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| Project Code 102 QID 120034E  |  OMB No. 0535-0088: Approval Expires 2/29/2012 |
| **SURVEY_LOGO_1:USDA_logo_bw.gif** | **FORM E****Soybean Yield Survey Post-Harvest Gleanings** **2011** | new_nass_logo_bw | **NATIONAL****AGRICULTURAL STATISTICS****SERVICE** |

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|  | YEAR, CROP, FORM, MMDD(1 – 7) |  |  |  |  |  |  |
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|  | **1 2 7** \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ |
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|  |  |  |  |  |  |  |  |
|  |  |  |  | **Date:** |   |

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| **NOTE:** The post-harvest field gleanings should be completed as soon after harvest as possible, and must be done within 3 days after harvest. If the sample field has been plowed, disked, or pastured since harvest, select an alternate field for gleaning if one is available in the tract. |

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| **FIELD OBSERVATIONS** |  | **UNIT 1** |  | **UNIT 2** |
| 1. Measure distance from plants in Row 1 to plants in Row 2 . . . . . . .  | **Feet and Tenths** | 701 | **● \_\_\_\_** |  | 702 | **● \_\_\_\_** |
| 2. Measure distance from plants in Row 1 to plants in Row 5 . . . . . . .  | **Feet and Tenths** | 703 | **● \_\_\_\_** |  | 704 | **● \_\_\_\_** |

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| **GLEANINGS IN 3-FOOT UNITS** |  | **CHECK EACH BOX AS COMPLETED** |
| *Put all pods from both units and all whole beans and pieces from both units in the same paper bag.* |  | **ROW 1** | **ROW 2** |  | **ROW 1** | **ROW 2** |
| 3. Pick all **pods** with beans attached to plants, and loose pods with beans in each row middle and deposit in a paper bag . . . . . . . . . . . . . . .  | **Check** | [ ]  | [ ]   |  | [ ]   | [ ]   |
| 4. Pick up all **whole** beans and pieces of beans in each row middle and deposit in the same paper bag used for above item . . . . . . . . . . . . . . . .  | **Check** | [ ]   | [ ]   |  | [ ]   | [ ]   |

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| 5. Was an alternate field used for making post-harvest observations? |  |
|  [ ]  **YES —** (Indicate in Field Notes) [ ]  **NO** |  |
|  | **FIELD NOTES:** If post-harvest observations cannot be made, give reasons here. |  |  |
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|  |   |
| 6. Did a supervisor assist you in working this sample? [ ]  **YES** [ ]  **NO** |  |  |
| **NOTE: Mail this Form E to the Regional Lab in the bag with the gleanings.** | Enumerator Number | 790 |
| Attach completed ID tag to the paper bag(s) containing gleanings and place bag(s) and this Form E in a cloth sack. **Attach Regional Lab mailing tag to the cloth sack.** | Supervisor Number | 791 |
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| **ENUMERATOR:**  | **STATUS CODE** | 780 |

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| **FORM E: SOYBEANS -** *continued* |  |  |  |
| **REGIONAL LABORATORY DETERMINATIONS** |  |  |  |
| Date sample received in lab (MM DD) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  |  |
| **Discard any pods with undeveloped beans. Thresh and hull all other pods from bag;****combine with loose whole beans and pieces of beans.** |
| 7. Total weight of threshed and loose beans immediately before moisture test.. . . . . . .  | **Grams to Tenths** | 714 | **. \_\_\_** |
| 8. Moisture content of beans, rounded to tenths 1/ . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  | **Percent** | 715 | **. \_\_\_** |
|  1/*If sample weight is too small for moisture test, sufficient beans of known moisture* *content will be added to the sample so that a moisture test can be made. The* *moisture content of the sample can then be derived using the following formula.* |  |  |
|  |  |
|  | **E =** | **( A + B ) D - ( B x C)** |  |  |  |  |
|  |  **A** |  |  |  |  |
|  |  |  |  |  |
| **Where** | **A = Weight of small sample** (*item 7*) . . . . . . . . . . . . . . . . . . . . . . . . . . . .  |  | **. \_\_\_** | **Grams** |  |
|  | **B = Weight of additional beans required for moisture test** . . . . . . . . .  |  | **. \_\_\_** | **Grams** |  |
|  | **C = Moisture percent of B** . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  |  | **. \_\_\_** | **Percent** |  |
|  | **D = Moisture percent of A + B combined** . . . . . . . . . . . . . . . . . . . . . . . .  |  | **. \_\_\_** | **Percent** |  |
|  | **E = Result: Moisture percent of small sample** (*enter in item 8*) . . . . . .  |  | **. \_\_\_** | **Percent** |  |
|  |  |  |  |  |
| Lab Technician(s) |  | Date Analysis Completed |  |
|  |  |  | **MM DD** |