

# Daily Crop Scouting Report (Specific Crop) Checklist

#### **Date & Location**

Record the date and precise location of the scouting effort.

| Scouting Date     |                           |  |
|-------------------|---------------------------|--|
| Enter date        |                           |  |
|                   |                           |  |
| Scouting Start Ti | ne                        |  |
|                   | (Ontinual)                |  |
| GPS Coordinates   | Set My Current Location   |  |
|                   | V Set My Garrent Eocation |  |
|                   |                           |  |
|                   |                           |  |
|                   |                           |  |
|                   |                           |  |
|                   |                           |  |
|                   |                           |  |
|                   |                           |  |
|                   |                           |  |

| Field Name/ID  |  |
|--|--|
| Write something  |  |
|  |  |
| Block/Section (if applicable)  |  |
| Write something  |  |
| Row/Aisle Number (if applicable)                                       |  |
| Write something  |  |
|  |  |
|  |  |
| eather Conditions  |  |
|  | , wind speed, and any unusual weather. |
| te temperature, precipitation, humidity,                               | , wind speed, and any unusual weather. |
| te temperature, precipitation, humidity,                               | , wind speed, and any unusual weather. |
| te temperature, precipitation, humidity,  Date of Scouting             | , wind speed, and any unusual weather. |
| te temperature, precipitation, humidity,  Date of Scouting  Enter date | , wind speed, and any unusual weather. |
| Date of Scouting  Enter date  Time of Scouting                         | , wind speed, and any unusual weather. |
| Date of Scouting  Enter date  Time of Scouting                         | , wind speed, and any unusual weather. |
| Date of Scouting  Enter date  Time of Scouting  Temperature (°C/°F)    | , wind speed, and any unusual weather. |
| Date of Scouting  Enter date  Time of Scouting  Temperature (°C/°F)    | , wind speed, and any unusual weather. |

| Wind Speed (km/h or mph)  |
|---|
| Enter a number  |
|   |
| Precipitation   |
| None  |
| Light Drizzle   |
| Moderate Rain   |
| Heavy Rain  |
| Snow  |
|   |
|   |
| Cloud Cover   |
| Clear   |
| Few Clouds  |
| Scattered Clouds  |
| ☐ Broken Clouds   |
| Overcast  |
|   |
|   |
| Overall Crop Health Assessment  |
| A general impression of the crop's condition. Note any widespread issues. |
| General Vigor Assessment  |
| ☐ Excellent   |
| Good  |
| ☐ Fair  |
| Poor  |
| ☐ Very Poor   |
|   |

| Description of Overall Appearance                 |   |
|---|---|
| Write something                                   |   |
|   |   |
|   |   |
| Percentage of Plants Exhibiting Stress (Estimate) |   |
| Enter a number                                    | ) |
|   |   |
| Leaf Coloration (if applicable)                   |   |
| Normal Green                                      |   |
| Yellowing   |   |
| Purple  |   |
| Chlorotic Spots                                   |   |
| Other (Specify in Notes)                          |   |
| Notable Abnormalities Observed                    |   |
|   | \ |
| Write something                                   |   |
|   |   |
|   |   |
| Stunting Observed?                                |   |
| Yes   |   |
| □ No  |   |
| Slight  |   |
|   |   |
|   |   |

| Write something                        |                      |                                       |                     |
|--|----------------------|---------------------------------------|---------------------|
| Pest Identifice dentify and assess the |                      | verity erity of insect pests. Include | count/area affected |
| Observed Pest Spe                      | ecies (Check all th  | at apply)                             |                     |
| Aphids                                 |                      |                                       |                     |
| Caterpillars                           |                      |                                       |                     |
| Beetles                                |                      |                                       |                     |
| Thrips                                 |                      |                                       |                     |
| ☐ Spider Mites ☐ Grasshoppers          |                      |                                       |                     |
| Wireworms                              |                      |                                       |                     |
| Other (Specify in L                    | ONG_TEXT)            |                                       |                     |
| If 'Other' selected a                  | ıbove, please spe    | cify:                                 |                     |
| Write something                        |                      |                                       |                     |
|  |                      |                                       | J                   |
|  |                      |                                       |                     |
| Average Pest Cour                      | it per Plant (or are | a)                                    |                     |
| Enter a number                         |                      |                                       |                     |
| Percentage of Plar                     | ts Affected (%)      |                                       |                     |
|  |                      |                                       |                     |

| Severity Level  Negligible Low Moderate High Critical |  |
|---|--|
| Pest Damage Photos  L Upload File                     |  |
| Detailed Pest Observations  Write something           |  |

#### **Disease Identification & Severity**

Identify and assess the presence and severity of diseases. Include count/area affected.

| Observed Diseases (Check all that apply) |
|--|
| Early Blight                             |
| Late Blight                              |
| Downy Mildew                             |
| Powdery Mildew                           |
| Anthracnose                              |
| Rust                                     |
| ☐ Bacterial Spot                         |
| Fusarium Wilt                            |
| Verticillium Wilt                        |
| None Observed                            |
|  |

| Disease Incidence (%)                        |  |
|--|--|
| Enter a number                               |  |
|  |  |
| Disease Severity (0-100)                     |  |
| Enter a number                               |  |
|  |  |
| Detailed Disease Description                 |  |
| Write something                              |  |
|  |  |
|  |  |
| Disease Photo(s)  Lipload File               |  |
| Es Opioda i ile                              |  |
| Disease Progression Rate                     |  |
| Slow   |  |
| <ul><li>☐ Moderate</li><li>☐ Rapid</li></ul> |  |
| Птара  |  |
| Notes on Disease Distribution                |  |
| Write something                              |  |
|  |  |
|  |  |

#### **Weed Identification & Density**

Identify and assess the presence and density of weeds. Note species and area affected.

| Dominant Weed Species Observed  Broadleaf Pigweed  Kochia Foxtail Lambsquarters Johnsongrass Other (Specify in LONG_TEXT) |
|---|
| Specify Other Weed Species (if 'Other' selected above)  |
| Write something   |
| Estimated Weed Density (Plants/sq meter)  |
| Enter a number  |
| Percent Ground Cover (%)  |
| Enter a number  |
| Weed Size/Growth Stage  Seedling (1-4 inches)  Young (4-12 inches)  Mature (Over 12 inches)  Flowering/Seeding            |

| Weed Distribution Notes   |
|---|
| Write something   |
| Nutrient Deficiencies (Visual Signs)  Note any visual symptoms suggesting nutrient deficiencies. Include location and description.                |
| Observed Nitrogen Deficiency?  Yellowing of lower leaves  Stunted growth Pale green color Delayed maturity None Observed                          |
| Observed Phosphorus Deficiency?  Purple coloration on stems and leaves  Stunted root development  Delayed maturity  Poor tillering  None Observed |
| Observed Potassium Deficiency?  Yellowing or browning of leaf margins Weak stems Reduced disease resistance None Observed                         |

| Specific Area(s) Affected        |
|----------------------------------|
| Write something                  |
|                                  |
|                                  |
| Estimated % of Area Affected     |
| Enter a number                   |
|                                  |
| Detailed Description of Symptoms |
| Write something                  |
|                                  |
|                                  |
| Location of Symptoms             |
| Set My Current Location          |
|                                  |
|                                  |
|                                  |
|                                  |
|                                  |
|                                  |
|                                  |
|                                  |

### **Irrigation Assessment**

Evaluate soil moisture levels and irrigation effectiveness.

| Soil Moisture (0-100 scale)        |  |
|------------------------------------|--|
| Enter a number                     |  |
|                                    |  |
| Irrigation System Status           |  |
| Operating Normally                 |  |
| Malfunctioning                     |  |
| Not Operating                      |  |
| Partially Operating                |  |
| Water Pressure (PSI)               |  |
| Enter a number                     |  |
| Run Time (Minutes)                 |  |
| Enter a number                     |  |
| Observations on Water Distribution |  |
| Write something                    |  |
|                                    |  |
| Soil Type                          |  |
| Sandy                              |  |
| Loamy                              |  |
| Clay                               |  |
| Silty                              |  |
| Other                              |  |
|                                    |  |

## **Growth Stage**

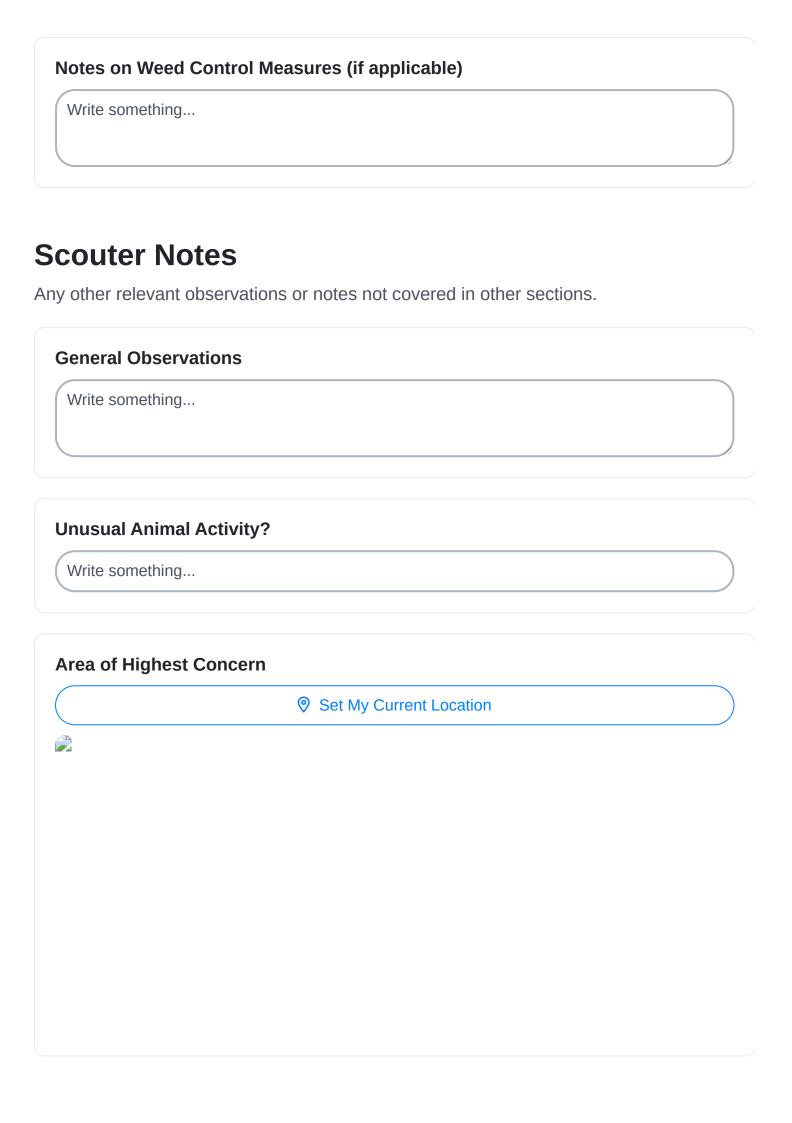
Record the current growth stage of the crop.

| Primary Growth Stage  |
|---|
| ☐ Emergence   |
| Vegetative (Early)  |
| Vegetative (Mid)  |
| Vegetative (Late)   |
| Flowering (Early)   |
| Flowering (Mid)   |
| Flowering (Late)  |
| Fruiting/Grain Fill   |
| Maturation  |
| Harvest   |
| Developmental Stage (Specific to Crop - e.g., BBCH Scale)  BBCH 0: Germination  BBCH 1: Leaf Development  BBCH 2: Tillering  BBCH 3: Stem Elongation  BBCH 4: Flag Leaf Emergence  BBCH 5: Inflorescence Emergence  BBCH 6: Flowering  BBCH 7: Grain Fill |
| Number of Nodes with Flowers/Fruit (Sampled Area)  Enter a number   |

| Write something  |    |
|--|----|
| ield Potential Assessment                                      |    |
| eliminary assessment of potential yield, based on observations | S. |
| Estimated Yield (Bushels/Acres or Equivalent)                  |    |
| Enter a number   |    |
| Yield Trend Compared to Previous Scouting                      |    |
| ☐ Higher ☐ Same  |    |
| ☐ Lower ☐ Uncertain  |    |
| - Oncertain  |    |
| Justification for Yield Estimate                               |    |
| Write something  |    |

| Major Limiting Factors to Yield  Pest Pressure  Disease  Weeds  |
|---|
| Nutrient Deficiency   |
| Water Stress  |
| None Identified   |
| Other   |
| Average Plant Height (inches)   |
| Enter a number  |
| Comments on Plant Health impacting Yield  Write something   |
| Actionable Recommendations  List any recommended actions based on scouting findings (e.g., pesticide application, |
| rrigation adjustments).   |
| Pesticide Application Recommended?  Yes  No Unsure  |
|   |

| Write something   |  |
|---|--|
| Estimated Pesticide Application Rate (if applicable)              |  |
| Enter a number  |  |
| rrigation Adjustment Needed?                                      |  |
| Yes - Increase  |  |
| Yes - Decrease  No  |  |
| Details of Irrigation Adjustment (if applicable)  Write something |  |
| Fertilizer Application Recommended?                               |  |
| No  |  |
| Unsure  |  |
| Recommended Fertilizer Rate (lbs/acre or equivalent)              |  |



| Enter a number          |   |  |
|-------------------------|---|--|
| Further Investigation   | n Needed?                                   |  |
| Write something         |   |  |
| _                       | ng Factors (e.g., soil type, previous crop) |  |
| Soil Type Previous Crop |   |  |
| Drainage Issues         |   |  |
| Other                   |   |  |
|                         |   |  |
| Attach Photos (if app   | plicable)                                   |  |