



TURF SAMPLE SUBMISSION FORM

NAME (please print): _____ **DATE:** _____

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

Home phone: _____ **Cell phone:** _____ **Email address:** _____
(Please circle best means of contact.)

Primary Grass Type(s), if known
_____ Kentucky Bluegrass
_____ Perennial Ryegrass
_____ Fine Fescue
_____ Tall Fescue
_____ Other

REASON FOR SUBMISSION (check all that apply)
_____ Grass type identification
_____ Pest/Disease/Weed identification or control
_____ Growing recommendations
_____ Helpline requested sample be brought in
_____ Other (explain)

age of turf planting: _____ seed or sod installation? _____ pet usage: yes/no? _____
degree of foot traffic: _____ light _____ medium _____ heavy

GROWING CONDITIONS

(please check all that apply)

Light _____ full sun _____ partial sun/shade _____ shade
Underlying Soil Type _____ sandy _____ heavy (silt/clay) _____ loam
Soil Drainage _____ well-drained _____ poorly drained/wet _____ average
Soil Test Results (if any) _____ date last tested _____ results attached, if available _____ pH (if known)

CULTURAL PRACTICES

Irrigation: sprinkler / in ground system / hose? _____ How often watered? _____
Fertilization/Amendments: What was applied? _____ Amount? _____ When? _____
Pesticide: What was used? _____ How applied? _____ When? _____
Fungicide: What was used? _____ How applied? _____ When? _____

Mowing frequency: _____ Mowing height? _____
Other? (core aeration, top dressing, dethatching ... describe, including frequency): _____

PROBLEM DESCRIPTION

Date problem first noticed: _____ Neighboring lawns affected? _____
Amount of lawn affected: _____

Please provide additional information (previous occurrence, new/changed lawn care company, insect presence, etc.):

OSUE/MGV DIAGNOSIS

**** This side of form to be completed by OSUE office. ****

Population Served: _____ Female Adult _____ Female Youth _____ Male Adult _____ Male Youth

CONCLUSIONS Date: _____ MGV name: _____

ID/Diagnosis: _____

SUPPORTING DOCUMENTATION (OSU FS, other): _____

COMMUNICATION WITH CLIENT

Initial date of communication: _____ Phone: _____ Voicemail: _____ Email: _____

Information supplied (list): _____

Information supplied to client by: _____ Phone: _____ Voicemail: _____ Email: _____ Mail: _____

Further follow-up (if necessary) By: _____

Date of communication: _____ Phone: _____ Voicemail: _____ Email: _____

Information supplied (list): _____

Information supplied to client by: _____ Phone: _____ Voicemail: _____ Email: _____ Mail: _____

NOTES/COMMENTS
