="checkbox"/> Savey 50WP		<input type="checkbox"/> Rubigan 1EC			
<input type="checkbox"/> Sevin XLR		<input type="checkbox"/> Sulforix			
<input type="checkbox"/> Sevin 50WP		<input type="checkbox"/> wettable sulfur			
<input type="checkbox"/> Success		<input type="checkbox"/> Other _____			
<input type="checkbox"/> Thiodan 50WP					
<input type="checkbox"/> Vendex 4F					
<input type="checkbox"/> Vendex 50WP					
<input type="checkbox"/> Bt* _____					
<input type="checkbox"/> Other _____					

* if you selected Bt as a treatment please write in the **product name** in addition to the amount/acre used.

Pre-Harvest Spray

Date of Application

- ☐ No pre-harvest spray treatment applied
☐ Pre-harvest spray treatment on: _____
(date)

Orchard Area Treated

- ☐ All rows (100%) ☐ Borders only
☐ Every other row (50%)
☐ Other _____ % treated
(please specify)

Application Method

- ☐ Engine-driven sprayer ☐ Fertigation / Chemigation
☐ PTO sprayer ☐ Other _____
☐ Handgun
☐ Aerial

Spray Volume/acre

- ☐ <50 gal ☐ 50 gal
☐ 100 gal ☐ 150 gal
☐ 200 gal ☐ 400 gal
☐ Other _____

Treatment Target Section: check one or more in each category:

Insects/mites

- ☐ grasshoppers
☐ Green soldier bugs
☐ Western cherry fruit fly
☐ Unknown
☐ Other _____

Diseases

- ☐ Brown rot
☐ Powdery mildew
☐ Other _____

Nutrient disorders/Hort. conditions

- ☐ fruit firmness
☐ Other _____

Chemical Section: check one or more chemicals and write in amount applied per acre:

<u>Insecticides</u>	<u>Amount/ Acre</u>	<u>Fungicides</u>	<u>Amount/ Acre</u>	<u>Nutrients/PGRs</u>	<u>Amount/ Acre</u>
<input type="checkbox"/> Cythion		<input type="checkbox"/> Abound		<input type="checkbox"/> calcium chloride	
<input type="checkbox"/> malathion _____		<input type="checkbox"/> Benlate		<input type="checkbox"/> Other _____	
<input type="checkbox"/> Pyrenone		<input type="checkbox"/> Elite 45DF			
<input type="checkbox"/> Sevin 4F		<input type="checkbox"/> Indar			
<input type="checkbox"/> Success		<input type="checkbox"/> micronized sulfur			
<input type="checkbox"/> Other _____		<input type="checkbox"/> Orbit			
		<input type="checkbox"/> Rally 40W			
		<input type="checkbox"/> Rubigan 1EC			
		<input type="checkbox"/> Sulforix			
		<input type="checkbox"/> Other _____			

Harvest Spray

Date of Application

- ☐ No pre-harvest spray treatment applied
☐ Pre-harvest spray treatment on: _____
(date)

Orchard Area Treated

- ☐ All rows (100%) ☐ Borders only
☐ Every other row (50%)
☐ Other _____ % treated
(please specify)

Application Method

- ☐ Engine-driven sprayer ☐ Fertigation / Chemigation
☐ PTO sprayer ☐ Other _____
☐ Handgun
☐ Aerial

Spray Volume/acre

- ☐ <50 gal ☐ 50 gal
☐ 100 gal ☐ 150 gal
☐ 200 gal ☐ 400 gal
☐ Other _____

Treatment Target Section: check one or more in each category:

Insects/mites

- ☐ grasshoppers
☐ Green soldier bugs
☐ Western cherry fruit fly
☐ Unknown
☐ Other _____

Diseases

- ☐ Brown rot
☐ Powdery mildew
☐ Other _____

Nutrient disorders/Hort. conditions

- ☐ fruit firmness
☐ Other _____

Chemical Section: check one or more chemicals and write in amount applied per acre:

<u>Insecticides</u>	<u>Amount/ Acre</u>	<u>Fungicides</u>	<u>Amount/ Acre</u>	<u>Nutrients/PGRs</u>	<u>Amount/ Acre</u>
<input type="checkbox"/> Cythion		<input type="checkbox"/> Abound		<input type="checkbox"/> calcium chloride	
<input type="checkbox"/> malathion _____		<input type="checkbox"/> Benlate		<input type="checkbox"/> Other _____	
<input type="checkbox"/> Pyrenone		<input type="checkbox"/> Elite 45DF			
<input type="checkbox"/> Sevin 4F		<input type="checkbox"/> Indar			
<input type="checkbox"/> Success		<input type="checkbox"/> micronized sulfur			
<input type="checkbox"/> Other _____		<input type="checkbox"/> Orbit			
		<input type="checkbox"/> Rally 40W			
		<input type="checkbox"/> Rubigan 1EC			
		<input type="checkbox"/> Sulforix			
		<input type="checkbox"/> Other _____			

1st Post-Harvest Spray

Date of Application

- ☐ No post-harvest spray treatment applied
☐ post-harvest spray treatment on: _____
(date)

Orchard Area Treated

- ☐ All rows (100%) ☐ Borders only
☐ Every other row (50%)
☐ Other _____ % treated
(please specify)

Application Method

- ☐ Engine-driven sprayer ☐ Fertigation / Chemigation
☐ PTO sprayer ☐ Other _____
☐ Handgun
☐ Aerial

Spray Volume/acre

- ☐ <50 gal ☐ 50 gal
☐ 100 gal ☐ 150 gal
☐ 200 gal ☐ 400 gal
☐ Other _____

Treatment Target Section: check one or more in each category:

Insects/mites

- ☐ Green soldier bug
☐ leafrollers
☐ shothole borer
☐ spider mites
☐ Western cherry fruit fly
☐ Unknown
☐ Other _____

Diseases

- ☐ Coryneum blight
☐ Powdery mildew
☐ Unknown
☐ Other _____

Nutrient disorders/Hort. conditions

- ☐ Other _____

Chemical Section: check one or more chemicals and write in amount applied per acre:

<u>Insecticides</u>	<u>Amount / Acre</u>	<u>Fungicides</u>	<u>Amount / Acre</u>	<u>Nutrients/PGRs</u>	<u>Amount / Acre</u>
<input type="checkbox"/> Spray oil		<input type="checkbox"/> Spray oil		<input type="checkbox"/> Other _____	
<input type="checkbox"/> azinphos-methyl 50WP		<input type="checkbox"/> Captan			
<input type="checkbox"/> Dimethoate 400		<input type="checkbox"/> Sulfurix			
<input type="checkbox"/> Guthion 50WP		<input type="checkbox"/> Other _____			
<input type="checkbox"/> Omite					
<input type="checkbox"/> Thiodan 50WP					
<input type="checkbox"/> Vendex 50WP					
<input type="checkbox"/> Bt* _____					
<input type="checkbox"/> Other _____					

* if you selected Bt as a treatment please write in the **product name** in addition to the amount/acre used.

2nd Post-Harvest Spray

Date of Application

- ☐ No post-harvest spray treatment applied
☐ post-harvest spray treatment on: _____
(date)

Orchard Area Treated

- ☐ All rows (100%) ☐ Borders only
☐ Every other row (50%)
☐ Other _____ % treated
(please specify)

Application Method

- ☐ Engine-driven sprayer ☐ Fertigation / Chemigation
☐ PTO sprayer ☐ Other _____
☐ Handgun
☐ Aerial

Spray Volume/acre

- ☐ <50 gal ☐ 50 gal
☐ 100 gal ☐ 150 gal
☐ 200 gal ☐ 400 gal
☐ Other _____

Treatment Target Section: check one or more in each category:

Insects/mites

- ☐ Green soldier bug
☐ leafrollers
☐ shothole borer
☐ spider mites
☐ Western cherry fruit fly
☐ Unknown
☐ Other _____

Diseases

- ☐ Coryneum blight
☐ Powdery mildew
☐ Unknown
☐ Other _____

Nutrient disorders/Hort. conditions

- ☐ Other _____

Chemical Section: check one or more chemicals and write in amount applied per acre:

<u>Insecticides</u>	<u>Amount / Acre</u>	<u>Fungicides</u>	<u>Amount / Acre</u>	<u>Nutrients/PGRs</u>	<u>Amount / Acre</u>
<input type="checkbox"/> Spray oil		<input type="checkbox"/> Spray oil		<input type="checkbox"/> Other _____	
<input type="checkbox"/> azinphos-methyl 50WP		<input type="checkbox"/> Captan			
<input type="checkbox"/> Dimethoate 400		<input type="checkbox"/> Sulfurix			
<input type="checkbox"/> Guthion 50WP		<input type="checkbox"/> Other _____			
<input type="checkbox"/> Omite					
<input type="checkbox"/> Thiodan 50WP					
<input type="checkbox"/> Vendex 50WP					
<input type="checkbox"/> Bt* _____					
<input type="checkbox"/> Other _____					

* if you selected Bt as a treatment please write in the **product name** in addition to the amount/acre used.

3rd Post-Harvest Spray

Date of Application

- ☐ No post-harvest spray treatment applied
☐ post-harvest spray treatment on: _____
(date)

Orchard Area Treated

- ☐ All rows (100%) ☐ Borders only
☐ Every other row (50%)
☐ Other _____ % treated
(please specify)

Application Method

- ☐ Engine-driven sprayer ☐ Fertigation / Chemigation
☐ PTO sprayer ☐ Other _____
☐ Handgun
☐ Aerial

Spray Volume/acre

- ☐ <50 gal ☐ 50 gal
☐ 100 gal ☐ 150 gal
☐ 200 gal ☐ 400 gal
☐ Other _____

Treatment Target Section: check one or more in each category:

Insects/mites

- ☐ Green soldier bug
☐ leafrollers
☐ shothole borer
☐ spider mites
☐ Western cherry fruit fly
☐ Unknown
☐ Other _____

Diseases

- ☐ Coryneum blight
☐ Powdery mildew
☐ Unknown
☐ Other _____

Nutrient disorders/Hort. conditions

- ☐ Other _____

Chemical Section: check one or more chemicals and write in amount applied per acre:

<u>Insecticides</u>	<u>Amount / Acre</u>	<u>Fungicides</u>	<u>Amount / Acre</u>	<u>Nutrients/PGRs</u>	<u>Amount / Acre</u>
<input type="checkbox"/> Spray oil		<input type="checkbox"/> Spray oil		<input type="checkbox"/> Other _____	
<input type="checkbox"/> azinphos-methyl 50WP		<input type="checkbox"/> Captan			
<input type="checkbox"/> Dimethoate 400		<input type="checkbox"/> Sulfurix			
<input type="checkbox"/> Guthion 50WP		<input type="checkbox"/> Other _____			
<input type="checkbox"/> Omite					
<input type="checkbox"/> Thiodan 50WP					
<input type="checkbox"/> Vendex 50WP					
<input type="checkbox"/> Bt* _____					
<input type="checkbox"/> Other _____					

* if you selected Bt as a treatment please write in the **product name** in addition to the amount/acre used.

Herbicides: Pre-bloom

Date of Application

- ☐ No pre-bloom herbicide applied
☐ Pre bloom herbicide on: _____
(date)

Application Method

- ☐ Boom sprayer
☐ Other _____

Spray Volume/acre

- ☐ <50 gal
☐ 100 gal
☐ Other _____

Chemical Section: check one or more chemicals and write in amount applied per acre:

<u>Herbicides</u>	<u>Amount/ Acre</u>	<u>Herbicides (cont.)</u>	<u>Amount/ Acre</u>	<u>Herbicides (cont.)</u>	<u>Amount/ Acre</u>
<input type="checkbox"/> Casaron		<input type="checkbox"/> Round-up		<input type="checkbox"/> Touchdown	
<input type="checkbox"/> Goal 2XL		<input type="checkbox"/> Solicam DF		<input type="checkbox"/> Weedar 64	
<input type="checkbox"/> Gramoxone		<input type="checkbox"/> Surflan AS		<input type="checkbox"/> Other _____	
<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____	

Herbicides: Summer (#1)

Date of Application

- ☐ No summer herbicide applied
☐ Summer herbicide on: _____
(date)

Application Method

- ☐ Boom sprayer
☐ Other _____

Spray Volume/acre

- ☐ 20 gal
☐ 40 gal
☐ Other _____
- ☐ 30 gal
☐ 50 gal

Chemical Section: check one or more chemicals and write in amount applied per acre:

<u>Herbicides</u>	<u>Amount/ Acre</u>	<u>Herbicides (cont.)</u>	<u>Amount/ Acre</u>	<u>Herbicides (cont.)</u>	<u>Amount/ Acre</u>
<input type="checkbox"/> Gramoxone		<input type="checkbox"/> Round-up		<input type="checkbox"/> Rely	
<input type="checkbox"/> Weedar 64		<input type="checkbox"/> Touchdown		<input type="checkbox"/> Other _____	

Herbicides: Summer (#2)

Date of Application

- ☐ No summer herbicide applied
☐ Summer herbicide on: _____
(date)

Application Method

- ☐ Boom sprayer
☐ Other _____

Spray Volume/acre

- ☐ 20 gal ☐ 30 gal
☐ 40 gal ☐ 50 gal
☐ Other _____

Chemical Section: check one or more chemicals and write in amount applied per acre:

<u>Herbicides</u>	<u>Amount/ Acre</u>	<u>Herbicides (cont.)</u>	<u>Amount/ Acre</u>	<u>Herbicides (cont.)</u>	<u>Amount/ Acre</u>
<input type="checkbox"/> Gramoxone		<input type="checkbox"/> Round-up		<input type="checkbox"/> Rely	
<input type="checkbox"/> Weedar 64		<input type="checkbox"/> Touchdown		<input type="checkbox"/> Other _____	

Herbicides: Post-harvest

Date of Application

- ☐ No post-harvest herbicide applied
☐ Post-harvest herbicide on: _____
(date)

Application Method

- ☐ Boom sprayer
☐ Other _____

Spray Volume/acre

- ☐ <50 gal
☐ 100 gal
☐ Other _____

Chemical Section: check one or more chemicals and write in amount applied per acre:

<u>Herbicides</u>	<u>Amount/ Acre</u>	<u>Herbicides (cont.)</u>	<u>Amount/ Acre</u>	<u>Herbicides (cont.)</u>	<u>Amount/ Acre</u>
<input type="checkbox"/> Casaron		<input type="checkbox"/> Round-up		<input type="checkbox"/> Touchdown	
<input type="checkbox"/> Goal 2XL		<input type="checkbox"/> Solicam DF		<input type="checkbox"/> Weedar 64	
<input type="checkbox"/> Gramoxone		<input type="checkbox"/> Surflan AS		<input type="checkbox"/> Other _____	
<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____	