

PEST AND DISEASE MANAGEMENT

SAMPLE IPM RECORD FORM

DATE: _____ **LOCATION IN GARDEN:** _____

TIME: _____ **TEMPERATURE and WEATHER:** _____

	Affected Plants	Symptoms
1.		
2.		
3.		

Pest Found and Where

1. Name _____ **Plant** _____ **Number found** _____

Where? ___leaves ___stem ___flowers ___fruit ___roots

2. Name _____ **Plant** _____ **Number found** _____

Where? ___leaves ___stem ___flowers ___fruit ___roots

3. Name _____ **Plant** _____ **Number found** _____

Where? ___leaves ___stem ___flowers ___fruit ___roots

Name of Observer _____

Figure 1 IPM