



Biogrow

QUESTIONNAIRE FOR ADVICE AND SUGGESTED SPRAY PROGRAMME

Please fill in and fax to 028 313 2054

Farm Name: _____

Address: _____

Phone / Fax/ e-mail: _____

Contact Person: _____

Climatic Conditions: Annual rainfall mm

Winter Rainfall Summer Rainfall

Crop: Growing Period: _____

Require Organic Programme: _____

Require 'GAP' (Good Agricultural Practice) Programme: _____

Certification Group: _____

Area under cultivation: _____

Irrigation: System: _____

Scheduling: _____

Spray Equipment: Type: _____

Calibration per Ha: _____

Water Volume per Ha: _____

Stage 1: _____

Stage 2: _____

Stage 3: _____

Stage 4: _____

History: Soil Diseases: _____

Fungal Diseases: _____

Insect Problems: _____

Crop Monitoring: _____

Do you use any of the following:

Mating Disruption:

Traps:

Physical Barriers:

Natural Predators release:

Any other: _____

Yes	No	Insects / Diseases
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____

Signed: _____