

Lead Farmer Status Farmer's Signature Farmer's Name (ID#22704134) Validity Date 11/11/2025	Farmer Status Farmer's Signature Farmer's Name Validity Date 11/11/2025	Company (ies) supplied & weight (kg) 1. 1000 2. 1000 3.	For: Dr. Scamela Alexander Chau Mrs. Christine Bakhtaba I
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Note: Farmer is entirely responsible for the compliance of the Product. Document should reach QIP/ATQIP by 5th day of supply date

HARVEST SLIP 9 Please fill all the required items during each harvest/empty

Weekly Harvestable Volume (kg) 1000 11/11/2025	LOT# / Lot Registration Period to 12/31/2024	Product 1000 1000 1000 Export Commodity Code 000 00 000 000	Supervisor Name & Signature/Stamp For: Dr. Scamela Alexander
Lead Farmer Status Farmer's Signature Farmer's Name (ID#22704134) Validity Date 11/11/2025	Farmer Name Farmer's Signature 11/11/2025 11/11/2025	Company(ies) supplied & Weight (kg) 1. 1000 2. 1000 3.	Chau Mrs. Christine Bakhtaba I

Note: Farmer is entirely responsible for the compliance of the Product. Document should reach QIP/ATQIP by 5th day of supply date

HARVEST INSPECTION FORM

Instruction: To be used on every harvest

Date (Dumoko for Sample date)	Harvested/ RI/CK/Sec tion to (Kutumoni Weyo byunguud de)	Quantity from that Block/section (Kungu) bwa kunguud nkwa mwaka ekitunda) (kg)	Pest/Disease/Problem Observed (Ebiwaka/ndwaka/ekibwa) (GOLOLA KU KYOLABYE) Enamba zino zitegeza kyolabye, era-Ziwandikidwa wansi Kutupapula luno	Quantity With Pest/Disease/Proble m (Omuzwendo gwa'bitwe ekibwa Ebiwaka /ndwaka/ekibwa)	Quantity to Supply (kg) And Company Name	Quantity Not to be supplied (for Export/ra jezi) Or to go to Local Market
WEEK NUMBER: 15/9/2015	15/9/2015	410kg		170kg	200kg	110kg
WEEK NUMBER: 15/9/2015	15/9/2015	510kg		150kg	250kg	150kg
WEEK NUMBER: 15/9/2015	15/9/2015	1100kg		150kg	200kg	100kg
WEEK NUMBER: 20/9/2015	20/9/2015	400kg		520kg	250kg	520kg
WEEK NUMBER:						
WEEK NUMBER:						
WEEK NUMBER:						
WEEK NUMBER:						

HARVEST INSPECTION FORM

Instruction: To be used on every harvest

Date (Dumoko for Sample date)	Harvested/ RI/CK/Sec tion to (Kutumoni Wegye byunguud de)	Quantity from that Block/section (Kungu) bwa kunguud nkura mwaka ekitunda) (kg)	Pest/Disease/Problem Observed (Ebiwaka/ndwade/ekibwa) (GOLOLA KU KYOLABYE) Enamba zino zitegeza kyolabye, era-Ziwandikidwa wansi Kutupapula luno	Quantity With Pest/Disease/Proble m (Omuzwendo gwa'bitine ebiriko Ebiwaka /ndwade/ekibwa)	Quantity to Supply (kg) And Company Name	Quantity Not to be supplied (for Export/ra jezi) Or to go to Local Market
WEEK NUMBER: 15/9/2015	15/9/2015	410kg		170kg	200kg	110kg
WEEK NUMBER: 15/9/2015	15/9/2015	510kg		150kg	250kg	150kg
WEEK NUMBER: 15/9/2015	15/9/2015	1100kg		150kg	200kg	100kg
WEEK NUMBER: 20/9/2015	20/9/2015	400kg		520kg	250kg	520kg
WEEK NUMBER:						
WEEK NUMBER:						
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FIELD FORMS (SPS DOCUMENTS)

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



LEAD FARMER NAME: Mr. NDOMBE TOMAS GROUP NAME: WARISSO PORTCULTURE
 FARMER NAME: SIMONE KUZEMBO FARMER CODE: UGI GARDEN No: 5
 PLANTING DATE: 23/12/2025 SPEARHEADED BY: Mr. Christine Mubumba

VALIDATED AND APPROVED BY: [Signature] Signature: [Signature] Stamp

Handwritten text: *Handwritten notes or signatures on the right margin.*



MONTHLY SCOUTING FORM

WEEK NUMBER	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
WEEK NUMBER: 3	Obwekubaga amashuri kuyabwira kuyabwira abashuri abashuri, wera abashuri abashuri abashuri						
MONDAY	1	2	3	4	5	6	7
TUESDAY	8	9	10	11	12	13	14
WEDNESDAY	15	16	17	18	19	20	21
THURSDAY	22	23	24	25	26	27	28
FRIDAY	29	30	31				
SATURDAY							
SUNDAY							
WEEK NUMBER: 32	Obwekubaga amashuri kuyabwira kuyabwira abashuri abashuri, wera abashuri abashuri abashuri						
MONDAY	1	2	3	4	5	6	7
TUESDAY	8	9	10	11	12	13	14
WEDNESDAY	15	16	17	18	19	20	21
THURSDAY	22	23	24	25	26	27	28
FRIDAY	29	30	31				
SATURDAY							
SUNDAY							
WEEK NUMBER: 33	Obwekubaga amashuri kuyabwira kuyabwira abashuri abashuri, wera abashuri abashuri abashuri						
MONDAY	1	2	3	4	5	6	7
TUESDAY	8	9	10	11	12	13	14
WEDNESDAY	15	16	17	18	19	20	21
THURSDAY	22	23	24	25	26	27	28
FRIDAY	29	30	31				
SATURDAY							
SUNDAY							
WEEK NUMBER: 34	Obwekubaga amashuri kuyabwira kuyabwira abashuri abashuri, wera abashuri abashuri abashuri						
MONDAY	1	2	3	4	5	6	7
TUESDAY	8	9	10	11	12	13	14
WEDNESDAY	15	16	17	18	19	20	21
THURSDAY	22	23	24	25	26	27	28
FRIDAY	29	30	31				
SATURDAY							
SUNDAY							
WEEK NUMBER: 35	Obwekubaga amashuri kuyabwira kuyabwira abashuri abashuri, wera abashuri abashuri abashuri						
MONDAY	1	2	3	4	5	6	7
TUESDAY	8	9	10	11	12	13	14
WEDNESDAY	15	16	17	18	19	20	21
THURSDAY	22	23	24	25	26	27	28
FRIDAY	29	30	31				
SATURDAY							
SUNDAY							

- WEEKLY SCOUTING ACTIVITY REPORT
1. Name of Scoutmaster: _____
2. Name of Scout Group: _____
3. Name of Scout Unit: _____
4. Name of Scout Leader: _____
5. Name of Scout Assistant: _____
6. Name of Scout Helper: _____
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99. Name of Scout Helper: _____
100. Name of Scout Helper: _____

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

DATE (Ezweni a/omwee)	PEST/DISEASE (Ekwikwaka/) dwa/di/ekwaka)	CHEMICAL NAME (Ezweni lye/edagala)	ACTION (Ekwikwaka/) dwa/di/ekwaka)	QUANTITY OF PESTICIDE USED IN PUMP (gwa/di) Ekwikwaka/) dwa/di/ekwaka)	VOLUME OF WATER INTO THE TANK/PUMP (LITRES) (Ugwawenda gwa/mazzi gwakwawenda/) tanka/lye/omwee)	NO. OF FULL PUMPS APPLIED (Ogwikwaka/) dwa/di/ekwaka)	AREA SPRAYED (Kiwanda ki) kyokwaka/) edagala/)	PH (Edagala ligwawenda/) dwa/di/ekwaka)	NAME OF SPRAYER (Amazany a/omwee edagala)
2/9/2017	Thur	Omwee	1000ml	20ml	20L	3 pumps	1000ml	3 days	1000ml
16/9/2017	Thur	Omwee	1000ml	20ml	20L	3 pumps	1000ml	3 days	1000ml