

SHEATH BLIGHT ASSESSMENT FORM

Observer: _____
Recorder: _____

Date (dd-mm-yy): _____

Rep	Water Mngt	N Rate	Hill	Plant Height	No of tillers	Nt ShB	ShB sheath	Til. No.	GL	DL	ShB leaves						
											Leaf 1	Leaf 2	Leaf 3	Leaf 4	Leaf 5	Leaf 6	
	time start:		1					1									
								2									
								3									
								4									
			2					1									
								2									
								3									
								4									
			3					1									
								2									
								3									
								4									
			4					1									
								2									
								3									
								4									
			5					1									
								2									
								3									
								4									
			6					1									
								2									
								3									
								4									
			7					1									
								2									
								3									
								4									
			8					1									
								2									
								3									
								4									
	time end:		9					1									
								2									
								3									
								4									

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	time start:		1					1									
								2									
								3									
								4									
			2					1									
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			7					1									
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								4									
	8						1										
							2										
							3										
							4										
	9						1										
							2										
							3										
							4										