

LAWNS

1426 E 750 N Suite 202
 Orem, UT 84097
 Phone: 385-268-6530
gardenhelp@usu.edu
horticultureassistant@usu.edu

Diagnostic Lab Form
 \$2.00 paid _____



Extension
 UtahStateUniversity



<p>Date:</p> <p>For: Commercial _____ Homeowner _____</p>	<p>Watering: How often do you water? (VERY IMPORTANT!) By the day <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday or <input type="checkbox"/> By intervals _____ (every 3rd day, etc.)</p>
<p>Name:</p>	
<p>Phone Numbers:</p> <p>Primary _____</p> <p>Other _____</p> <p>Other _____</p>	<p>How long do you water? (minutes/hours)</p> <p>What time of day do you water?</p>
<p>Email Address:</p>	<p>Describe irrigation system:</p> <p><input type="checkbox"/> Popup rotor sprinklers <input type="checkbox"/> Hose-end sprinkler <input type="checkbox"/> Popup stationary spray sprinklers <input type="checkbox"/> Flood irrigation <input type="checkbox"/> By hand</p>
<p>Address:</p> <p>_____</p> <p>City _____ State _____</p> <p>Zip Code _____</p>	<p>Plant part(s) affected:</p> <p><input type="checkbox"/> Stems <input type="checkbox"/> Roots <input type="checkbox"/> Blades <input type="checkbox"/> Other</p>
<p>Turf species:</p> <p>Age of turf:</p>	<p>Symptoms:</p> <p><input type="checkbox"/> Yellowing <input type="checkbox"/> Dead/brown areas <input type="checkbox"/> Streaks <input type="checkbox"/> Lawn detaches from roots <input type="checkbox"/> Other:</p>
<p>Where is the turf located?</p> <p><input type="checkbox"/> Front yard <input type="checkbox"/> Back Yard <input type="checkbox"/> Orchard <input type="checkbox"/> Parking strip <input type="checkbox"/> Other _____</p> <p>Is the problem getting worse? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Pesticides & Fertilizers (IMPORTANT):</p> <p>Name of product(s):</p> <p>Rate and date applied:</p>
<p>When was the problem first observed?</p>	
<p>How much sun exposure?</p> <p><input type="checkbox"/> ¼ day <input type="checkbox"/> ½ day <input type="checkbox"/> all day</p>	<p>Describe symptom development:</p>
<p>What is the soil like?</p> <p><input type="checkbox"/> Sandy <input type="checkbox"/> Loam <input type="checkbox"/> Clay</p> <p>What is the soil drainage like?</p> <p><input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor</p>	

FOR OFFICE USE ONLY:

Diagnostician	
Diagnostician Date	
Identification	
Control	
Comments	
Date Replied	
Person Contacted	<hr/> <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> In Person
Name of person who contacted them	

Statistical Reporting (Optional*)

Gender:

- Male Female

Ethnicity:

- Caucasian Hispanic American Indian
 African American Pacific Islander
 Other:

*Our funding is based on the statistics we provide to the Federal Government.