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| **MONITORING RECORD** | | | | | | | |
| **KPIN:** |  | | | | | | |
| **Monitor name:** |  | | | | | | |
| **Monitoring date:** | **Location and name of block:** | **Variety:** | **Leaf spotting or other symptoms observed?** | **Description of symptoms observed:** | **Action taken.**  **(e.g.,ring KVH 0800 665 825)** | **Lab test required?** |
|  | | | |  | YES / NO |  |  | YES / NO |
|  | | | |  | YES / NO |  |  | YES / NO |
|  | | | |  | YES / NO |  |  | YES / NO |
|  | | | |  | YES / NO |  |  | YES / NO |
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