

INDUSTRIAL HEMP PILOT PROGRAM
AGRICULTURAL/AGRONOMIC REPORT

Participants in the Department of Agriculture’s Industrial Hemp Pilot Program must submit on forms provided by the Department an agricultural/agronomic report for each variety grown in each growing area registered with the Department. By way of example, if a participant is growing two varieties of industrial hemp, each located in two growing areas registered with the Department, the participant must submit four agricultural/agronomic reports. All participants must complete this Agricultural/Agronomic Report in its entirety, to the best of their understanding, information, and belief.

Participants must complete the Report and submit it to the Department within **30 days** of harvesting their hemp crop or as directed by the department. Failure to submit the report in a timely manner may result in revocation of Participant’s Industrial Hemp License and/or denial of Participant’s future applications for an Industrial Hemp License. **Participants must complete and submit this report to: industrial.hemp@tn.gov** or

Industrial Hemp Program
Tennessee Department of Agriculture
Division of Consumer & Industry Services
Post Office Box 40627
Nashville, Tennessee 37204

PART 1 This section will be collected at time of inspection

General Information

Participant Name:

Current Industrial Hemp Grower License Number:

Growing Area #:

Hemp Variety:

Circle or check the best answer:

Years of Agricultural Experience: _____

Type of Experience: Farmer Hobbyist None Other _____

What types of security methods did you utilize? (check/circle all that apply)

Security Camera Fence Dogs Foot Patrol/Guards

Signs Alarm Lights Wall

Other _____

Please describe the focus of your industrial hemp research:

RESEARCH FOCUS 1- Pre-Planting

Number of acres paid for: _____ Number of acres planted: _____

Where will you be planting? Indoors Outdoors

Both (start indoor and transplant outdoor)

How will you be planting? Containers Field Raised Beds
Other _____

Did you get your soil tested prior to planting?: Yes No

If so, What were the results? _____

Soil Type: Clay Clay/Loam Loam Sand Sandy/Loam
Silt Silty/Loam Potting Mix Other _____

Have you used your growing area for agriculture in the previous two years?

Yes No If yes, What kind of agriculture? (ex. Hay, Row Crop) _____

How did you prepare your growing area? Till/Disc No Till

Other _____

Will you be adding any fertilizer? Yes No

If Yes, What kind (ex. Compost, nitrogen, lime, chicken liter)

RESEARCH FOCUS 2a- Starting Indoors

Only fill this part out if you are starting indoors and transplanting seedlings outside

First Planting Date (Please just one date): _____

Planting Method: Drill Broadcast Hand sewn
Other _____

Planting Depth: .5”-.25” Less than .25” Other _____

Size of container/pot/tray

Approximate Planting Rate (seeds/ container/pot/tray) _____

If planted in rows, what was the spacing? _____ inches

First Emergence Date (Please just one date): _____

Number of days from planting to transplant: _____

Height of plant at transplant:

Did you irrigate/water your crop? Yes No

If Yes, How did you irrigate/water? Drip Sprinkler Spray
Other _____

How often did you irrigate/water? Daily Weekly Monthly

Never

RESEARCH FOCUS 2b- Planting/Growth

First Planting Date (Please just one date): _____

Planting Method: Drill Broadcast Hand sewn
Other _____

Planting Depth: .5”-.25” Less than .25” Other _____

Approximate Planting Rate (lbs/acre) _____

If planted in rows, what was the spacing? _____ inches

First Emergence Date (Please just one date): _____

First Flower Date (Please just one date): _____

Did the participant dry plant or wait for the onset of rainfall? Dry Rain

Plant Height: (Average Height of Plants)

4 weeks: _____

8 weeks: _____

12 weeks: _____

Did you irrigate/water your crop? Yes No

If Yes, How did you irrigate/water? Drip Sprinkler Hand Water

Other _____

How often did you irrigate/water? Daily Weekly Monthly Never

Did you monitor rainfall totals to growing area? Yes No

If Yes, How much? _____

Part 2
RESEARCH FOCUS 3- Pests

Note the presence or absence of each pest listed

INSECTS:



Aphids:

Present

Absent

Damage/Infestation Level 1 2 3 4 5

Control Method and Effectiveness _____



Mites:

Present

Absent

Damage/Infestation Level 1 2 3 4 5

Control Method and Effectiveness _____



Caterpillar:

Present

Absent

Damage/Infestation Level 1 2 3 4 5

Control Method and Effectiveness _____



Thrips:

Present

Absent

Damage/Infestation Level 1 2 3 4 5

Control Method and Effectiveness _____



White Flies:

Present

Absent

Damage/Infestation Level 1 2 3 4 5

Control Method and Effectiveness _____



Slugs/Snails:

Present

Absent

Damage/Infestation Level 1 2 3 4 5

Control Method and Effectiveness _____



Grasshoppers/Crickets:

Present

Absent

Damage/Infestation Level 1 2 3 4 5

Control Method and Effectiveness _____



Fungus Gnats:

Present

Absent

Damage/Infestation Level 1 2 3 4 5

Control Method and Effectiveness _____



Japanese Beetle:

Present

Absent

Damage/Infestation Level 1 2 3 4 5

Control Method and Effectiveness _____



Tarnish Plant Bug:

Present

Absent

Damage/Infestation Level 1 2 3 4 5

Control Method and Effectiveness _____



Tobacco Horn Worm:

Present

Absent

Damage/Infestation Level 1 2 3 4 5

Control Method and Effectiveness _____



Stink Bugs:

Present

Absent

Damage/Infestation Level 1 2 3 4 5

Control Method and Effectiveness _____



Flea Beetles:

Present

Absent

Damage/Infestation Level 1 2 3 4 5

Control Method and Effectiveness _____



Cucumber Beetles:

Present

Absent

Damage/Infestation Level 1 2 3 4 5

Control Method and Effectiveness _____

Diseases:



Bud Rot or Mold:

Present

Absent

Damage/Infestation Level 1 2 3 4 5

Control Method and Effectiveness _____



Septoria Leaf Spot:

Present

Absent

Damage/Infestation Level 1 2 3 4 5

Control Method and Effectiveness _____



Cercospora Leaf Spot:

Present

Absent

Damage/Infestation Level 1 2 3 4 5

Control Method and Effectiveness _____



Curvularia Leaf Spot:

Present

Absent

Damage/Infestation Level 1 2 3 4 5

Control Method and Effectiveness _____



Root Rot:

Present

Absent

Damage/Infestation Level 1 2 3 4 5

Control Method and Effectiveness _____



Southern Blight:

Present

Absent

Damage/Infestation Level 1 2 3 4 5

Control Method and Effectiveness _____



Powdery Mildew:

Present

Absent

Damage/Infestation Level 1 2 3 4 5

Control Method and Effectiveness _____

Weeds:



Johnson Grass:

Present

Absent

Damage/Infestation Level 1 2 3 4 5

Control Method and Effectiveness _____



Pig Weed:

Present

Absent

Damage/Infestation Level 1 2 3 4 5

Control Method and Effectiveness _____



Morning Glory:

Present

Absent

Damage/Infestation Level 1 2 3 4 5

Control Method and Effectiveness _____

Mammals:



Doves:

Present

Absent

Damage/Infestation Level 1 2 3 4 5

Control Method and Effectiveness _____



Turkey:

Present

Absent

Damage/Infestation Level 1 2 3 4 5

Control Method and Effectiveness _____



Deer:

Present

Absent

Damage/Infestation Level 1 2 3 4 5

Control Method and Effectiveness _____



Bears:

Present

Absent

Damage/Infestation Level 1 2 3 4 5

Control Method and Effectiveness _____

Please include any other pests:

RESEARCH FOCUS 4- Harvest

Acres Planted: _____ Acres Grown: _____ Acres Harvested: _____

Start Harvest Date _____ End Harvest Date _____

Seed Yields (in LBS) _____

Fiber Yields (in LBS) _____

Flower Yields (in LBS): _____

Or Whole Plant Yields (in LBS): _____

****If you harvested any part of your crop, fill out the above information****

Began harvesting on what **date** and **how**? _____

Height of plants at harvest _____

What plant parts did you harvest? _____

Was your crop consumed/processed? Yes No

If Yes, How? _____

Was your crop retained/stored? Yes No

If Yes, How? _____

Was your crop sold/traded? Yes No

If Yes, to whom? _____

Was your crop destroyed? Yes No Date _____

Do you have leftover seed? Yes No

If Yes, How Much and What Varieties? _____

RESEARCH FOCUS 5- Marketing and Development

Please list any/all parties that purchased any of your harvested material (include name, business, address, phone and type of product they acquired).

1.

2.

3.

*******IF YOU SOLD ANY HEMP MATERIAL.*******

1. What did you sell? (ex. flower, stalk, whole plant) _____

How much did you sell? _____

What was the price you received? _____

2. What did you sell? (ex. flower, stalk, whole plant) _____

How much did you sell? _____

What was the price you received? _____

3. What did you sell? (ex. flower, stalk, whole plant) _____

How much did you sell? _____

What was the price you received? _____

Did you manufacture any hemp products? Yes No

If Yes, What and how? _____

Were you intending to produce a product made from hemp that would replace a currently used commodity? Yes No

If Yes, What commodity and how? _____

Did you make any effort to market your product? Yes No

If Yes, How? _____

Identify and describe any logistical issues in transporting industrial hemp for processing and/or distribution of hemp products made from Participant's industrial hemp crop.

COMMENTS