

PALE CYST NEMATODE SURVEY

PART 1: FINAL SURVEY DATA

1. FINAL DATE OF SURVEY	2. TOTAL NO. SAMPLES COLLECTED	3. NO. ACRES SURVEYED
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PART 2: DATA ANALYSIS DIVISION

1. STATE ID 20 ___	2. COUNTY	3. TOTAL ACRES IN THE FIELD	
4. SITE NAME			
5. NAME OF FARM	OPERATOR	OWNER	PHONE
6. MAILING ADDRESS	CITY	STATE	ZIP CODE
7. SITE LOCATION FSA NUMBER	TRACT NUMBER	FIELD NUMBER(S)	
8. TYPE OF SURVEY <i>(Check only one. Fill out new form if other survey types exist for this location.)</i>			
Detection Field (DF) Commercial Export	Detection Field (DF) (Seed) Export	Delimiting Survey (DL) (Regulated) Eradication Field (EF) Trace Forward (TF)	
9. SURVEY PATTERN 4x4 7x7 20m x 20m	10. METHOD OF SURVEY MANUAL MECHANICAL	11. LATITUDE & LONGITUDE	
12. CROP TYPE	13. CROP STAGE PREPLANT PLANTED POST HARVEST	14. TOWNSHIP/RANGE/SECTION	

PART 3: SURVEY DIVISION

1. DATA VERIFICATION: DATE AND INITIALS	2. DATE(S) GIVEN TO SURVEY TEAM
3. NAME OF TECHNICIAN/CREW LEAD	
4. REMARKS <i>(Describe any unique characteristics of the field or facility)</i>	

DATE	SAMPLES <i>(ex. 30 total (1-30))</i>	PERCENT COMPLETE	COMMENT

CREW LEADER(S) *(Please print your name along the line when this form is complete)*

Paperwork Reduction Act: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0322. The time required to complete this information collection is estimated to average 1.25 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.