

Template: Monitoring Record

MONITORING RECORD						
Nursery name:						
Nursery Inspector name:						
Monitoring date:	Location and name of block:	Variety:	Leaf spotting or other symptoms observed?	Description of symptoms observed:	Action taken (e.g. ring KVH 0800 665 825)	Lab test required?
			YES / NO			YES / NO
			YES / NO			YES / NO
			YES / NO			YES / NO
			YES / NO			YES / NO
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