

## **Recordkeeping for Fertilization Practices Checklist**

## **Field Information**

Field ID or Name	
Enter a number	
GPS Coordinates (Latitude)	
Enter a number	
GPS Coordinates (Longitude)	
Enter a number	
Date of Record	
Enter date	

Crop Type  Corn Soybeans Wheat Barley Other
Field Area (Acres/Hectares)  Enter a number
Field History Notes (Previous crops, soil amendments)  Write something
Fertilizer Product Details Information about the fertilizer(s) used, including type, source, and analysis.
Fertilizer Type  Nitrogen  Phosphorus  Potassium  Blended  Organic  Other

Write something	
N. D. K. D. L'. (*	
N-P-K Ratio (e.g., 10-20-10)	
Enter a number	
Guaranteed Analysis (%) - Nitrogen	
Enter a number	
Output (1)	
Guaranteed Analysis (%) - Phosphorus (as P2O5	
Enter a number	
Guaranteed Analysis (%) - Potassium (as K2O)	
Enter a number	
Other Guaranteed Ingredients (list and percentag	<b>je)</b>
Write something	

## **Application Details**

ecifics regarding the application process, rates, and timing.	
Date of Fertilizer Application	
Enter date	
Time of Fertilizer Application (Start)	
Fertilizer Application Rate (lbs/acre or kg/ha)	
Enter a number	
Application Method	
Broadcast	
Band	
Side-dress	
Starter	
Other Other	
Area Treated (acres or hectares)	
Enter a number	
Description of Application (e.g., specific placement, any devia	ations from nlan)
	ations nom plan
Write something	

Soil Moisture Condition at Application    Dry   Moist   Wet
GPS Coordinates of Application Point (optional)
Set My Current Location
Equipment Used
Records of equipment used for fertilizer application, including calibration information.
Application Equipment Type  Broadcast Spreader  Band Applicator  Side Dresser  Injection System  Other

Write something	
Equipment Model Number	
Write something	
Equipment Serial Number (if applicable)	
Enter a number	
Application Rate Calibration Setting	
Enter a number	
Date of Last Equipment Calibration	
Enter date	
Calibration Procedure Notes (e.g., method used, results)	
Write something	

## **Weather Conditions**

ocumenting weather conditions at the time of application.	
Date of Application	
Enter date	
Time of Application (Start)	
Temperature (°C/°F)	
Enter a number	
Wind Speed (km/h/mph)	
Wind Speed (km/h/mph)  Enter a number	
Enter a number  Wind Direction  North	
Wind Direction  North South	
Wind Direction  North South East	
Wind Direction  North South	
Wind Direction  North South East West	
Wind Direction  North South East West Northeast	

Precipitation (at Application)
None
Light
Moderate
Heavy
Additional Weather Notes
Write something
Personnel Involved
dentification of individuals responsible for fertilization activities.
Applicator's Full Name
Write something
Applicator's License/Certification Number (if applicable)
Enter a number
Date of Application
Enter date
Supervisor's Name (if applicable)
Write something

Role (Applicator, Supervisor, Technician, Other)
Applicator
Supervisor
Technician
Other
Comments/Notes Regarding Personnel Involvement (e.g., training, responsibilities)
Write something
Write Something
Record Review & Verification
Record Review & Vernication
Documentation of review and verification processes for accuracy and compliance.
2 coamentation of review and vermeation processes to according and compliance.
Date of Record Review
Date of Record Review
Date of Record Review
Date of Record Review  Enter date
Date of Record Review  Enter date  Reviewer Role
Date of Record Review  Enter date  Reviewer Role  Farm Owner/Manager
Date of Record Review  Enter date  Reviewer Role
Date of Record Review  Enter date  Reviewer Role  Farm Owner/Manager
Date of Record Review  Enter date  Reviewer Role  Farm Owner/Manager  Agronomist
Date of Record Review  Enter date  Reviewer Role  Farm Owner/Manager  Agronomist  Employee
Date of Record Review  Enter date  Reviewer Role  Farm Owner/Manager  Agronomist  Employee
Date of Record Review  Enter date  Reviewer Role  Farm Owner/Manager  Agronomist  Employee  Other
Date of Record Review  Enter date  Reviewer Role Farm Owner/Manager Agronomist Employee Other  Comments/Observations During Review
Date of Record Review  Enter date  Reviewer Role  Farm Owner/Manager  Agronomist  Employee  Other
Date of Record Review  Enter date  Reviewer Role Farm Owner/Manager Agronomist Employee Other  Comments/Observations During Review

Record Accuracy Assessment  Accurate  Minor Corrections Needed  Significant Corrections Needed
Fertilizer Rate Verification Factor (if applicable)  Enter a number
Description of Corrective Actions (if any)  Write something
Reviewer Signature