Field History_36 Months

Instructions: Please provide 3rd Party verification for all Material Inputs listed and applied during the 3-year Field History (OMRI, WSDA, Etc.)

FIELD HISTORY **FARM** **CONTACT** **YEAR** **DATE COMPLETED**

Field # name	# acres	Year:_____ Crop	Yield	Soil/plant treatments * what/amount/when	Field # name	# acres	Year: _____ Crop	Yield	Soil/plant treatments * what/amount/when	Field #/name	# acres	Year:____ Crop	Yield	Soil/plant treatment * what/amount/when

Inspector:

Evaluator:

* Include compost and any fertilization, mulching, or pesticide treatment (copy as needed); use more than one sheet as applicable