Name / Contact: Varieties Affected

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| --- | --- | --- | --- | --- |
| Variety | Bud Break | Bloom | Set | Pea Size |
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|  |  |  |  |  |

Phone #:

Vineyard Name:

Location:

County:

Location (Block, Row):

**Make observations at least once a week**/ One variety per sheet

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Variety | Year: |  | If Yes |  | If Yes |  |  |  |
| Emerged Leaf Position  | Observation Date | Any Phenoxy Symptoms Observed? Yes or N o | Severity RatingScale 0-5 | Did it Rain? Yes or N o | Date | Amount | Duration | Wind Direction |
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