Direct Weekly Expenses

Medicinal Herbs for Commerce Project

Date:

Herb:

Materials Used Log

Check if Certified Organic

Seed: (cover crop or cash crop) $ _____ _____

Transplants: $ _____ _____

Fertilizer: $ _____ _____

Mulch (plastic or organic): $ _____ _____

Fuel (for tractors and dryers): _____ gals. @ $ _____ per gal.

Pesticides (fungicides, insecticides, etc.): $ _____ _____

Packaging: $ _____

Other: (irrigation, greenhouse supplies, etc.) $ _____ _____

Labor Activity Log

Note specific activity to the right of 'per hour' corresponding to one of these classifications:

S for Sowing SP for Soil or Field Preparation

T for Transplanting F for Fertilizing

I for Irrigating PD for Pest/Disease Control

ERM for Equipment Repair or Maintenance WM for Weed Management

H for Harvesting D for Drying

Misc for Miscellaneous M for Marketing Activities

Use * when Hired Labor is Used

Example: (for 4 hours of hired labor to do transplanting):
____4*_ hours @ ___$8__ per hour _T__

_____ hours @ _____ per hour ____   _____ hours @ _____ per hour ____

_____ hours @ _____ per hour ____   _____ hours @ _____ per hour ____

_____ hours @ _____ per hour ____   _____ hours @ _____ per hour ____

_____ hours @ _____ per hour ____   _____ hours @ _____ per hour ____

_____ hours @ _____ per hour ____   _____ hours @ _____ per hour ____

_____ hours @ _____ per hour ____   _____ hours @ _____ per hour ____

General Weekly Report

Medicinal Herbs for Commerce Project

Date:

Herb:

1. Briefly describe the weather this week. Include (estimated) rainfall, average temperature, and any unusual weather conditions:

_____
_____
_____
_____

2. Describe your plants and any significant changes they've undergone in the past week (sprouting, flowering, seeding; any insect damage, possible disease damage, lots of growth, slow growth, etc).

_____
_____
_____
_____

3. Circle all that were applied this week:

   FERTILIZER   PESTICIDES   BENEFICIAL INSECTS

   Specifiy what was applied, how much per acre, brand used, how it was applied, and if it was a certified organic product. For fertilizer, include the N-P-K ratio.

   Application 1: _____

   Application 2: _____

   Application 3: _____

4. If you irrigated, then…

   What method of irrigation was used? _____

   Did you fertigate through your irrigation system? _____

   For how long did you irrigate? _____

Harvest & Processing Details

Medicinal Herbs for Commerce Project

Date:

Herb:

CIRCLE Plant Parts Harvested: *roots only*   *aerials with little to no flowers*

aerials with flowers in full bloom   *flowers only*   *whole plant*   *other (describe):*

Was the harvested material to be sold *FRESH* or *DRIED*? _____

Describe harvest methods in detail (i.e. equip. used, # people, acres harvested, and so on)

_____

_____

_____

_____

Describe post-harvest processing (how did you clean, dry, and so on) in detail:

_____

_____

_____

_____

Drying details:

   Type of dryer used: _____ Length of time in the dryer: _____

   Drying temperatures used over time: _____

Placement of the plant material in the dryer (circle each used):   BOXES   BINS

RACKS   ON FLOOR (if so, how deep? _____)   OTHER: _____

How full was the dryer before drying (by percent)? _____

Describe how you packaged your product (materials and equipment used, etc.):
_____

_____

_____

Describe storage facilities used: _____

How did you ship your product? _____

What price did you receive for the product (per pound)? _____

Planting and Soil Preparation Details

Medicinal Herbs for Commerce Project

Date:

Herb:

Describe soil preparation activities. Note methods used to reduce eventual weed pressure:

_____

_____

_____

_____

_____

Circle planting activities   *Direct seeded*   *Seeded trays*   *Set transplants*
(circle all that apply):   *for transplants in field*

Approximately how much seed was planted per acre, by weight? _____

Direct seeding:

How much overall acreage was seeded? _____   # of rows planted? _____

Row to row spacing? _____   In-row spacing? _____

Method or machinery used to seed the field? _____

Seeding transplants:

Cells per tray? _____   How many trays seeded? _____   How many seeds per cell? _____

Setting transplants in field:

# of plants placed in the field?_____   # of rows planted?_____

Row to row spacing? _____   In-row spacing? _____

Method or machinery used to set transplants? _____

Time of day you planted? _____

7-Year Field History

Date:

Medicinal Herbs for Commerce Project

Herb:

Describe your medicinal herb crop(s) field history in as much detail possible for the years listed, if applicable. For crops, list previous crops and cover crops. For inputs, list any pesticides, fertilizers, and other amendments applied to the field):

Field #1 Name: _____

Field #2 Name (if applicable): _____

1998: Crop(s):_____

       Inputs: _____

1998: Crop(s):_____

       Inputs:_____

1999: Crop(s): _____

       Inputs:_____

1999: Crop(s):_____

       Inputs:_____

2000: Crop(s):_____

       Inputs:_____

2000: Crop:_____

       Inputs:_____

2001: Crop(s):_____

       Inputs:_____

2001: Crop(s):_____

       Inputs:_____

2002: Crop: _____

       Inputs:_____

2002: Crop(s):_____

       Inputs:_____

2003: Crop(s):_____

       Inputs:_____

2003: Crop(s):_____

       Inputs:_____

2004: Crop(s):_____

       Inputs:_____

2004: Crop(s):_____

       Inputs: _____

Notes

Medicinal Herbs for Commerce Project

Date:

Herb:

Write any ideas, comments, notes, experiences, suggestions, etc. on these pages throughout the project with regard to the project or specific crop: