TRACEABILITY: PROPERTY ATTRIBUTES

DATA QUESTIONNAIRE

Property Name: ________________________________________________________________

Physical Address: ______________________________________________________________

Physical City, State, Zip, County: ________________________________________________

1. Did you obtain permission/permits/licenses for harvest areas? □ yes □ no

2. Are there any known quarantines in the area on acorns or oak tree products? □ yes □ no

3. Did you conduct a satisfactory contamination/risk assessment of harvest areas? □ yes □ no

4. Did you collect from trees or sites where there were known applications of herbicides, pesticides, fertilizers to the trees or the surrounding area? □ yes □ no
   a. If yes, please list lot numbers and chemicals:
      _______________________________________________________________________
      _______________________________________________________________________

5. Are there any diseased trees on this property (oak wilt, sudden oak death, etc.)? □ yes □ no
   a. If yes, please list tree id numbers and disease and description of prevalence:
      _______________________________________________________________________
      _______________________________________________________________________

6. Is there livestock that grazes on this property? □ yes □ no
   a. If yes, please list type and last grazing date
      _______________________________________________________________________
      _______________________________________________________________________

7. Was there a substantial time period where acorns sat on ground and/or had prolonged rain exposure? □ yes □ no

8. Do you need to tell us anything about the property and collection site? __________________
    ____________________________________________________________________________
    ____________________________________________________________________________

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TRACEABILITY: TREE ATTRIBUTES

DATA QUESTIONNAIRE

Capture Photo of each tree.
(Save and rename using this format: (Date[yyymmdd]-TreeID[0000]))

Tree ID number: ____________________________________________________________
(Please create a numbering system for your trees.)

Type of Oak: ________________________________________________________________
(Scientific and common name)

GPS Location of tree - LAT: _________________ LONG: ____________________________

Location Description (if GPS not available): ______________________________________

Please include a map of area/orchard/etc. if available.

Collector Name: ____________________________________________________________

Property Name: _____________________________________________________________

What is tree maturity? ________________________________________________________
(Provide best estimate in years)

What is tree height? _________________________________________________________
(Provide best estimate in feet)

What is size of caliper? ______________________________________________________
(Provide best estimate in inches)

Any signs of tree disease? ____________________________________________________
(Please describe.)

Any signs of insect predation? ________________________________________________
(Please describe.)

What is tree spacing? _________________________________________________________
(Please enter distance to closest nearby tree.)

What are neighboring trees? _________________________________________________
(Please enter nearby trees for data collection on wind pollination.)
TRACEABILITY: LOT ATTRIBUTES

DATA QUESTIONNAIRE

Bag lot ID number: ____________________________________________________________
(Please create a numbering system for your lots.)

Tree ID number with associated lot: ____________________________________________
(Please create a numbering system for your trees.)

Bag weigh-in Date: Year-__________ Month- ___________ Day-_____________________

Field Bag weight: _____________________________________________________________
(Please enter weight in pounds.)

Seed count per pound: _________________________________________________________
(Please enter weight in pounds.)

Is there visible sprouting of seed? ☐ yes ☐ no

Is there visible mold on seed? ☐ yes ☐ no

Bag weight after floating: _______________________________________________________
(Please enter weight in pounds.)