

# **TAB 4**

## **Field Records**

# 2017 Flue-cured Field Records

(Complete each page in this section for each field/tract\*)

## Nutrient Management

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

Soil Type: \_\_\_\_\_

## Liming

Date of last lime 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		

## Transplanting

Date of transplanting: \_\_\_\_/\_\_\_\_/\_\_\_\_

Transplant Batch Number\*\*: \_\_\_\_\_

Plant Population (plants per acre): \_\_\_\_\_

Row Width: \_\_\_\_\_ Plant Spacing in Row: \_\_\_\_\_

## Irrigation Records (if applicable)

Source of irrigation water: \_\_\_\_\_

Application Type: \_\_\_\_\_

## Topping Records

Date of Topping	Height at Topping (number of leaves)

Date of Irrigation	Amount Applied

## Program for Preventing Weed Seed Contamination of Harvested Leaf (Palmer Amaranth, other Pigweed, Ragweed, Grasses)

Herbicides used \_\_\_\_\_

Number of Cultivations \_\_\_\_\_ Control of weeds in field borders \_\_\_\_\_

Preharvest scouting and cleanup practices \_\_\_\_\_

Other (hand hoeing, etc.) \_\_\_\_\_

\*Photocopy pages if you have multiple fields/tracts in tobacco production.

\*\*This is the identification number you created in Greenhouse and Transplant Records

**Field CPA Records**

Applicator*	Date	Brand/Product Name**	REI (hours)	Rate/ Acre	Area Treated	Total Application***	Notes/Target Pests	Start/Finish Time

**IPM Records**

Date of Scouting	Pests Observed	Percent of plants affected/infested	Action Taken	Effectiveness (Very good, good, fair, poor)

**Sucker Control Records**

Applicator*	Date	Brand/Product Name**	REI (hours)	Rate/ Acre	Area Treated	Total Application***	Method of Application	Weather Notes	Start/Finish Time
							<input type="checkbox"/> Hand <input type="checkbox"/> Sprayer		
							<input type="checkbox"/> Hand <input type="checkbox"/> Sprayer		
							<input type="checkbox"/> Hand <input type="checkbox"/> Sprayer		
							<input type="checkbox"/> Hand <input type="checkbox"/> Sprayer		
							<input type="checkbox"/> Hand <input type="checkbox"/> Sprayer		
							<input type="checkbox"/> Hand <input type="checkbox"/> Sprayer		

\*Applicator or reference number in CPA information.  
 \*\*Brand/product name or reference number from CPA information.  
 \*\*\*Total Amount of Product Used (indicate unit: oz., lb., pt., qt., gal.

# 2017 Flue-cured Harvesting and Curing Records

What type of fuel do you use (LPG, natural gas, fuel oil, etc.)? \_\_\_\_\_  
 How many pounds of tobacco are cured per gallon of curing fuel? \_\_\_\_\_ lbs.

Harvesting Date	Field/Track ID	Method of Harvesting	Barn ID	Stalk position

\*To calculate the pounds of tobacco cured per gallon of curing fuel, take your total pounds produced and divide by the total gallons of fuel used for curing. Example 200,000 pounds of tobacco divided by 15,000 gallons of fuel used = 13.3 pounds per gallon.

# **TAB 5**

## **Curing Facilities**

# 2017 Flue-cured Curing Facilities

## US Tobacco GAP -- Barn Testing Report

Farmer or Farm Name: \_\_\_\_\_ Testing Entity: \_\_\_\_\_

Signature of barn tester: \_\_\_\_\_ Date of Testing: \_\_\_\_\_

Barn Location: \_\_\_\_\_ CO<sub>2</sub> Meter Make: \_\_\_\_\_

Probe number: \_\_\_\_\_ Probe calibration date: \_\_\_\_\_

Total number of barns tested: \_\_\_\_\_

Number of barns passing: \_\_\_\_\_

### CO<sub>2</sub> Measurements

Barn ID Number	Barn Make and Model	Heat Exchanger Brand	Initial Reading	Final Reading	Barn Status Pass/Fail

Barn ID Number	Barn Make and Model	Heat Exchanger Brand	Initial Reading	Final Reading	Barn Status Pass/Fail

## US Tobacco GAP -- Barn Testing Report (RETEST)

Farmer or Farm Name: \_\_\_\_\_ Testing Entity: \_\_\_\_\_

Signature of barn tester: \_\_\_\_\_ Date of Testing: \_\_\_\_\_

Barn Location: \_\_\_\_\_ CO<sub>2</sub> Meter Make: \_\_\_\_\_

Probe number: \_\_\_\_\_ Probe calibration date: \_\_\_\_\_

Total number of barns tested: \_\_\_\_\_

Number of barns passing: \_\_\_\_\_

### CO<sub>2</sub> Measurements

Barn ID Number	Barn Make and Model	Heat Exchanger Brand	Initial Reading	Final Reading	Barn Status Pass/Fail