

Mahoning County Plant and Pest Clinic – Question & Samples

<http://mahoning.osu.edu>

490 South Broad Street Canfield, Ohio 44406

Phone 330-533-5538

Fax 330-533-2424

1. Please provide your information to get an appropriate response:

Today's Date: _____

Question Came via: Call-In _____ Walk-In _____ E-Mail _____

Sample Provided: Yes _____ No _____

Name _____ Phone _____

Homeowner _____ Commercial/Ag Company _____ Agricultural/Farm _____

Address _____ City _____ Zip _____

County _____ E-Mail Address _____

Facebook Messenger _____

2. Please provide information about the plant/insect related to your question:

Plant/Shrub/Tree Issue:

Insect Information

Type & Age of Plant: _____

Date Noticed _____

Location:

- Near House Near Driveway/Sidewalk
 Sun Part Sun Light Shade Full Shade
 Area Remains Wet Under Overhang
 Other info on plant location/special treatment:

Outdoor Indoor
 Where? _____

Flying Crawling
 Other _____

Other insect details:

3. What is your question? Please describe the problem, giving detail:

# of Questions	A/P Annuals/Perenn	F/V Fruits/Veggie	I Insects	LA Lawns	S/G Soil/Garden	T/S Trees/Shrubs	W/I Weed/Invasive	Wild Wildlife



FOR OFFICE USE ONLY – Diagnosis

Master Gardener Name _____ Date Started _____

4. Identify details of the problem:

5. What is the solution? AND - What information was provided to the customer?
(List the name of institution and title of article or factsheet given. Other details, optional.)

PROGRESS NOTES:

6a. How was the information give to the customer? (Circle)

US Mail Email Pick-Up/Handed to Phone Conversation Facebook message

6b. Did you instruct them on reading/understanding pesticide labels (circle) – Yes No

7. Contacts attempted—Notes

8. Date Closed _____MGV Name _____

9. Entered into database: Date _____MGV Name _____