

TAB 4

Field Records

2017 Fire-cured Field Records

Nutrient Management

Soil Testing Date: ____/____/____
 (Keep copy of soil test results)

Soil Type: _____

Liming

Date of last time application: ____/____/____

Rate of lime: _____ tons/acre

Fertilizer Records

Date	Application Timing	Analysis (N-P-K)	lbs/acre
	<input type="checkbox"/> Pre-plant <input type="checkbox"/> Transplanting <input type="checkbox"/> Side-dressing <input type="checkbox"/> Foliar		
	<input type="checkbox"/> Pre-plant <input type="checkbox"/> Transplanting <input type="checkbox"/> Side-dressing <input type="checkbox"/> Foliar		
	<input type="checkbox"/> Pre-plant <input type="checkbox"/> Transplanting <input type="checkbox"/> Side-dressing <input type="checkbox"/> Foliar		
	<input type="checkbox"/> Pre-plant <input type="checkbox"/> Transplanting <input type="checkbox"/> Side-dressing <input type="checkbox"/> Foliar		
	<input type="checkbox"/> Pre-plant <input type="checkbox"/> Transplanting <input type="checkbox"/> Side-dressing <input type="checkbox"/> Foliar Application		

Manure Applications

Date	Type of Manure	Rate

Transplanting

Date of Transplanting: ____/____/____
 Transplant Batch Number**: _____
 Plant Population (plants per acre): _____ Row Width: _____ Plant Spacing in Row: _____

Topping Records

Date of Topping	Height at Topping (number of leaves)

*Photocopy pages if you have multiple field/tracts in tobacco production.
 **This is the identification number you created in Greenhouse and Transplant Records.

Firing Records for Barn ID: _____

Fuel Source:

Slabs Sawdust Wood chips Other: _____

Date Fire Started	Date Fire Ended	Maximum Temperature

Firing Records for Barn ID: _____

Fuel Source:

Slabs Sawdust Wood chips Other: _____

Date Fire Started	Date Fire Ended	Maximum Temperature

Firing Records for Barn ID: _____

Fuel Source:

Slabs Sawdust Wood chips Other: _____

Date Fire Started	Date Fire Ended	Maximum Temperature

TAB 5

Curing Facilities

2017 Fire-cured Curing Facilities

Farm Name	Barn ID	Barn Size (stick capacity)	Vertical Tier Spacing	Ventilation	Ventilation Locations	Barn Construction Material
				<input type="checkbox"/> Natural <input type="checkbox"/> Forced	<input type="checkbox"/> Top vents <input type="checkbox"/> Side vents <input type="checkbox"/> Other:	<input type="checkbox"/> Metal siding <input type="checkbox"/> Woodsiding <input type="checkbox"/> Metal over woodsiding
				<input type="checkbox"/> Natural <input type="checkbox"/> Forced	<input type="checkbox"/> Top vents <input type="checkbox"/> Side vents <input type="checkbox"/> Other:	<input type="checkbox"/> Metal siding <input type="checkbox"/> Woodsiding <input type="checkbox"/> Metal over woodsiding
				<input type="checkbox"/> Natural <input type="checkbox"/> Forced	<input type="checkbox"/> Top vents <input type="checkbox"/> Side vents <input type="checkbox"/> Other:	<input type="checkbox"/> Metal siding <input type="checkbox"/> Woodsiding <input type="checkbox"/> Metal over woodsiding
				<input type="checkbox"/> Natural <input type="checkbox"/> Forced	<input type="checkbox"/> Top vents <input type="checkbox"/> Side vents <input type="checkbox"/> Other:	<input type="checkbox"/> Metal siding <input type="checkbox"/> Woodsiding <input type="checkbox"/> Metal over woodsiding
				<input type="checkbox"/> Natural <input type="checkbox"/> Forced	<input type="checkbox"/> Top vents <input type="checkbox"/> Side vents <input type="checkbox"/> Other:	<input type="checkbox"/> Metal siding <input type="checkbox"/> Woodsiding <input type="checkbox"/> Metal over woodsiding
				<input type="checkbox"/> Natural <input type="checkbox"/> Forced	<input type="checkbox"/> Top vents <input type="checkbox"/> Side vents <input type="checkbox"/> Other:	<input type="checkbox"/> Metal siding <input type="checkbox"/> Woodsiding <input type="checkbox"/> Metal over woodsiding
				<input type="checkbox"/> Natural <input type="checkbox"/> Forced	<input type="checkbox"/> Top vents <input type="checkbox"/> Side vents <input type="checkbox"/> Other:	<input type="checkbox"/> Metal siding <input type="checkbox"/> Woodsiding <input type="checkbox"/> Metal over woodsiding
				<input type="checkbox"/> Natural <input type="checkbox"/> Forced	<input type="checkbox"/> Top vents <input type="checkbox"/> Side vents <input type="checkbox"/> Other:	<input type="checkbox"/> Metal siding <input type="checkbox"/> Woodsiding <input type="checkbox"/> Metal over woodsiding
				<input type="checkbox"/> Natural <input type="checkbox"/> Forced	<input type="checkbox"/> Top vents <input type="checkbox"/> Side vents <input type="checkbox"/> Other:	<input type="checkbox"/> Metal siding <input type="checkbox"/> Woodsiding <input type="checkbox"/> Metal over woodsiding
				<input type="checkbox"/> Natural <input type="checkbox"/> Forced	<input type="checkbox"/> Top vents <input type="checkbox"/> Side vents <input type="checkbox"/> Other:	<input type="checkbox"/> Metal siding <input type="checkbox"/> Woodsiding <input type="checkbox"/> Metal over woodsiding
				<input type="checkbox"/> Natural <input type="checkbox"/> Forced	<input type="checkbox"/> Top vents <input type="checkbox"/> Side vents <input type="checkbox"/> Other:	<input type="checkbox"/> Metal siding <input type="checkbox"/> Woodsiding <input type="checkbox"/> Metal over woodsiding
				<input type="checkbox"/> Natural <input type="checkbox"/> Forced	<input type="checkbox"/> Top vents <input type="checkbox"/> Side vents <input type="checkbox"/> Other:	<input type="checkbox"/> Metal siding <input type="checkbox"/> Woodsiding <input type="checkbox"/> Metal over woodsiding
				<input type="checkbox"/> Natural <input type="checkbox"/> Forced	<input type="checkbox"/> Top vents <input type="checkbox"/> Side vents <input type="checkbox"/> Other:	<input type="checkbox"/> Metal siding <input type="checkbox"/> Woodsiding <input type="checkbox"/> Metal over woodsiding
				<input type="checkbox"/> Natural <input type="checkbox"/> Forced	<input type="checkbox"/> Top vents <input type="checkbox"/> Side vents <input type="checkbox"/> Other:	<input type="checkbox"/> Metal siding <input type="checkbox"/> Woodsiding <input type="checkbox"/> Metal over woodsiding