

**PRACTICE IMPLEMENTATION SCOUTING REPORT FOR PEST MANAGEMENT (CODE 595)**

County	For Crop Years:	Farm/Tract #
Producer/Owner [Name, Address, Phone]	Crop Acres	Field No(s):
Technical Service Provider (TSP) or Certified Pest Management Specialist [Address, Phone, Email, Organization, Registration/Certification Number]		

*Complete all of the following:*

COMPONENT	EXPLANATION
Identify plants and/or animal species to be protected from pest(s)	
Pest(s) of concern	
Sampling/scouting technique	
Pest Population level	
Severity according to appropriate threshold information	
Treatment methods:	
Was WIN-PST or MD Hazard Rating sheet utilized?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Identify appropriate mitigation techniques for field(s)	

**CERTIFICATION:**

Above Data Furnished By: \_\_\_\_\_  
 Client or Contractor (Print)

Signature: \_\_\_\_\_  
 Client or Contractor

\_\_\_\_\_ Date

Comments: