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CODE: _____ (Office Use Only)

GROWER: _____ BLOCK I.D: _____

CROP: _____ VARIETY: _____ ROOTSTOCK: _____

AGE OF CROP: _____ CROP DENSITY: _____

ESTIMATED PLANTING OR BUD BURST DATE: _____

ESTIMATED HARVEST DATE: _____

TYPE OF SAMPLE: SOIL LEAF FRUIT

TEST DESIRED: _____ SAMPLE DEPTH (for soil): _____

TYPE OF IRRIGATION: overhead under tree drip flood

TOPOGRAPHY: flat sloping undulating Terrace

RAINFALL (mm): _____ BLOCK SIZE: _____

FERTILIZER INJECTOR AVAILABLE: YES NO

REGULAR FERTILIZER PROGRAM SPECIFY: _____

FERTILIZER: _____ AMOUNT: _____ TIME APPLIED: _____

TOTAL PER ANNUM: _____

PRE PLANT: _____

1ST SIDE DRESSING: _____

OTHER: _____

OTHER: _____

OTHER: _____

REGULAR YIELD: _____ BRIX: _____

AVERAGE LOCAL YIELD: _____

MAJOR PROBLEMS / ISSUES: _____

GENERAL APPEARANCE: _____

PHENOLOGICAL STAGE CURRENTLY AT: _____

COMMENTS: _____

DATE SAMPLE COLLECTED: _____

PLEASE FILL THE SAMPLE INFORMATION SHEET TO THE BEST OF YOUR KNOWLEDGE TO ENSURE A MORE ACCURATE RECOMMENDATION & TIMELY PROCESSING FORWARD TO ROOTS SHOOTS & FRUITS THANK YOU: - Fax 09-3729156