



INTERNATIONAL TURFGRASS GENETIC ASSURANCE PROGRAM

Quarterly Self-Inspection Report

**GROWER/
COMPANY NAME:** _____

**DATE & TIME
OF INSPECTION:** _____

FARM LOCATION: _____

Quarter 1 2 3 6

	Field #/Name Area Ha.	Variety	Growth Stage Seed- heads Y / N	Offtype Plants/ ha	Other Perennial Grass Species Plants/ha	Isolation Borders Adequate Y / N	Comments/Suggested Action if Needed	ITGAP COMPLIANCE YES / NO / PENDING
1								
2								
3								
4								
5								
6								

INTERNATIONAL TURFGRASS GENETIC ASSURANCE PROGRAM

Quarterly Self-Inspection Report (Continued)

	Field #/Name Area Ha.	Variety	Growth Stage Seed- heads Y / N	Offtype Plants/ ha	Other Peren- nial Grass Species Plants/ ha	Isolation Borders Adequate Y / N	Comments/Suggested Action if Needed	ITGAP COMPLIANCE YES / NO / PENDING
7								
8								

Is all non-dedicated equipment being cleaned and documented? _____

Additional comments for above named fields: _____

Signed: _____
Grower

Date: _____