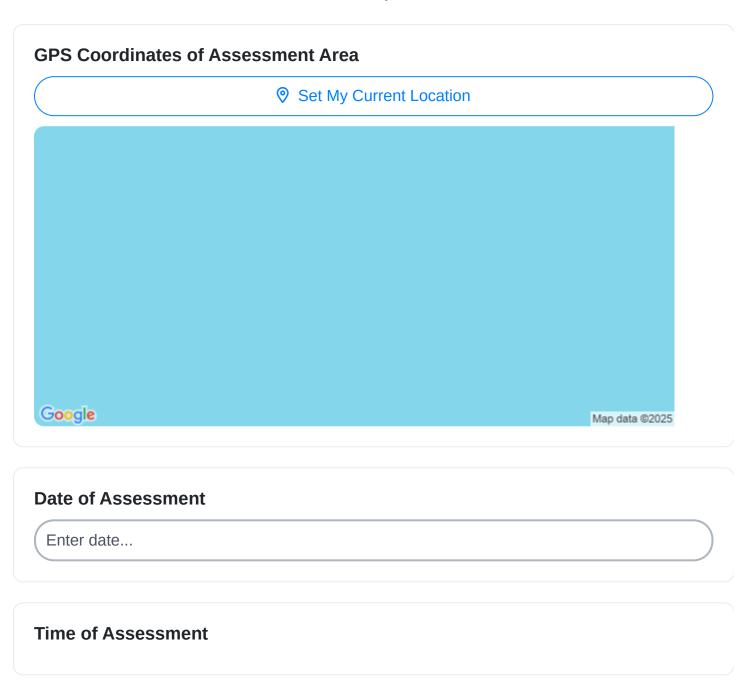


## **Weekly Weed Identification and Control**

## Field/Area Assessment

Initial observation and documentation of weed presence and distribution.



Area Assessed (Acres/Hectares)  Enter a number	
General Field Conditions (Soil moisture, weather, crop stage)  Write something	
Observed Weed Density (Relative Scale)  Sparse Moderate	
☐ Heavy ☐ Very Heavy	
Notes on Weed Distribution (Patches, scattered, along edges)  Write something	
Attach Photos/Videos of Weed Infestation  L Upload File	

## **Weed Identification**

Accurate identification of prevalent weed species to inform control strategies.

Observed Weed Species (Select all that apply)  Common Lambsquarters  Pigweed (Various Species)  Crabgrass  Bindweed  Dandelion  Thistle (Various Species)  Foxtail  Unknown Weed - Description Required  Other - Specify in Long Text Field
Description of Unknown Weed (If 'Unknown Weed' selected)  Write something  Estimated Weed Density (Plants/Square Meter)  Enter a number
Weed Growth Stage (Approximate)  Seedling Early Vegetative Late Vegetative Flowering Seedling
Upload Weed Photos (for identification assistance)  L Upload File

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Herbicide Product Deta	nils (if applicable)
Write something	
Date of Application (if a	applicable)
Enter date	
Time of Application (if a	applicable)
Areas Treated (Check a	all that apply)
North Field	
South Field	
East Row	
West Row	
Entire Field	
Notes on Application/C	ultivation (e.g., weather conditions, equipment used)
Write something	

## **Monitoring & Evaluation**

Tracking the effectiveness of control measures and adapting strategies as needed.

Overall Weed Density Score (1-10, 1=minimal, 10=severe)	
Enter a number	

Areas with increased weed pressure (select all that apply)    Field Edges   Row Ends   Within Crop Rows   Around Irrigation Equipment   Isolated Patches
Observations: Describe any noticeable changes in weed population, new weeds appearing, or unusual growth patterns.  Write something
Number of new weed species observed (if any)  Enter a number
Effectiveness of previous control measures (select one)  Very Effective
☐ Effective ☐ Moderately Effective ☐ Slightly Effective ☐ Not Effective
Date of last herbicide application (if applicable)  Enter date

Write something	
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nintaining detailed records of weed identification, control methodservations for future reference.	ds used, and
Date of Record	
Enter date	
Area of Field/Area Inspected (Acres/Hectares)	
Enter a number	
Weed Species Observed (Select all that apply)	
Broadleaf Weeds	
Grassy Weeds	

Control Method(s) Used
Manual Weeding
Herbicides (Specify in Notes)
Cultural Practices (e.g., Cover Cropping)
Other (Specify in Notes)
Herbicide Details (if applicable - Product Name, Rate, Application Method)
Write something
Herbicide Application Rate (if applicable)
Enter a number
Additional Notes/Comments (e.g., Observations on herbicide efficacy, unexpected conditions)
Write something