

TURF DIAGNOSTIC FORM

- Commercial
 Residential

Name _____ Company Name _____
LAST FIRST MI (IF APPLICABLE)

Mailing Address _____
STREET CITY STATE ZIP

Phones () (HOME • WORK • CELL?) () (HOME • WORK • CELL?)

EMAIL (reports are emailed – print clearly)

Copy report to Clemson staff: _____@clemson.edu _____@clemson.edu

Sample Collection Site: (if different from above)	Name/Company _____
	Address _____
	Phone _____ Email _____ County _____

SELECT ONE: <input type="checkbox"/> \$20.00 South Carolina collection site <input type="checkbox"/> \$30.00 out-of-state collection site	BILLING ACCOUNT: _____ If none, submit payment with sample material. Make checks payable to Clemson University .	Check # _____
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Name of turfgrass _____ Cultivar/variety _____

Field ID/Reference _____ (Optional, up to 20 characters. Examples: Smith Front; #7 Green)

County where collected _____ Date collected _____

Comments/suspected diagnosis: _____

Date sodded/seeded _____		Percent turf affected _____		Date first noticed _____																	
Symptoms <input type="checkbox"/> browning/scorch <input type="checkbox"/> dead areas <input type="checkbox"/> leaf spots <input type="checkbox"/> patches/rings/arcs <input type="checkbox"/> poor growth <input type="checkbox"/> purple/red leaves <input type="checkbox"/> stubby roots <input type="checkbox"/> wilt <input type="checkbox"/> yellowing <input type="checkbox"/> stunted <input type="checkbox"/> other: _____	Exposure in problem area <input type="checkbox"/> full sun <input type="checkbox"/> partial shade <input type="checkbox"/> shaded Weather preceding development <input type="checkbox"/> clear <input type="checkbox"/> cloudy <input type="checkbox"/> rainy <input type="checkbox"/> drought <input type="checkbox"/> adequate moisture <input type="checkbox"/> excess moisture	Soil type <input type="checkbox"/> sandy <input type="checkbox"/> loam <input type="checkbox"/> clay/clay loam <input type="checkbox"/> artificial mix Drainage <input type="checkbox"/> good <input type="checkbox"/> moderate <input type="checkbox"/> poor	Location of planting <input type="checkbox"/> Landscape – commercial <input type="checkbox"/> Landscape – residential <input type="checkbox"/> Green # _____ <input type="checkbox"/> Tee # _____ <input type="checkbox"/> Fairway # _____ <input type="checkbox"/> Sod farm <input type="checkbox"/> Athletic field <input type="checkbox"/> Park <input type="checkbox"/> Cemetery <input type="checkbox"/> Other: _____	Did turf green-up well in spring? <input type="checkbox"/> Yes <input type="checkbox"/> No Poor green-up in previous years? <input type="checkbox"/> Yes <input type="checkbox"/> No Is grass thinning? <input type="checkbox"/> Yes <input type="checkbox"/> No																	
Pattern shape <input type="checkbox"/> patches <input type="checkbox"/> rings <input type="checkbox"/> bands/streaks Size of pattern (Examples: 8' x 10' area, 6" circles on entire lawn, 2' x 25' bands) _____ _____ _____		Irrigation type <input type="checkbox"/> none <input type="checkbox"/> drip system <input type="checkbox"/> overhead sprinkler <input type="checkbox"/> hand/manual How frequently: _____ How long each time: _____ Time of day: <input type="checkbox"/> Pre-dawn <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		Chemicals applied to or near turfgrass <input type="checkbox"/> NONE <input type="checkbox"/> UNKNOWN <table border="1"> <thead> <tr> <th>Fertilizer name (be specific)</th> <th>Contained weed killer?</th> <th>Analysis (e.g. 16-4-8)</th> <th>Date Applied</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		Fertilizer name (be specific)	Contained weed killer?	Analysis (e.g. 16-4-8)	Date Applied	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
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Chemicals		Name	Rate	Date																	
Fungicides _____		_____		_____																	
Insecticide _____		_____		_____																	
Herbicide _____		_____		_____																	
Lime _____		_____		_____																	
Other _____		_____		_____																	