



## PRE HARVEST GROWER RECORD

### All Fields are Mandatory

CONTRACT: IP  Seed  Organic

Grower Name: \_\_\_\_\_ Acres: \_\_\_\_\_ No. Fields: \_\_\_\_\_  
 Crop Year: \_\_\_\_\_ Previous Crop: \_\_\_\_\_  
 Variety: \_\_\_\_\_ Storage Location:  Stored  Delivered  
 Have Adzuki beans ever been planted in this field? Yes  \_\_\_\_\_ (year) No

Certified seed has been purchased and all seed tags and invoices will be retained for a period of 2 years for the purpose of tracking seed lot numbers

Seed Purchased From: \_\_\_\_\_

Number of Units: \_\_\_\_\_ bags Lot #: \_\_\_\_\_  
 (if more space is needed, please use the back of the form) \_\_\_\_\_ totes or bulk Lot #: \_\_\_\_\_

Planter has been cleaned thoroughly between other crops and different varieties.

Grower confirms the following details:

Previous Crop: \_\_\_\_\_ Date Cleaned: \_\_\_\_\_ Signature: \_\_\_\_\_  
 If soybeans, include Variety \_\_\_\_\_

Custom planter Operator (if applicable): \_\_\_\_\_

There is a 3m buffer strip between any adjacent plants that would be considered a source of contamination to the soybean crop.

Soybeans were not planted in fields that had a different type or variety of beans in it the previous year.

Planting Date: \_\_\_\_\_ Seeding Rate: \_\_\_\_\_

Row Width: \_\_\_\_\_ Soil Type: \_\_\_\_\_ Tillage: \_\_\_\_\_

A farm/field map has been provided to Sevita International

Fields were walked regularly to identify any quality concerns (ie. pests/weeds/disease/etc.)

NOTE: Please contact Sevita if you require assistance with any quality concerns in your fields.

### Fertilizer Application

N/P/K	Rate	Date

Have Bio Solids been applied to this field(s) in the past 2 years? Yes  No

### Herbicide / Pesticide Application

Chemical / Brand Name / Active Ingredient	Rate	Date
	<input type="checkbox"/> Label Rate Used If NO, rate: _____, why: _____	
	<input type="checkbox"/> Label Rate Used If NO, rate: _____, why: _____	
	<input type="checkbox"/> Label Rate Used If NO, rate: _____, why: _____	
	<input type="checkbox"/> Label Rate Used If NO, rate: _____, why: _____	

I hereby guarantee all the above information to be true and accurate to the best of my (our) ability.

Grower Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Farm Name: \_\_\_\_\_

PLEASE SEND COMPLETED FORM TO [DOCUMENTS@SEVITA.COM](mailto:DOCUMENTS@SEVITA.COM) BY **AUGUST 15**