

Farm Evaluation

Part A – General Farm Practices

Due Date
MARCH 1, 2019

Member Name: _____ Coalition Member ID#: _____

1. Pesticide Application Practices (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> County Permit Followed | <input type="checkbox"/> Monitor Wind Conditions |
| <input type="checkbox"/> Follow Label Restrictions | <input type="checkbox"/> Use Appropriate Buffer Zones |
| <input type="checkbox"/> Sensitive Areas Mapped | <input type="checkbox"/> Use Vegetated Drain Ditches |
| <input type="checkbox"/> Attend Trainings | <input type="checkbox"/> Monitor Rain Forecasts |
| <input type="checkbox"/> End of Row Shutoff When Spraying | <input type="checkbox"/> Use PCA Recommendations |
| <input type="checkbox"/> Avoid Surface Water When Spraying | <input type="checkbox"/> Chemigation |
| <input type="checkbox"/> Reapply Rinsate to Treated Field | <input type="checkbox"/> No Pesticides Applied |
| <input type="checkbox"/> Target Sensing Sprayer used | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Use Drift Control Agents | <input type="checkbox"/> Other _____ |

2. If you have one or more nutrient management plans, who helped prepare the plan?

(Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Certified Crop Advisor (CCA) | <input type="checkbox"/> Independently Prepared by Member |
| <input type="checkbox"/> Pest Control Advisor (PCA) | <input type="checkbox"/> UC Farm Advisor |
| <input type="checkbox"/> Certified Technical Service Providers by NRCS | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Professional Soil Scientist | |
| <input type="checkbox"/> Professional Agronomist | |

3. Complete Part E on sediment and erosion control practices used on farm field(s).

4. Does your farm have the potential to discharge sediment to off-farm surface waters?

- Yes No

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel or represented Members properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for knowingly submitting false information, including the possibility of fine and imprisonment for violations.

Signature

Printed Name

Date