



Wisconsin Department of Agriculture, Trade and Consumer Protection
 Division of Agricultural Resource Management
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(Sec. 94.01 Wis. Stats., ATCP 21.02
 and 21.05, Wis. Adm. Code)

Wisconsin Seed Field Inspection Report

THIS SECTION TO BE COMPLETED BY APPLICANT- ONE FORM PER FIELD

COMPANY/AFFILIATION:		CONTACT(S):			
ADDRESS		CITY		STATE	ZIP
CROP:	ACRES:	FIELD NAME/NUMBER:			
PHONE: () -	E-MAIL				
PLANTING DATE:	COUNTY OF FIELD LOCATION:	LAT/LONG (DECIMAL DEGREES):			
INOCULATED NURSERY? YES <input type="checkbox"/> NO <input type="checkbox"/>	ORGANISMS:				
POTENTIAL EXPORT DESTINATION(S):				HOW WOULD YOU LIKE YOUR RESULTS SENT? USPS <input type="checkbox"/> EMAIL <input type="checkbox"/>	

THE BELOW SECTION TO BE COMPLETED BY INSPECTOR - DO NOT WRITE BELOW THIS LINE

CORN- FIELD INSPECTIONS	PRESENT	SEVERITY	CORN- LAB RESULTS	YES	NO	N/A		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SOYBEAN/BEAN- FIELD INSPECTIONS	PRESENT	SEVERITY	SOYBEAN/BEAN - LAB RESULTS	YES	NO	N/A		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
CROP	FIELD INSPECTIONS	PRESENT	SEVERITY	CROP	LAB RESULTS	YES	NO	N/A
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INSPECTION COMMENTS:				LABORATORY COMMENTS:				
GPS COORDINATES:				LAB SAMPLE NUMBER:				
PLANT SAMPLE NUMBER:				SOIL SAMPLE NUMBER:				
INSPECTOR/DATE:				DIAGNOSTICIAN/DATE:				