

Alfalfa Per Test Worksheet

QUALITY LOSS PROGRAM WORKSHEET

ALFALFA HAY

Applicant: _____

Affected Tons for this test: _____

Identifier Used (How production ties to test)

Unit(s) _____ Block _____ Contract _____ Other ie: (Lot or Stack #) _____

Cuttings with Affected Quality for this test:

First _____ Second _____ Third _____ Fourth _____ Fifth _____

Testing Information

Testing Company: _____ Date of Test: _____

Location of Affected Production at Testing

In Windrow _____, Uncovered Stack _____, Covered Stack _____, Shed _____

Quality Deficiencies:

(Check one or both if applicable)

ADF equal to or greater than 29% _____, or Protein equal to or less than 20% _____.

Planting Information

Age of Stand in 2003 or 2004: _____ years

Office Use Only:

COC Determination: _____ Approved _____ Disapproved _____ Test Sample ID# _____

Reason for Disapproval: _____