

PRESCRIBED GRAZING (528) CONSERVATION PRACTICE DOCUMENTATION WORKSHEET

AFTERMATH GRAZING OF HAYLAND OR CROPLAND

OPERATING UNIT: _____ LOCATION: _____ DATE: _____

FARM NO. _____ TRACT: _____ CONTRACT NO. | ITEM No.: _____ | JOB APPROVAL CLASS: _____

NRCS TECHNICIAN: _____ FIELD/PASTURES: _____ ACRES: _____

PURPOSE (check one or more of the purposes listed below)

- Provide or maintain food, cover, and shelter for animals of concern
- Maintain or improve animal health and productivity
- Attain grazing and management efficiency to promote economic stability and meet resource improvement objectives

FORAGE INVENTORY

KIND OF RESIDUAL FORAGE TO BE GRAZED (i.e., alfalfa hay, corn stover, sudangrass hay):

Form NV-ECS-01 is used to record cropland or hayland "after harvest" stand composition (species by weight) and usable forage production.

NV-ECS-01(s): *Attached* *In Case File*

PRODUCTION DATA [ECS-RANGE-417]:

Not Available *In Case File*

OTHER (list): _____

Attached *In Case File*

SUMMARY FORAGE & ANIMAL INVENTORY

NV-ECS-04 RANCH PLANNING SUMMARY:

Forage Inventory *In Case File*
 Number of pastures; size of each pasture; usable forage production for each pasture by season.

Livestock Inventory *In Case File*
 Number, kind and class of animals, and AUMs by seasonal period for each separate herd to be grazed.

NV-ECS-03 RANCH ORGANIZATION SUMMARY:

In Case File

GRAZING MANAGEMENT

KIND AND CLASS OF GRAZING ANIMALS AND NUMBER OF ANIMALS GRAZED:

KIND OF ANIMALS TO BE GRAZED	CLASS OF ANIMALS	NUMBER OF ANIMALS

TIMING AND LENGTH OF GRAZING PERIOD:

TIMING OF GRAZING USE	LENGTH OF GRAZING PERIOD

SUPPLEMENTAL FEED SUPPLIED TO LIVESTOCK BEING GRAZED:

SUPPLEMENTAL FEED TYPE	FEED ALLOCATION PER HEAD/DAY

OPERATION & MAINTENANCE

A plan to monitor and document impacts of grazing management is to be prepared. Record actual grazing dates, residual forage left following grazing period, and livestock stocking density.

MONITORING PLAN: *Attached* *In Case File*

NRCS-RANGE-414: *Attached* *In Case File*

PRACTICE CERTIFICATION

Practice specifications have been reviewed and practice application is *agreed to*:

Cooperator: _____

Date: ____/____/____

I certify that the above practice has been applied and meets NRCS Practice Standards and Specifications.

NRCS Planner: _____

Date: ____/____/____