



SEED POTATO FIELD INSPECTION REPORT

Trading Name	<input type="text"/>	Primary Contact	<input type="text"/>	Crop Reference No.	<input type="text"/>
Mobile	<input type="text"/>	Variety	<input type="text"/>	Crop Area (Ha)	<input type="text"/>
ROP No.	<input type="text"/>	Generation Planted	<input type="text"/>	Generation Harvested	<input type="text"/>
Paddock Letter	<input type="text"/>	Date Planted	<input type="text"/>		

Paddock Name and/or Location and/or Address

First Inspection	Date Actual	<input type="text"/>	Inspector Name	<input type="text"/>	
				Comments	Counts - %
Viruses	<input type="text" value="Pass / Fail / Provisional"/>			<input type="text"/>	<input type="text"/>
Bacteria	<input type="text" value="Pass / Fail / Provisional"/>			<input type="text"/>	<input type="text"/>
Fungi	<input type="text" value="Pass / Fail / Provisional"/>			<input type="text"/>	<input type="text"/>
Rogues (Ground Keepers, Foreigners and Off Types)	<input type="text" value="Pass / Fail / Provisional"/>			<input type="text"/>	<input type="text"/>
Rule Compliance (Crop Separation, Hygiene, Weeds, Chemical Damage and Labelling)	<input type="text" value="Pass / Fail / Provisional"/>			<input type="text"/>	<input type="text"/>

Second Inspection	Date Actual	<input type="text"/>	Inspector Name	<input type="text"/>	
				Comments	Counts - %
Viruses	<input type="text" value="Pass / Fail"/>			<input type="text"/>	<input type="text"/>
Bacteria	<input type="text" value="Pass / Fail"/>			<input type="text"/>	<input type="text"/>
Fungi	<input type="text" value="Pass / Fail"/>			<input type="text"/>	<input type="text"/>
Rogues (Ground Keepers, Foreigners and Off Types)	<input type="text" value="Pass / Fail"/>			<input type="text"/>	<input type="text"/>
Rule Compliance (Crop Separation, Hygiene, Weeds, Chemical Damage and Labelling)	<input type="text" value="Pass / Fail"/>			<input type="text"/>	<input type="text"/>

Biosecurity Suspected SRO	<input type="text"/>	Action Taken	<input type="text" value="Call 0800 80 99 66"/>	<input type="text" value="Y/N"/>	<input type="text"/>	Test Lab	<input type="text"/>
			<input type="text" value="Sample Taken"/>	<input type="text" value="Y/N"/>	<input type="text"/>	Date	<input type="text"/>

Comments