

Scouting SOAP chart

Pest Management Weekly report by: _____

Subjective: (what you see as symptoms): For this sample, overall degree of damage:

Mild Moderate Severe

Pervasive throughout the grow or one individual plant or a block of plants? **Y / N**

For this sample, circle the best description of the pest's movements: **Static or mobile**

Describe physical injuries or changes along with location on the plant

Objective (what is observed as an actual sign.)

How many insects per leaflet?: _____

Describe what you see in terms of leaf spots: _____

Are leaf spots greasy or dry in appearance? Greasy/watery or Dry

Assessment: What do you think is the probable cause(s)?

Has this happened before, if so same location or pattern of the problem? Do you know the Pest?

Are there multiple issues? _____

Plan: What is the proposed and agreed upon action item:

Notes: _____

Overall estimated Growth Progress Index (GPI): _____

**GPI of 1.0 = targeted growth is being achieved*

Diagnostic data

Location within the grow: _____ Location within the Bench ____ Date: _____ Submitted by: _____

Location: List of space IDs or graphic map (place hand drawn map if needed)

Mother Plant? Y or N Do you have another Mom in the strain affected. Y or N

Wave, strain, other info: _____

Notes:

Symptoms 1	Symptoms 2	Plant parts affected	Distribution on plant	Distribution in greenhouse
Leaf Spot	Frass	Leaves	Newer leaves	Entire Growhouse
Wilting	Honeydew	Branches/Twigs	Older Leaves	Single plant
Yellowing	Slime trail	Stem/Stalk/Trunk	Bottom of Plant	Scattered
Tip burn	Chewing	Flowers	Top of Plant	Specific Strains
Dieback	Skeletonized	At base of plant	Scattered in the plant	Wet areas
Root Rot	Flecking	Leaves	Whole Plant	Dry areas
Distortion	Dusty	Seedling/cutting	Middle of the plant	High light areas
Powdery	Mosaic	Roots	Entire plant stunted	Low light areas
Stippling	Tunneling	Entire plant	Branch Crotches	Streaks across the plant population
Stunting	Webbing			
Mosaic	Sticky			
Curling	Scorching			
Cupping				

