



Plant Health and Pest Prevention

COUNTY OF SAN DIEGO

Department of Agriculture, Weights, and Measures
 9325 Hazard Way, Suite 100 San Diego, CA 92123
 Entomology: (858) 614-7738 Plant Pathology/Nematology: (858) 614-7734 Fax: (858) 467-9697

- Insect
- Nematode
- Plant ID
- Disease
- Viability
- Other (See Problem)

SPECIMEN FOR DETERMINATION FORM

Owner/Consignee:	Record #:	Inspection #:	Date Submitted:
Mailing Address:	Email:	Telephone #:	

SAMPLE INFORMATION

Sample (A):	Sample (B):	Sample (C):	Sample (D):
Location Where Sample(s) Found OR Address (If Different From Above):		Check All That Apply: <input type="checkbox"/> Residential <input type="checkbox"/> Nursery <input type="checkbox"/> Landscape Maintenance <input type="checkbox"/> Commercial Grower <input type="checkbox"/> Other: _____	

ENTOMOLOGY (INSECT): <input type="checkbox"/> Alive <input type="checkbox"/> Dead Host(s): _____ _____ _____	PLANT PATHOLOGY (DISEASE): <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">Grown In:</td> <td style="width: 15%;">Watering Schedule:</td> <td style="width: 15%;">Planted On/In:</td> <td style="width: 15%;">Soil Texture:</td> <td style="width: 15%;">Soil Drainage:</td> </tr> <tr> <td> <input type="checkbox"/> Sun <input type="checkbox"/> Shade <input type="checkbox"/> Partial Shade <input type="checkbox"/> Greenhouse <input type="checkbox"/> Shade House <input type="checkbox"/> Indoors </td> <td> <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Only When it Rains <input type="checkbox"/> Other: </td> <td> <input type="checkbox"/> Ground <input type="checkbox"/> Container </td> <td> <input type="checkbox"/> Sand <input type="checkbox"/> Loam <input type="checkbox"/> Clay <input type="checkbox"/> Decomposed Granite <input type="checkbox"/> Commercial Soil Mix </td> <td> <input type="checkbox"/> Well Drained <input type="checkbox"/> Moderately Drained <input type="checkbox"/> Poorly Drained <input type="checkbox"/> Standing Water <input type="checkbox"/> Hardpan </td> </tr> </table>	Grown In:	Watering Schedule:	Planted On/In:	Soil Texture:	Soil Drainage:	<input type="checkbox"/> Sun <input type="checkbox"/> Shade <input type="checkbox"/> Partial Shade <input type="checkbox"/> Greenhouse <input type="checkbox"/> Shade House <input type="checkbox"/> Indoors	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Only When it Rains <input type="checkbox"/> Other:	<input type="checkbox"/> Ground <input type="checkbox"/> Container	<input type="checkbox"/> Sand <input type="checkbox"/> Loam <input type="checkbox"/> Clay <input type="checkbox"/> Decomposed Granite <input type="checkbox"/> Commercial Soil Mix	<input type="checkbox"/> Well Drained <input type="checkbox"/> Moderately Drained <input type="checkbox"/> Poorly Drained <input type="checkbox"/> Standing Water <input type="checkbox"/> Hardpan
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Chemical/Fertilizers Applied:	Date Applied:	Rate/Dosage:
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Describe Problem/Situation:

LAB DETERMINATION * FOR LAB USE ONLY *

Sample	Result(s)	Viable?	Rating

Determined By:	Date Determined:	Lab Number #:	Inspector:
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