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: ___________________________                Varieties Affected
Phone #: ________________________________
Vineyard Name: ___________________________
Location: ________________________________
County: _________________________________
Section: __________ Township: _______ Range: ______

Location (Block, Row):
**Make observations at least once a week**/ One variety per sheet

<table>
<thead>
<tr>
<th>Variety:</th>
<th>Year:</th>
<th>If Yes</th>
<th>If Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emerged Leaf Position</td>
<td>Observation Date</td>
<td>Any Phenoxy Symptoms Observed? Yes or No</td>
<td>Severity Rating Scale 0-5</td>
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<td>1 Basal</td>
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