

PLEASE FILL OUT COMPLETELY:

Caller's Name: _____

Address: _____

Phone: _____ E-mail: _____

MG taking initial call: _____

1. DESCRIPTION OF PROBLEM OR REQUEST.

If weed, insect, or disease problem, turn over this page and complete section 1.

2. ANSWER GIVEN TO THE CALLER: MG name: _____ Date: _____

(If multiple entries are made here, then indicate MG name and date for each entry.)

3. WRITTEN MATERIALS SENT TO CALLER: MG name: _____ Date: _____

(If multiple entries are made here, then indicate MG name and date for each entry.)

4. PENDING BOOK: If response is not complete, describe what needs to be done next here and file this form in the **Pending Book**. A specimen (or any other question) is sent to the farm advisor using this form (no copy). In that case, this form is given to the UCCE office clerk and you log that information on the specimen **Log Sheet in front of the Pending Book**.

(If multiple entries are made here, then indicate MG name and date for each entry.)

5. COMPLETED BOOK: File this form when #2, #3, #4 are completed. DATE _____

If client does not respond to two "call backs", then "close" (complete) the case due to lack of response.

1. (Continued)

IF WEED, INSECT, OR PLANT DISEASE PROBLEM, THE FOLLOWING INFORMATION IS REQUIRED. Use this form to help guide your diagnosis. Circle appropriate word or fill in blank.

Nature of problem: weed / insect / disease/ other/ unknown

Identify plant: _____
(Common name required; genus, species & variety if known)

Age of plant: seedling / recently transplanted / established

Plant part(s) affected: entire plant / young leaves / old leaves / roots

Container or Soil grown? _____ Heavy soil or light soil?

Describe important characteristics of the location of the plant _____

How many plants are affected? _____

Symptoms or signs:

Other useful information, if available:

Environmental extremes: heat / cold too much / too little water

Other: _____

Manmade problems:

Pesticides used: name _____

Were label instructions for rate and frequency followed? _____

Irrigation frequency: _____

Other: _____

SPECIMEN SAMPLE: Ask for a sample of the specimen if the **required** information above is not known or is insufficiently described. The sample should possess the range of symptoms and include signs of pest or pathogen, if available. Samples should be placed in a sealed plastic bag or other sealed container. Give the sample to the UCCE office clerk with this form (no copy) **and enter the needed information on the specimen log sheet in front of Pending Book.** The farm advisor will return this completed form and check off the item on the log sheet.

Completed by FARM ADVISOR **Initials:** _____ **Date:** _____

Diagnosis, Identification, and Recommendation: