



# Pest Damage Assessment

## Field/Crop Information

Gather essential details about the area and crop being assessed.

### Farm Name/Location

### Field ID/Name

### Crop Type

- ☐ Corn
- ☐ Soybeans
- ☐ Wheat
- ☐ Fruits
- ☐ Vegetables
- ☐ Other

### Field Size (Acres/Hectares)

### Planting Date (YYYY-MM-DD)

Enter a number...

### Assessment Date

Enter date...

### GPS Coordinates (optional)

 [Set My Current Location](#)



### Crop Variety/Cultivar

Write something...

## Initial Observation & Pest Identification

Document initial visual observations and attempt to identify potential pests.

### Date of Observation

Enter date...

### Time of Observation

### GPS Location of Assessment

 [Set My Current Location](#)



### General Field Conditions (Soil Moisture, Weather, etc.)

Write something...

### Observed Pest(s) (Check all that apply)

- ☐ Aphids
- ☐ Caterpillars
- ☐ Beetles
- ☐ Mites
- ☐ Grubs
- ☐ Wireworms
- ☐ Nematodes
- ☐ Unknown
- ☐ Other (Specify in LONG\_TEXT)

### Description of Observed Pests (Color, Size, Behavior)

Write something...

### Photos/Video of Observed Pests and Damage

 Upload File

### Pest Identification Confidence Level (If Identified)

- ☐ High
- ☐ Medium
- ☐ Low
- ☐ Uncertain

### Suspected Pest (If Not Identified)

Write something...

# Damage Assessment - Plant Symptoms

Evaluate the extent and type of damage observed on plants.

## Observed Leaf Symptoms (Select all that apply)

- ☐ Chewing
- ☐ Stippling
- ☐ Yellowing
- ☐ Wilting
- ☐ Spots (Describe in LONG\_TEXT)
- ☐ Skeletonization
- ☐ Curling
- ☐ None

## Describe any observed Spots on leaves (size, color, distribution)

Write something...

## Observed Stem/Branch Symptoms (Select all that apply)

- ☐ Boring/Tunneling
- ☐ Galls
- ☐ Lesions
- ☐ Weakening
- ☐ Dieback
- ☐ None

## Describe any observed Root Symptoms (if accessible)

Write something...


**Percentage of Plants Exhibiting Symptoms (Estimate)**

Enter a number...

**Average Number of Insects Observed Per Plant (Estimate)**

Enter a number...

**Upload Photos of Plant Symptoms (Provide clear images)**

 Upload File

# Damage Assessment - Yield Loss Estimation

Estimate the potential impact on crop yield and quality.

**Estimated Yield Loss (Percentage)**

Enter a number...

**Estimated Yield Loss (Bushels/Hectares)**

Enter a number...

**Average Fruit/Grain Size (mm)**

Enter a number...

### Description of Yield Quality Impact (e.g., discoloration, stunted growth)

Write something...

### Impact on Marketability?

- ☐ Significant Impact
- ☐ Moderate Impact
- ☐ Minor Impact
- ☐ No Impact

### Estimated Cost of Yield Loss (USD)

Enter a number...

### Impact on Seed Quality (if applicable)

- ☐ Significant Reduction
- ☐ Moderate Reduction
- ☐ Minor Reduction
- ☐ No Impact

## Environmental Factors

Note environmental conditions that may be contributing to pest problems.

### Date of Assessment

Enter date...

### Time of Assessment

### Temperature (°C/°F)

Enter a number...

### Relative Humidity (%)

Enter a number...

### Weather Conditions (prior 24 hours)

- ☐ Sunny
- ☐ Cloudy
- ☐ Rainy
- ☐ Foggy
- ☐ Windy
- ☐ Hail
- ☐ Other

### Soil Moisture Level

- ☐ Dry
- ☐ Slightly Moist
- ☐ Moist
- ☐ Wet
- ☐ Waterlogged



**Describe any other relevant environmental conditions (e.g., recent flooding, unusual weather patterns)**

Write something...

**GPS Coordinates (if applicable)**

 [Set My Current Location](#)



## Recommendations & Control Measures

Outline recommended actions to manage the pest issue.

### Recommended Control Methods

- ☐ Biological Control (e.g., beneficial insects)
- ☐ Cultural Practices (e.g., crop rotation, sanitation)
- ☐ Physical Barriers (e.g., netting, traps)
- ☐ Chemical Control (e.g., pesticides)
- ☐ Resistant Varieties

### Detailed Explanation of Recommended Actions

Write something...

### Recommended Pesticide Application Rate (if applicable)

Enter a number...

### Pesticide Type (if applicable)

- ☐ Insecticide
- ☐ Fungicide
- ☐ Herbicide
- ☐ Acaricide
- ☐ Nematicide

### Recommended Application Date(s)

Enter date...

### Safety Precautions & Personal Protective Equipment (PPE) Required

Write something...

### Monitoring Frequency After Treatment

- ☐ Daily
- ☐ Weekly
- ☐ Bi-weekly
- ☐ Monthly

## Documentation & Follow-Up

Record findings and plan for future monitoring.

### Assessment Date

Enter date...

### Assessment Time

### Summary of Findings & Recommendations (Detailed)

Write something...

### Next Monitoring Frequency (Days)

Enter a number...

### Date of Next Follow-up Assessment

Enter date...

### Action Taken (if any)

- ☐ No action required
- ☐ Monitoring only
- ☐ Integrated Pest Management (IPM) implemented
- ☐ Chemical control applied
- ☐ Other

### Notes/Observations regarding follow-up action

Write something...

### Photos/Evidence of Damage (Optional)

 Upload File

### Assessor Signature