



Plant Health Checker - Step 1

Name of Botanic Garden / Arboretum:	
Country:	
Address:	
Name of IPSN contact:	

Survey details	
Survey carried out by:	
Date of survey:	
Best description of season:	
Main reason for surveying this particular individual:	

Plant details	
Species (Cultivar):	
Accession number:	
GPS	
Country/region species is native to:	
Age/amount of time plant has been present in gardens:	
General Comments:	

General description (please tick)			
Generally healthy	<input checked="" type="checkbox"/>	Some damage	<input checked="" type="checkbox"/>
Dying	<input checked="" type="checkbox"/>	Dead	<input checked="" type="checkbox"/>
Any recent changes in health or overall look:			

What do you think is wrong with this plant? <i>(give an indication of how sure you are of this diagnosis)</i>		Reference/file name of any photographs taken:	
1.) Is a re-survey required?	<input checked="" type="checkbox"/>	2.) If yes, in what timeframe (include a suggested date)	<input type="checkbox"/>
3.) Should this be escalated to an appropriate staff member to carry out STEP 2 ?		<input checked="" type="checkbox"/>	4.) Name of person escalated to <i>(if applicable)</i> :
			5.) Date:

Deciduous trees

General description of environment
Any management issues (e.g. irrigation, soil pH, sun bleaching) or any recent use of pesticides/ fungicides/ herbicides:
Description of environment (focusing on recent changes and individuals in close proximity):

For each section of the plant give it a rating dependent on how healthy it appears:

Red (R) = In very poor health and of imminent concern due to significant damage potentially resulting in death of individual

Orange (O) = Not currently a concern but could develop; should be checked frequently to monitor progress

Green (G) = As would be expected on a 'healthy plant'

Black (X) = Absent/not applicable

Where an **orange or red** rating is given, ensure you give a description of why you've given it this rating in notes.

1.) Crown
R O G X

2.) Flowers / Fruits (circle)
R O G X

3.) New growth
R O G X

4.) Leaves
R O G X

5.) Trunk & branches
R O G X

6.) Base and Roots (if exposed)
R O G X

Notes:



Accession number: _____

Survey completed by: _____ Date: _____

Plant Health Checker – Step 2

Please read: This section should be completed if escalation is specified by STEP 1. It should be carried out by an appropriately trained staff member who has the relevant knowledge concerning the plant's history and/or pest and pathogen identification skills.

Tick all signs/symptoms that are at abnormal levels or are unexpected for the individual, and are thus cause for concern (e.g. are out of the ordinary/new to the plant). Give a description and an indication of severity/abundance in the **notes**, plus note anything else of importance or interest.

1. Crown			
Thin /sparse	<input checked="" type="checkbox"/>	Notes:	
Yellow leaves	<input checked="" type="checkbox"/>		
Dead wood	<input checked="" type="checkbox"/>		
2. Blossom/Flowers			
Dead	<input checked="" type="checkbox"/>	Notes:	
Malformed	<input checked="" type="checkbox"/>		
Swollen	<input checked="" type="checkbox"/>		
3. New Growth (Shoots and Buds)			
Dead	<input checked="" type="checkbox"/>	Dieback	<input checked="" type="checkbox"/>
Wilted	<input checked="" type="checkbox"/>	Malformed	<input checked="" type="checkbox"/>
Notes:			
4. Leaves			
Dead	<input checked="" type="checkbox"/>	Malformed	<input checked="" type="checkbox"/>
Smaller than expected (stunted)	<input checked="" type="checkbox"/>	Mosaics / mottled / variation in colour	<input checked="" type="checkbox"/>
Sticky	<input checked="" type="checkbox"/>	Galls	<input checked="" type="checkbox"/>
Rust	<input checked="" type="checkbox"/>	Mildew	<input checked="" type="checkbox"/>

4. Leaves continued (leaf spots)			
Single	<input checked="" type="checkbox"/>	Numerous	<input checked="" type="checkbox"/>
Present only at the edge	<input checked="" type="checkbox"/>	All over leaf	<input checked="" type="checkbox"/>
Only on old growth	<input checked="" type="checkbox"/>	Only on new growth	<input checked="" type="checkbox"/>
Yellowing (chlorotic leaves)	<input checked="" type="checkbox"/>	Brown/blackening (necrotic leaves)	<input checked="" type="checkbox"/>

Notes:

5. Trunk & Branches

Canker or lesion	<input checked="" type="checkbox"/>	Approx. number	
Dry	<input checked="" type="checkbox"/>	Gummy/sticky	<input checked="" type="checkbox"/>
Approx. height of canker from ground (m)			
Galls	<input checked="" type="checkbox"/>	Approx. size (m)	
Trunk bleeding ('weeping patches')			
Approx. height of bleed from ground (m)			
Approx. number of bleeds over trunk			
Vertical bleeds (in a line up the trunk)	<input checked="" type="checkbox"/>	Horizontal bleeds (around the trunk)	<input checked="" type="checkbox"/>
Loose Bark / bark flaking / comes off easily			

Notes:

6. Base and Roots (if exposed)

Bootlaces/black strands (1-2mm wide)	<input checked="" type="checkbox"/>
Fungal mycelium/white strands	<input checked="" type="checkbox"/>
Mushrooms/toadstools on plant	<input checked="" type="checkbox"/>
Damage by mammals	<input checked="" type="checkbox"/>
Notes:	
Decay / Rotting	
Wet	<input checked="" type="checkbox"/>
Dry	<input checked="" type="checkbox"/>

7. General pest damage			Location (e.g. leaf)
Insect galleries under loose bark	<input checked="" type="checkbox"/>		
Insect eggs	<input checked="" type="checkbox"/>		
Chewing damage	<input checked="" type="checkbox"/>		
Insect webbing	<input checked="" type="checkbox"/>		
Insect mines	<input checked="" type="checkbox"/>		
Frass	<input checked="" type="checkbox"/>		
Bore holes (circle below)			
<5mm	5-10mm	>15mm	

Notes:

8. Pest sightings		Location (e.g. leaf)	Photo (file name)
<i>(give an indication of how sure you are of this identification)</i>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			

9. General Observations and Additional Notes

Reference/file name of any photographs taken:

What do you think is wrong with this plant? <i>(give an indication of how sure you are of this diagnosis)</i>		1.) Is a re-survey required?	<input checked="" type="checkbox"/>	2.) If yes, in what timeframe <i>(include a suggested date)</i>	
3.) Should this be reported to the local diagnostic laboratory - a physical sample may be required <i>(this is only if symptoms are severe or if a pest of concern)</i>	<input checked="" type="checkbox"/>	3.) Date reported:		4.) Should this be escalated to local <u>National Plant Protection Organisation (NPPO)</u> ? <i>(as advised by local diagnostic laboratory)</i>	<input checked="" type="checkbox"/>
				5.) Date reported:	