

Harvest Readiness Checklist: Pre-Season Farm Assessment

Equipment & Machinery

Assess functionality, maintenance, and readiness of all harvesting equipment.

Tractor Operating Hours	
Enter a number	
Combine Hours Since Last Service	
Enter a number	
Harvester Blade Condition	
Excellent	
Good	
☐ Fair	
Needs Replacement	
Notes on Equipment Condition	
Write something	

Last Maintenance Date (Combine)	
Enter date	
Equipment Inspection Photos	
♣ Upload File	
Irrigation System Check	
Verify proper function, water source adequacy, and potential repairs for irrigation.	
Water Source Pressure (PSI)	
Enter a number	
Flow Rate (GPM)	
Enter a number	
Sprinkler Head Functionality	
☐ Excellent ☐ Good	
☐ Fair	
Poor Needs Popair	
Needs Repair	

Potential Issues Observed Leaks Clogged Emitters Uneven Distribution Pump Noise Water Quality Concerns
Last Maintenance Date Enter date
Notes and Observations
Write something
Water Quality Test Performed?
☐ No
Crop Health & Yield Prediction
Evaluate crop maturity, pest/disease presence, and estimate potential harvest yields.
Last Crop Scouting Date
Enter date

Average Plant Height (inches)
Enter a number
Estimated Yield per Acre (units)
Enter a number
Observed Pest/Disease Presence
None
Minor
☐ Moderate☐ Severe
Detailed Notes on Crop Health
Write something
Crop Maturity Stage
☐ Early
Mid
Late
Upload Photos of Crop Condition
La Upload File

Labor & Personnel

Experienced Laborers Enter a number Required Skill Sets Machine Operation Harvesting Technique Quality Control Grading & Sorting Post-Harvest Handling Training Plan Summary Write something Last Safety Training Date Enter date PPE Compliance Fully Compliant Mostly Compliant	Enter a number	
Required Skill Sets Machine Operation Harvesting Technique Quality Control Grading & Sorting Post-Harvest Handling Training Plan Summary Write something Last Safety Training Date Enter date PPE Compliance Fully Compliant	Experienced Laborers	
Machine Operation Harvesting Technique Quality Control Grading & Sorting Post-Harvest Handling Training Plan Summary Write something Last Safety Training Date Enter date PPE Compliance Fully Compliant	Enter a number	
Harvesting Technique Quality Control Grading & Sorting Post-Harvest Handling Training Plan Summary Write something Last Safety Training Date Enter date PPE Compliance Fully Compliant	Required Skill Sets	
Quality Control Grading & Sorting Post-Harvest Handling Training Plan Summary Write something Last Safety Training Date Enter date PPE Compliance Fully Compliant	Machine Operation	
Grading & Sorting Post-Harvest Handling Training Plan Summary Write something Last Safety Training Date Enter date PPE Compliance Fully Compliant	Harvesting Technique	
Post-Harvest Handling Training Plan Summary Write something Last Safety Training Date Enter date PPE Compliance Fully Compliant	Quality Control	
Training Plan Summary Write something Last Safety Training Date Enter date PPE Compliance Fully Compliant	Grading & Sorting	
Write something Last Safety Training Date Enter date PPE Compliance Fully Compliant	Post-Harvest Handling	
Last Safety Training Date Enter date PPE Compliance Fully Compliant	Training Plan Summary	
Enter date PPE Compliance Fully Compliant	Write something	
Enter date PPE Compliance Fully Compliant		
Enter date PPE Compliance Fully Compliant		
PPE Compliance Fully Compliant	Last Safety Training Date	
Fully Compliant	Enter date	
Fully Compliant		
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Handling Equipment Available Forklift Conveyor Belt Pallet Jacks Manual Labor
Pest Control Measures in Place Yes No Scheduled
Photographic Evidence of Storage Condition L Upload File
Logistics & Transportation Plan transportation routes, secure carriers, and ensure timely delivery capabilities.
Estimated Harvest Volume (tons) Enter a number
Primary Transportation Method Truck Train Rail Combination

Carrier Contracts Secured? Yes No Pending
First Delivery Date
Enter date
Number of Trucks/Vehicles Required
Enter a number
Primary Delivery Location
Set My Current Location
Contact Information for Key Carrier
Write something

Pest & Disease Management

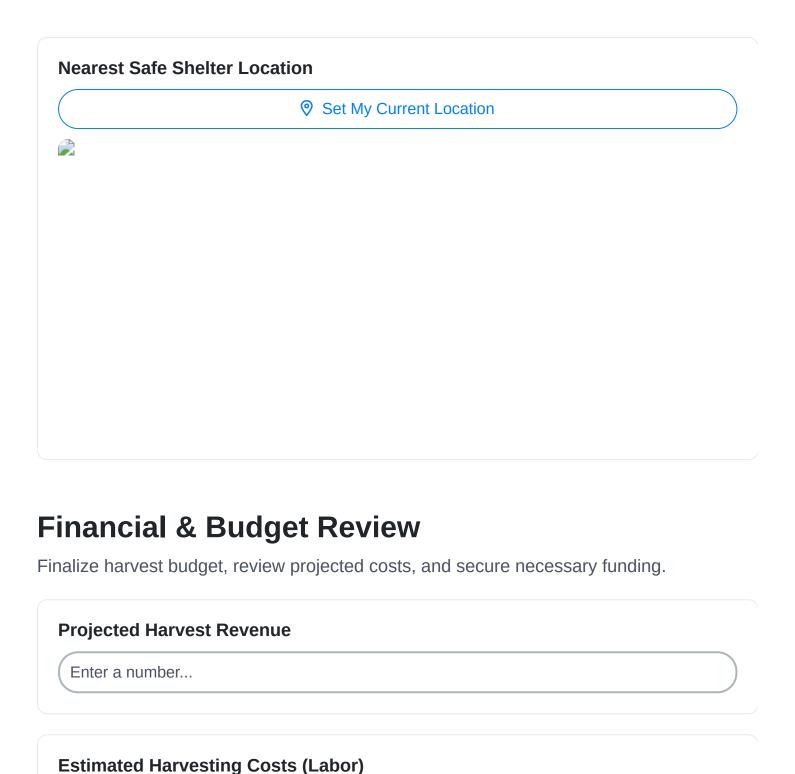
Review scouting reports, evaluate treatment plans, and prepare for potential outbreaks.

Enter a number	
Description of Observed Pest/Di	sease Symptoms
Write something	
Identified Primary Pest/Disease	(if applicable)
Aphids	
Spider Mites	
Fungal Infection	
☐ Bacterial Leaf Spot ☐ Viral Disease	
None Identified	
Affected Crop Areas (Check all t	hat apply)
Field 1	nat apply)
Field 2	
Greenhouse A	
Orchard B	
Date of Last Scouting Report	
Enter date	

Upload Scouting Report Images (if applicable)	
4 Upload File	
Current Treatment Strategy	
Preventative Spraying	
Biological Control	
Integrated Pest Management	
No Treatment Currently Required	
Regulatory Compliance	
Ensure adherence to all relevant agricultural regulations and certifications.	
Pesticide Application Record Count	
Enter a number)
Last Organic Certification Inspection Date	
	\
Enter date)
Food Safety Plan (e.g., HACCP) Status	
Current & Compliant	
■ Needs Review	
☐ Expired/Missing	

Water Usage Permit Spray Application License Organic Certification Food Processing License Copies of Key Permits & Licenses Licenses Upload File Notes on Regulatory Changes or Updates Write something Weather Contingency Planning evelop strategies for potential adverse weather conditions during harvest.
Organic Certification Food Processing License Copies of Key Permits & Licenses Upload File Notes on Regulatory Changes or Updates Write something Weather Contingency Planning evelop strategies for potential adverse weather conditions during harvest.
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Rainfall Threshold (inches)
Enter a number
Date of Last Severe Weather Event
Enter date

Detailed Plan for Excessive Rainfall	
Write something	
	<u> </u>
Detailed Plan for Extreme Heat	
Write something	
Primary Communication Method during Weather Alert	s
Radio Mobile App Notifications	
Email	
☐ Text Message	
Potential Harvest Delay Actions	
Shift to Different Crop	
Shift to Different Crop Extend Drying Time	



Enter a number...

Enter a number...

Projected Transportation Costs

Enter a number	
Contingency Fund Allocation (\$)	
Enter a number	
Budget Approval Date	
Enter date	
Key Financial Assumptions	
Write something	
Notes/Comments on Budget	
Write something	