

YEAR: _____

FORAGE AND CROP PRODUCTION RECORD¹

Field	Crop	Seed Used			Chemical Applied				N LBS/A	P LBS/A	K LBS/A	Lime TON/A	Total Yield	Grain Yield /Acre	Beef Yield /Acre
		Rate/A	Variety	Date	Name	Date	Rate/A	Cost/A							
FSA Farm Number: _____									_____ Air _____ Ground; By _____; Nozzle # _____ @ _____ PSI in _____ gals spray/A.						
Farm Plan Completion Date: _____ / ____ / ____									_____ Air _____ Ground; By _____; Nozzle # _____ @ _____ PSI in _____ gals spray/A.						
Soil Type: _____									Also note: The chemicals(s) _____ have crop or re-entry restrictions as follows: _____						
Date and Results of Last Soil Test: _____ / ____ / ____									Special Problems (weeds, insects, and diseases): _____						
PH _____ B.I. _____ N _____ P _____ K _____															
FSA Farm Number: _____									_____ Air _____ Ground; By _____; Nozzle # _____ @ _____ PSI in _____ gals spray/A.						
Farm Plan Completion Date: _____ / ____ / ____									_____ Air _____ Ground; By _____; Nozzle # _____ @ _____ PSI in _____ gals spray/A.						
Soil Type: _____									Also note: The chemicals(s) _____ have crop or re-entry restrictions as follows: _____						
Date and Results of Last Soil Test: _____ / ____ / ____									Special Problems (weeds, insects, and diseases): _____						
PH _____ B.I. _____ N _____ P _____ K _____															
FSA Farm Number: _____									_____ Air _____ Ground; By _____; Nozzle # _____ @ _____ PSI in _____ gals spray/A.						
Farm Plan Completion Date: _____ / ____ / ____									_____ Air _____ Ground; By _____; Nozzle # _____ @ _____ PSI in _____ gals spray/A.						
Soil Type: _____									Also note: The chemicals(s) _____ have crop or re-entry restrictions as follows: _____						
Date and Results of Last Soil Test: _____ / ____ / ____									Special Problems (weeds, insects, and diseases): _____						
PH _____ B.I. _____ N _____ P _____ K _____															
FSA Farm Number: _____									_____ Air _____ Ground; By _____; Nozzle # _____ @ _____ PSI in _____ gals spray/A.						
Farm Plan Completion Date: _____ / ____ / ____									_____ Air _____ Ground; By _____; Nozzle # _____ @ _____ PSI in _____ gals spray/A.						
Soil Type: _____									Also note: The chemicals(s) _____ have crop or re-entry restrictions as follows: _____						
Date and Results of Last Soil Test: _____ / ____ / ____									Special Problems (weeds, insects, and diseases): _____						
PH _____ B.I. _____ N _____ P _____ K _____															

¹ Cross-reference with Forage and Crop Production Record, page C-9.