

Public reporting burden for this collection of information is estimated to average 5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Agriculture, Clearance Officer, OIRM, Room 404-W, Washington, D.C. 20250; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

This report is authorized by law (7USC 150, 161 and 162). Failure to report can result in denial of a permit for the interstate shipment of specified plants and seeds.

FORM APPROVED OMB NO. 0579-0088

U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
**BLACK STEM RUST INSPECTOR'S REPORT**

1. DATE OF INSPECTION

2. TYPE OF ESTABLISHMENT (Check applicable box(es))

NURSERY

DEALER

SEED GROWER

3. TOTAL ACRES IN NURSERY

4. NAME AND MAILING ADDRESS OF ESTABLISHMENT (Include Zip Code)

5. LOCATION OF ESTABLISHMENT

6. SOURCES OF BERBERIS, MAHOBERBERIS, AND MAHONIA PLANTS, SEEDS AND FRUITS (Report growing stock in nursery in A, C, D, and E; report anticipated source of plants for dealer in A only; report plants used for seed sources by a grower in A, B, C, and D)

NAME AND ADDRESS OF GROWER A	LOCATION OF SEED PLANTS B	SPECIES AND VARIETY C	NO. PLANTS D	PLANTS FROM (Check one)		
				SEED	CUTTINGS E	LINERS

7. PLANTS RESTRICTED FROM MOVEMENT PENDING FURTHER INSPECTION, RUST SUSCEPTIBILITY TESTS OR POST ENTRY

SCIENTIFIC NAME A	NO. PLANTS B	SOURCE C	LOCATION OF PLANTS D

8. DISPOSITION OF PLANTS FROM POST ENTRY

RUST RESISTANT, ELIGIBLE FOR RELEASE

RUST SUSCEPTIBLE, TO BE DESTROYED

9. ESTIMATED POUNDS OF SEED GROWER WILL HARVEST

10. NO. FIRST YEAR SEEDLINGS GROWN BY ESTABLISHMENT

11. LOCATION OF SEEDLINGS

12. PLANTS OBTAINED AS ONE-YEAR SEEDLINGS

SCIENTIFIC NAME A	NO. PLANTS B		DATE OBTAINED C	SOURCE D	RECOMMENDED DISPOSITION (Check) E	
	RECEIVED	SURVIVING			RELEASE	HOLD

13. SIGNATURE OF INSPECTOR