

Crop monitoring record

Business name: _____

Person monitoring: _____ Date: _____



Area monitored (e.g. green/shade house, bed)	Crop	Plant number sampled	Indicated presence or absence (Y/N)			Physiological problems present	Comments/actions
			Insect (list and include quarantine insects)	Disease (list and include quarantine diseases)	Weed (list and include declared weeds)		

This crop monitoring record has been taken from the BioSecure HACCP manual