

Site Visit Check List

(Take AgriLife Card, MG shirt or badge)

Problem Reported: _____

Person Conducting Visit: _____



Date: _____

Contact Name: _____

Contact Phone #: _____

Contact Email: _____

Address: _____

SUPPLIES NEEDED: *Camera * *2ft Screwdriver ZipLock Bags

*If possible, a water meter, ph tester and thermometer for soil temperature *Educational Material Related to Problem

OBSERVATIONS: *Similar issues with neighbors _____

SITE OBSERVATIONS:

Area: Examples: Sloped, Low Area, Shaded, Near Concrete

Diseases: Describe Pattern of Presenting Symptoms: Blooms, Leaves, Stems, Roots, Trunk

Insects: Describe observations of sucking or chewing damage, Check under leaves, Shake plants over paper, On plant or in soil, Nocturnal

Pesticides: List any applications in the past 6 months (herbicides, insecticides, fungicide)

Pictures: Affected Area, Normal area by affected area, Overview of entire area

Soil Moisture: Adequate, Dry All, Dry Top Soil, Excess Moisture

Surface: Bare, Good Coverage, Compacted, Rocky, Weed ID or picture

Samples: (separate bags for each) Affected Area, Normal Area

Collect Tissue in varying degrees of impact: Max Impact, Med, Impact, Early Impact, Appears Normal

Recommendations: BE CERTAIN: Correctly ID plant; symptoms must exactly match research data Always be sure of recommendation, If NOT Certain, tell them, An expert will analyze the information and get back to you as soon as possible."

Additional Notes: