



# Crop Disease and Insect Scouting Checklist

## Field Observation - General

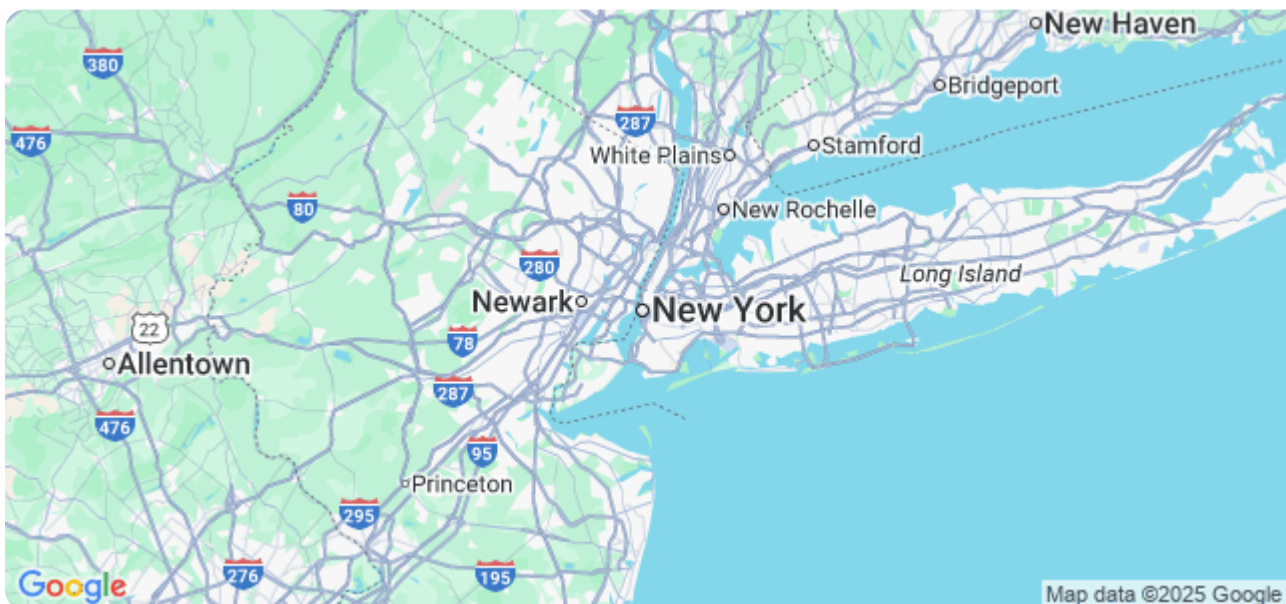
Initial assessment of the field's overall health and potential issues.

### Observation Date

### Observation Time

### GPS Coordinates (Optional)

 [Set My Current Location](#)



### Overall Field Condition

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

### Air Temperature (°C)

Enter a number...

### Soil Moisture (Visual Estimate - 1-5 scale, 1=Dry, 5=Saturated)

Enter a number...

### General Comments/Initial Impressions

Write something...

## Crop Stand & Vigor

Evaluating plant density, growth rate, and overall health of the crop.

### Plant Density (plants/acre)

Enter a number...

### Uniformity of Emergence

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

### Average Plant Height (inches)

Enter a number...

### Overall Crop Vigor

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

### Detailed Observations on Crop Stand and Vigor

Write something...

## Leaf/Stem Symptoms

Detailed inspection for signs of disease or insect damage on leaves and stems (spots, lesions, discoloration, insect presence).

### Leaf Spot Type

- ☐ Absent
- ☐ Small, Scattered
- ☐ Large, Numerous
- ☐ Irregular Shape
- ☐ Circular

### Stem Lesion Presence

- ☐ Absent
- ☐ Small, Localized
- ☐ Extensive, Girdling

### Number of Lesions per Leaf (Representative Sample)

Enter a number...

### Detailed Description of Symptoms

Write something...

### Photo of Leaf/Stem Symptoms

 Upload File

### Discoloration Observed

- ☐ None
- ☐ Yellowing
- ☐ Browning
- ☐ Reddening
- ☐ Purpling

## Root Inspection (Representative Samples)

Examination of root systems for signs of soilborne diseases, nematodes, or root damage. -

\*Only inspect a limited number of plants\*.

### Number of Plants Inspected

### Root Health Assessment

- ☐ Healthy
- ☐ Slight Discoloration
- ☐ Significant Discoloration
- ☐ Galls/Lesions Present
- ☐ Rot/Decay Present

### Detailed Root Description

### Potential Root Diseases/Pests (Check all that apply)

- ☐ Nematodes
- ☐ Fusarium Root Rot
- ☐ Rhizoctonia
- ☐ Pythium
- ☐ Root Gall
- ☐ Other (Specify)

If 'Other' specified above, describe:

Write something...

## Insect Identification & Counts

Identification of insect species present, estimating population levels, and assessing potential damage.

### Insect Species 1

- ☐ Aphids
- ☐ Caterpillars
- ☐ Beetles
- ☐ Thrips
- ☐ Grasshoppers
- ☐ Unknown

Count of Insect Species 1 (per plant/sq ft)

Enter a number...

### Insect Species 2

- ☐ Aphids
- ☐ Caterpillars
- ☐ Beetles
- ☐ Thrips
- ☐ Grasshoppers
- ☐ Unknown

### Count of Insect Species 2 (per plant/sq ft)

Enter a number...

### Additional Notes on Insect Activity

Write something...

### Insect Photo (Optional)

 Upload File

## Weed Identification & Density

Identification of weed species present and assessment of their density and impact on the crop.

### Dominant Weed Species Present

- ☐ Broadleaf Pigweed
- ☐ Annual Bluegrass
- ☐ Common Lambsquarters
- ☐ Foxtail
- ☐ Velvetleaf
- ☐ None Observed

### Estimated Weed Density (plants/sq meter)

Enter a number...

### Description of Weed Distribution (e.g., patchy, uniform)

Write something...

### Weed Size/Growth Stage (Approximate)

- ☐ Seedling
- ☐ Small (2-4 inches)
- ☐ Medium (4-8 inches)
- ☐ Large (8+ inches)

### Photo Evidence of Weed Infestation (Optional)

 Upload File

## Environmental Conditions



Record temperature, humidity, rainfall, and other relevant environmental factors that may influence disease or pest development.

### Scouting Date

### Time of Scouting

### Air Temperature (°C/°F)

### Soil Temperature (°C/°F)

### Relative Humidity (%)

### Weather Conditions

- ☐ Sunny
- ☐ Cloudy
- ☐ Rainy
- ☐ Overcast
- ☐ Foggy

### Wind Speed (km/h or mph)

Write something...

## Action Taken / Recommendations

Document any immediate actions taken (e.g., spot treatment) and recommendations for further management.

### Immediate Action Taken?

- ☐ None
- ☐ Spot Treatment (specify product)
- ☐ Increased Irrigation
- ☐ Adjusted Fertilization
- ☐ Other (Specify)

### Details of Spot Treatment (if applicable)

Write something...

### Application Rate (if applicable)

Enter a number...

### Date of Action Taken

Enter date...

### Specific Recommendations for Future Management

Write something...

### Recommended Follow-Up Actions

- ☐ Soil Sample
- ☐ Leaf Tissue Sample
- ☐ Insect Identification
- ☐ Consult with Agronomist

### Next Scouting Date

Enter date...

## Follow-Up Date

Schedule a date to return and re-evaluate the field conditions.

### Next Scouting Date

Enter date...

### Preferred Scouting Time (Optional)

### Days Until Next Scouting (Estimate)

Enter a number...

**Scouting Priority Level**

- ☐ High
- ☐ Medium
- ☐ Low

**Notes for Follow-Up (Optional)**

Write something...