

Example Record of Insect Monitoring

Farm Name: _____ Farm PremID (PIN): _____

Address: _____ Contact Name: _____ Phone: _____

Insect traps/monitoring devices should be checked regularly and replaced/replenished when low.				
Date	Visual inspection findings (insect types trapped, evidence of insect activity, etc.)	Estimated number of insects noted	Trap or monitoring device replaced or replenished? (Y/N)	Initials of site personnel checking insect
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

*Note that this form is just an example and may not necessarily meet the requirements of the Responsible Regulatory Official or the needs of the producer.

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