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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 |
|   |  | | |   | YES / NO |  |  | YES / NO |
|   |  | | |   | YES / NO |  |  | YES / NO |
|   |  | | |   | YES / NO |  |  | YES / NO |
|   |  | | |   | YES / NO |  |  | YES / NO |
|   |  | | |   | YES / NO |  |  | YES / NO |
|   |  | | |   | YES / NO |  |  | YES / NO |
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|   |  | | |   | YES / NO |  |  | YES / NO |
|   |  | | |   | YES / NO |  |  | YES / NO |
|   |  | | |   | YES / NO |  |  | YES / NO |