

GREENHOUSE HISTORY FORM

Name: _____

Document all Crops, Soil Amendments, Fertility Inputs, and Pest and Disease Controls for the last 3 consecutive years and your projected crops/inputs for the coming year. Complete one chart per greenhouse.

Greenhouse Name or ID: _____ Total Growing Area in Square Feet: _____

Describe greenhouse. What is the frame? Identify location of any treated wood: _____

Does any conventional production take place in this greenhouse? Yes No
 If yes, describe what is grown, when and where: _____

Date since last prohibited substance was applied in greenhouse: _____
 If Greenhouse is owned by someone else, _____

If crops are grown in ground, when was last soil test? _____

Owners Name: _____

Is Landowner Affidavit attached? Yes No

Year	Crop(s)	Organic Matter Inputs (Product/Rate/Date)	Fertility Inputs (Product/Rate/Date)	Insect Control (Product/Rate/Date)	Disease Control (Product/Rate/Date)	Weed Control (Product/Rate/Date)
2016						
2017						
2018						
Projected for 2019						