

DEFRA WINTER OILSEED RAPE: PEST AND DISEASE MONITORING 2022-2023

Name of collector:.....

Office.....Tel. No.....

Sample no.....Date of sample.....

Farmer Field Identity:

Address:..... OS Grid reference (6fig.):.....

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Area of field: Please tick the box(es) which describes the most appropriate
(please state whether ha or ac): actions taken when applying your fungicides;

Variety: You saw a disease problem yourself.

Sowing date:..... The sprays were part of a routine spray programme used
whether a disease was present or not - as an insurance

You were advised to apply a spray.

Past cropping:

2021: 2020: 2019: 2018:

Distance from last year's rape crop: adjacent/distant * ***delete as appropriate**

Cultivation / establishment technique:

Direct drill Auto cast Plough (Conventional)
Sub cast Minimum tillage Shallow plough

Please return completed form to: Hugh Guinan, ADAS Rosemaund, Preston Wynne, Hereford, HR1 3PG.

This questionnaire is being sent to you using an address list compiled from information collected as part of the June Survey of Agriculture. No disclosure of identities or addresses of farmers has been made to the team commissioning the despatch of the survey.

ADAS processes personal data according to Data Protection Act 2018 (GDPR). For further information about how your data will be processed please visit www.pestanddiseasesurvey.co.uk

Did the field contain a cover crop immediately prior to the current crop, and if so which species of cover crop? A cover crop is a non-cash crop grown primarily for the purpose of protecting or improving the soil between periods of regular crop production, and may be in place from a few weeks to years.

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Is there an agri-environment scheme associated with this field, which affected how the crop was managed? If so, please provide details of the scheme and how crop management was affected.

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Has the crop been sown with a companion crop, and if so which species of companion crop? Companion crops are planted with the main crop and can help to increase crop productivity by reducing pest problems, provide nutrients, or act as a nurse crop.

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PESTICIDE QUESTIONNAIRE

Name of collector:.....

Office..... Tel. No.....

Sample no..... Date of sample.....

Please give full product names wherever possible. If none applied please indicate by striking through box.

Seed Treatments

Full product name

Molluscicides

Date applied	Full product name	(B) Broadcast (D) Drilled	Rate of application

Pre-emergence and Foliar sprays. Please bracket together tank mixes.

Date applied	Growth stage applied; if unknown please indicate (L) Leaf production, (S) Stem extension, (B) Bud development, (F) Flowering, (P) Post flowering	Full product name	(F) Fungicide (I) Insecticide (H) Herbicide (GR) Growth regulator (D) Desiccant	Rate of application
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				

