Washington State Department of Agriculture
Leaf Indexing Report Form

Completed forms should be mailed to:
WSDA Pesticide Management Division
21 N. 1st Ave., Suite #236
Yakima, WA 98902

Phone: 509-225-2647 Fax: 509-575-2210

Name / Contact: _____
Phone #: _____
Vineyard Name: _____
Location: _____
County: _____
Section:_____Township:_____Range: _____

Varieties Affected

Variety	Bud Break	Bloom	Set	Pea Size

Location (Block, Row):_____

Make observations at least once a week/ One variety per sheet

Variety:	Year:		If Yes		If Yes			
Emerged Leaf Position	Observation Date	Any Phenoxy Symptoms Observed? Yes or No	Severity Rating Scale 0-5	Did it Rain? Yes or No	Date	Amount	Duration	Wind Dir.
1 Basal								