



COLE CANYON
F A R M

Certified Organic by CCOF

Name of Tester _____

Phone: _____ Email: _____

Garden Location (closest town): _____

Name of Plant Being (fill out form for each plant being tested:: _____

Typical day time temperature during growing period: _____

Typical night time temperature during growing period: _____

Soil Temperature at 10" depth when planted: _____

Describe Garden Environment (check those that apply for each plant):

_____ In – Ground

_____ Container (Indicate size: _____)

_____ Raised Beds

_____ Full Sun (6 hours or more per day)

_____ Exposure: (South: _____ East: _____ North: _____ West: _____)

_____ Partial Sun (5 hours or less per day)

_____ Drip Watering System

_____ Hand Watering

_____ Sandy Soil

_____ Clay Soil

_____ Soil pH if known

_____ Mulch? Yes/No

_____ Trellis or Cage? Yes/No

Date Planted:

Date(s) of organic fertilizer applications if applicable:

Date(s) of organic pesticide applications if applicable:

List pests that were pests:

Date of First Harvest:

Quality of Harvest:

Quantity of Harvest:

Describe any unusual problems with the plant:

Would you recommend this plant to gardeners in your location:
Why or why not?

Any other comments about this plant?

Would you be interested in being a plant tester for Cole Canyon Farm again in the future?

Thank you!

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