



eco-friendly  
fertilisers  
and brilliant  
products

# PLANT of HEALTH

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## Soil Nutrition Diagnostics™ Paddock Information

Personal Details	
Name:	Date:-
Business/Account Name:	
Phone Number:	Fax Number:
Postal Address:	Production System: <input type="checkbox"/> Biological <input type="checkbox"/> Organic/Biodynamic <input type="checkbox"/> Conventional
E-mail Address:	
Test Required: <input type="checkbox"/> Standard Soil Analysis plus Plant Available Silicon <input type="checkbox"/> Plant Analysis <input type="checkbox"/> Plant Analysis plus Leaf Washing	

Crop and Paddock Details (Soil Analysis and/or Plant Analysis)	
Current Crop	Previous Crop
Block Name	Block Size
Irrigation Details (please tick): <input type="checkbox"/> Fertigation <input type="checkbox"/> Foliar Spray <input type="checkbox"/> Boomspray	

### Plants grown on sample block

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### Crop Stage

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### Fertiliser history, what applied and when.

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**Method/s of fertiliser application. Eg foliar spray, Broadcast**

**Irrigation technique, fertigate, drip, flood, sprinklers, Other.....**

**Any crop symptoms**

**Has the crop recently been sprayed with Nutrients, Fungicides, Pesticides**

**Any Further information regarding the crop or your personal situation relating to your farm. (use separate sheet if required)**