

THIS PAGE MUST BE INCLUDED WITH ANY ALTERNATE PROPOSAL(S) NOTED CLEARLY

IPM SCOUTING REPORT FOR ATHLETIC FIELDS

FIELD NAME Middle School **DATE** 8/17/15
DATE OF LAST SOIL TEST _____ **FIELD PH** _____
OTHER SOIL TEST RECOMMENDATIONS _____

SITE CONDITIONS: Soil Type Field Compaction: Yes No _____
 Drainage: Dry _____ Often Wet (W) Low Spots (L) _____
 Light: All Sun Some Shade (S) _____ Trees Present (T) _____

IRRIGATION: Yes No _____
 If Yes, Type of Irrigation System _____
 Frequency 2x Duration per Application 30
 Amount/Application 1/2" Time of Day of Application PM

VISUAL CHARACTERISTICS OF TURF

Color (C)	<input checked="" type="radio"/> Good	Fair	Poor
Density	Low	<input checked="" type="radio"/> High	Combination
Smoothness (SM)	<input checked="" type="radio"/> Good	Poor	
Turf Surface (TS)	<input checked="" type="radio"/> Smooth	Clumps	Combination
Holes/Divots (H)	None <input checked="" type="radio"/>	Few	Many
Bare Areas (B)	None <input checked="" type="radio"/>	Few	Many

PESTS DICOT WEEDS

Dandelions (DL)	None	<input checked="" type="radio"/> Few	Many
Plantain (PL)	None	<input checked="" type="radio"/> Few	Many
Clover (CL)	None	<input checked="" type="radio"/> Few	Many
Knotweed (KN)	<input checked="" type="radio"/> None	Few	Many
Other (O)			Many

Identify "Others" by name if possible _____

Weedgrass (WD): None _____ Some Many _____ Crabgrass, Witchgrass, Barnyard Grass, etc.
 Insects (I) _____
 Disease _____
 Comments (Field Problems) _____

Signature _____

Date of Inspection _____