

Tubercare Treatment Record Form



Date:

Location:

Variety:			
Seed Lot Number:			
Size Fraction:		Is Seed Dormant:	Yes No
Level of Soil:	High	Medium	Low

Previous Treatment

Product:		Dose Rate:	ml/T	Date:	
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Current Treatment

Operators Name:				
Product:				
Dose Rate:	Water Rate:	Total Solution:	Time to Fill 1 Tonne Box:	Flow Rate:
ml/T	L/T	L/T	mins seconds	T/Hour
Nozzle Colour & Pressure:		Bar	Injection Pump:	ml/min

Post Treatment Ventilation Type:	
Sample code & number of samples retained:	
Date of bags sealed/collection off farm:	
Destination (if known):	

www.certiseurope.co.uk/tubercare

Technical Hotline 0845 373 0305