

FIELD FORMS (SPS DOCUMENTS)

EACH GARDEN/FARM SHALL HAVE ITS OWN FORMS. THESE FORMS ARE REQUIRED TO TRADE



LEAD FARMER NAME:

Mr. NICHOLAS TOMAS

GROUP NAME:

WATERBURY CULTIVATORS

FARMER NAME:

SINAGOR ZEVERIO

FARMER CODE: UG/

3 GARDEN N°

PLANTING DATE:

21/1/2025

3PEARHEADED BY:

Mr. Nicholas Tomas

VALIDATED AND APPROVED BY:

Mr. Nicholas Tomas Signature

Stamp

Validity Date:
31/12/2025

0782238414

2024/12/1

Note: Farmer is entirely responsible for the Compliance of the Produce. Document should reach OPERATORS by 5:00 PM of supply Date

HARVEST SLIP 5

Please tear off the required form during each harvest/supply

Weekly Harvestable Volume (Kg)	GPS: Long: _____ Lat: _____	Product: <u>CARDEN EY</u>	Supervisor Names & Signatures/Stamp
Supply Date <u>25/8/2025</u>	Registration Period _____ to _____/2024	Farmer Traceability Code <u>UG/11/3/011/20053</u>	Znl: <u>Dr. Ssamula Alexander</u>
Lead Farmer Name Contact & Signature <u>Nyambi Tomas (0782238414)</u> <u>Nyambi</u>	Farmer Name Contact & Signature <u>Nyambi Tomas</u> <u>0782238414</u> <u>Nyambi</u>	Company(ies) supplied & Weight (Kg) 1. <u>50 GREEN</u> 2. <u>4601kg</u> 3.	Chm: <u>Mrs. Christine Nakijoba L.</u> <u>Nakijoba</u>
Validity Date: 31 st /Jan /2025			

Note: Farmer is entirely responsible for the Compliance of the Produce. Document should reach OPERATORS by 5:00 PM of supply Date

HARVEST SLIP 6

Please tear off the required form during each harvest/supply

Weekly Harvestable Volume (Kg)	GPS: Long: _____ Lat: _____	Product: _____	Supervisor Names & Signatures/Stamp
Supply Date _____/_____/2024	Registration Period _____ to _____/2024	Farmer Traceability Code UG/_____/_____/_____	Znl: <u>Dr. Ssamula Alexander</u>
Lead Farmer Name Contact & Signature <u>Nyambi Tomas (0782238414)</u>	Farmer Name Contact & Signature	Company(ies) supplied & Weight (Kg) 1. 2. 3.	Chm: <u>Mrs. Christine Nakijoba L.</u> <u>Nakijoba</u>
Validity Date: 31 st /Jan /2025			

Note: Farmer is entirely responsible for the Compliance of the Produce. Document should reach OPERATORS by 5:00 PM of supply Date

MONTHLY SCOUTING FORM

WEEK NUMBER: 3

DAY OF THE WEEK: MONDAY

DATE: 18/12 (2020)

SCOUTS: 18

LEADER: 1

WEEK NUMBER: 3

DAY OF THE WEEK: TUESDAY

DATE: 19/12 (2020)

SCOUTS: 18

LEADER: 1

WEEK NUMBER: 3

DAY OF THE WEEK: WEDNESDAY

DATE: 20/12 (2020)

SCOUTS: 18

LEADER: 1

WEEK NUMBER: 3

DAY OF THE WEEK: THURSDAY

DATE: 21/12 (2020)

SCOUTS: 18

LEADER: 1

WEEK NUMBER: 3

DAY OF THE WEEK: FRIDAY

DATE: 22/12 (2020)

SCOUTS: 18

LEADER: 1

WEEK NUMBER: 3

DAY OF THE WEEK: SATURDAY

DATE: 23/12 (2020)

SCOUTS: 18

LEADER: 1

WEEK NUMBER: 3

DAY OF THE WEEK: SUNDAY

DATE: 24/12 (2020)

SCOUTS: 18

LEADER: 1

WEEK NUMBER: 3

DAY OF THE WEEK: MONDAY

DATE: 25/12 (2020)

SCOUTS: 18

LEADER: 1

WEEK NUMBER: 3

DAY OF THE WEEK: TUESDAY

DATE: 26/12 (2020)

SCOUTS: 18

LEADER: 1

WEEK NUMBER: 3

DAY OF THE WEEK: WEDNESDAY

DATE: 27/12 (2020)

SCOUTS: 18

LEADER: 1

WEEK NUMBER: 3

DAY OF THE WEEK: THURSDAY

DATE: 28/12 (2020)

SCOUTS: 18

LEADER: 1

WEEK NUMBER: 3

DAY OF THE WEEK: FRIDAY

DATE: 29/12 (2020)

SCOUTS: 18

LEADER: 1

WEEK NUMBER: 3

DAY OF THE WEEK: SATURDAY

DATE: 30/12 (2020)

SCOUTS: 18

LEADER: 1

WEEK NUMBER: 3

DAY OF THE WEEK: SUNDAY

DATE: 31/12 (2020)

SCOUTS: 18

LEADER: 1

1. Name of Scout (Full Name)

2. Age of Scout

3. Date of Birth

4. Date of Entry

5. Date of Exit

6. Date of Transfer

7. Date of Death

8. Date of Resignation

9. Date of Suspension

10. Date of Reinstatement

11. Date of Re-entry

12. Date of Re-examination

13. Date of Re-entrance

14. Date of Re-acceptance

15. Date of Re-approval

16. Date of Re-confirmation

17. Date of Re-validation

18. Date of Re-certification

19. Date of Re-licensing

20. Date of Re-licensing

21. Date of Re-licensing

22. Date of Re-licensing

23. Date of Re-licensing

24. Date of Re-licensing

25. Date of Re-licensing

26. Date of Re-licensing

27. Date of Re-licensing

28. Date of Re-licensing

29. Date of Re-licensing

30. Date of Re-licensing

31. Date of Re-licensing

32. Date of Re-licensing

33. Date of Re-licensing

34. Date of Re-licensing

35. Date of Re-licensing

36. Date of Re-licensing

37. Date of Re-licensing

38. Date of Re-licensing

39. Date of Re-licensing

40. Date of Re-licensing

Instruction: Fill this form completely. Also Write any other management practice done e.g weeding, pruning, Rouging-off etc.

DATE (lilaku 20mwee 21)	PEST/DISEASE /PROBLEM (Hbiwuka/en dwonde/ekizib u)	CHEMICAL NAME (lrimya lye'ddagala)	ACTIVE INGREDIENT (Ekirun go)	QUANTITY OF PESTICIDE USED IN PUMP (gm/ml) Ebirimo ebigendu okukozese lwa	VOLUME OF WATER INTO THE TANK/PUMP (LITRES) (Omuwendo gwamuzzi agatebweddwa mu tanka oba bomba)	NO. OF FULL PUMPS APPLIED (Okubye Bomba mekka?)	AREA SPRAYED (Kitundu ki kyokubye eddagala?)	PHI (Eddagala ligwamu ddi mubirime ?)	NAMES OF SPRAYER (Ami a goy akku eddi)
21/2/25	Thrips	DELTAMETHRIN	DELTAMETHRIN	3mls	20 Litres	24 pumps	1/15	3 days	IV
22/2/25	Fungal	MANCOPZ	MANCOPZ	3mls	20 Litres	30 pumps	4/15	7 days	IV
23/2/25	Fungal	SALICIC ACID	SALICIC ACID	50gms	20 Litres	30 pumps	1/15	4 days	"

HARVEST INSPECTION FORM

Instruction: To be used on every Harvest

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Date (Usukulu lwa'ukungud etc)	Harvested BLOCK/Sec tion h (Ektundu Wogye byahungud da)	Quantity from that Block/section (Bungyi ki bwa- kungudie akuya mwekya ektundu) (Kg)	Pest/Disease/Problem Observed (Ebiwuka/endwade/ekizibu)	(GOLOLA KU'KYOLABYE) Enamba zino zitegeza kyolabye, era-Ziwandikidwa wansi Kulupapula luno	Quantity With Pest/Disease/Proble m (Omuwenda gwe'birime ebirika Ebiwuka /endwade/ekizibu)	Quantity to Supply (Kg) And Company Name	Quantity Not to be supplied (for Export/re ject) Or to go to Local Market
WEEK NUMBER: 28 25/7/25		A/E 530kg	Omwetabanya byakungudde kyetanga kyakutwala ebirime ebweru, werera ebiwandiko bino ku company			450kg 90kg 450kg	80kg
WEEK NUMBER: 29 1/8/2025		A/E 380kg	Omwetabanya byakungudde kyetanga kyakutwala ebirime ebweru, werera ebiwandiko bino ku company			250kg 30kg 250kg	100kg
WEEK NUMBER: 30 15/8/2025		B/D 570kg	Omwetabanya byakungudde kyetanga kyakutwala ebirime ebweru, werera ebiwandiko bino ku company			500kg 140kg 140kg	102kg
WEEK NUMBER: 31 25/8/25		B/D 530kg	Omwetabanya byakungudde kyetanga kyakutwala ebirime ebweru, werera ebiwandiko bino ku company			450kg 450kg 450kg	700kg
WEEK NUMBER: 32 25/8/25							
WEEK NUMBER: 33 25/8/25							

