GREENHOUSE USE 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 form 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 crops are grown in ground, when was the last soil test? _____

If Greenhouse is owned by someone else,

Owner's 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)
Projected for 2026						
2025						
2024						
2023						

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