Template: Monitoring Record

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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