|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FARM NAME:** |       | **FARM MANAGER:** |       | **YEAR:** |       |

#### Notes:

1. Location the non-pesticide management strategy was implemented, such as block ID, habitat area, etc.
2. Total area affected (in acres or linear feet)
3. Date the management strategy was initiated.
4. Select *one* control method per record. See the Appendix D for the full list of approved non-pesticide management controls.

#### *EXAMPLE* Completed Entries

|  |  |
| --- | --- |
| SITE DETAILS | MANAGEMENT STRATEGY DETAILS |
| # | Location1 | Area Affected2 | Date3 | Control Method4 | Target Pest(s)/Disease(s) | Additional Comments |
| 1 | East field | 2.2 acres | 5/4/16 | Intercropping | Lettuce aphids | Alyssum |
| 2 | East field (borders) | 970 linear ft. | 7/6/16 | Insectary strip(s) | Cabbage aphids | Alyssum, clover, and bachelor’s buttons |
| 3 | East field | 2.2 acres | 10/7/16 | Cover cropping | Soil microbes | Rye and legume mix |

## Complete Non-Pesticide Management Record below.

| SITE DETAILS | MANAGEMENT STRATEGY DETAILS |
| --- | --- |
| # | Location1 | Area Affected2 | Date3 | Control Method4 | Target Pest(s)/Disease(s) | Additional Comments |
| **1** |       |        | [Date] |  |       |       |
| **2** |       |        | [Date] |  |       |       |
| **3** |       |        | [Date] |  |       |       |
| **4** |       |        | [Date] |  |       |       |
| **5** |       |        | [Date] |  |       |       |
| **6** |       |        | [Date] |  |       |       |
| **7** |       |        | [Date] |  |       |       |
| **8** |       |        | [Date] |  |       |       |
| **9** |       |        | [Date] |  |       |       |
| **10** |       |        | [Date] |  |       |       |
|    |       |        | [Date] |  |       |       |
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|    |       |        | [Date] |  |       |       |
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|    |       |        | [Date] |  |       |       |
|    |       |        | [Date] |  |       |       |