



SCOUTING FORM

Date: _____ Temperature: High _____ Low _____ Scout's Name: _____

Precipitation (ml): _____ Soil Temperature at 3": _____ Relative Humidity: _____

Cloud/Sun: _____

Hole	Greens				Tees				Fairways				Rough			
	D	I	W	O	D	I	W	O	D	I	W	O	D	I	W	O
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																
13																
14																
15																
16																
17																
18																
Practice Green																
Driving Range																
Landscape																

Disease:

- Anthraxnose A
- Brown Patch BP
- Cool Season Pythium CSP
- Dollar Spot DS
- Fairy Ring FR
- Fusarium F
- Grey Snow Mold GSM
- Leaf Spot LS
- Necrotic Ring Spot NRS
- Powdery Mildew PM
- Pythium Blight PB
- Pythium Root Dysfunction PRD

Red Thread

- Rusts
- Slime Moulds
- Smuts
- Summer Patch
- Take-All Patch
- Waitea Patch
- Yellow Patch

Not applicable

RT

- R
- SM
- S
- SP
- TAP
- WP
- YP

N/A

Insects:

- Annual Bluegrass Weevil
- Ants
- Black Cutworm
- Black Turfgrass Ataenius
- Bluegrass Billbug
- European Chafer
- European Crane Fly
- Hairy Chinch Bug
- Japanese Beetle
- June Beetle
- Sod Webworm
- Turfgrass Scale

- ABW
- AN
- BC
- BTA
- BB
- EC
- ECF
- HCB
- JB
- JuB
- SW
- TS

Weeds:

- Chickweed Ch
- Clover CL
- Crabgrass C
- Dandelion D
- Knotweed K
- Medic M
- Moss MO
- Plantain P
- Quackgrass Q
- Spurge S
- Yarrow Y
- Other Broadleaf Weed OBW

Other Grass Weed

- OGW
- Other:**
- Drought/Dry Conditions DDC
- Flooding/Wet Conditions FWC
- Compaction COM
- Cart Traffic CT
- Shading SH
- Thatch TH
- Not applicable N/A



SCOUTING FORM

Insert course or hole map here to help illustrate pest locations

or

include map on an attached page



SCOUTING FORM

Please describe the factors contributing to pest pressures experienced:

Actual count vs. threshold limits: (where action must be taken to prevent further damage)

Action Taken: continue to monitor cultural controls implemented

If cultural controls were implemented, check which ones:

- fertilized hand-watered top-dressed verti-cut dew removed
- mowing skipped over-seeded rolled raised mowing height
- removed by hand controlled burn raked irrigation amended (e.g. timing, quantity)
- biological control: _____ other cultural method: _____

treated with pest control product. If Yes, please indicate the date of application: _____

Additional Comments:

IPM Agent: _____

Signature: _____