

NATURAL RESOURCES CONSERVATION SERVICE
MONTANA CONSERVATION PRACTICE JOB SHEET

PEST MANAGEMENT (ACRE)

ORGANIC PRODUCTION

CODE 595B

LANDOWNER/OPERATOR _____ DATE _____ ASSISTED BY _____

TRACT AND FIELD(S) _____ SOILS _____ JOB CLASS _____

CROP SEQUENCE/ROTATION _____

FIELD INSPECTION REPORT

INSPECTION DATE	FIELD NO.	CROP/FORAGE STAGE	WEEDS			INSECTS	DISEASE AND RODENTS
			SPECIES	SEVERITY ¹	STAGE ²		

¹ SEVERITY INDEX: S = slight problem (few weeds); W = watch (scattered and moderate); T = treat (economic threshold met/exceeded).

² STAGE: Seedling, rosette, 2-leaf, 4-leaf, blossom, mature, etc.

³ Density: Percentage of field/tract that is infested.

INTEGRATED PEST MANAGEMENT ALTERNATIVES NARRATIVE

Name _____

Date _____

Treatment Unit _____

Resource Concerns:

Treatment Alternatives:

Map: (Check if Apply)	<input type="checkbox"/>	A map (sketch) is attached showing field location and the location of the sensitive water body.
	<input type="checkbox"/>	The conservation plan map shows the field and the location of the sensitive water body.
OPERATION AND MAINTENANCE		
Review and update the plan periodically to incorporate new IPM technology, respond to cropping system and pest complex changes, and avoid the development of pest resistance.		
Maintain conservation treatment requirements identified above to ensure continued effectiveness.		
Calibrate application equipment according to Extension and/or manufacturer recommendations before each seasonal use.		
Replace worn nozzle tips, cracked hoses, and faulty gauges.		
Recommendations of organic chemical treatments are made by Montana State University (MSU) Cooperative Extension Service, Consultants, and herbicide dealers. NRCS does not make specific pesticide recommendations.		
Certification		
I agree to install this practice using the above format. I will complete no less than three inspections per field. I understand this documentation must be provided to NRCS at the end of each growing season.		
Client: _____ Date: _____		
This practice is planned according to NRCS Standards and Specifications.		
Conservationist: _____ Job Approval Authority: _____ Date: _____		
This practice has been completed and maintained in accordance with this Job Sheet.		
Completed by: _____ Job Approval Authority: _____ Date: _____		