

CROP ROTATION

FARM NAME: _____

Complete the table below to illustrate your cropping history for each unique location (field, high tunnel, and greenhouse). Be sure to include all 4 seasons as applicable.

- ☐ I have completed the crop history table below.
- ☐ I have attached my own crop history form to this OSP.
- ☐ My current implemented crop rotation plan will be provided during inspection.

☐ Current year listed below. Past years previously submitted.

Field ID- Location/HT/GH	Crop and Family Planted 3 years ago	Crop and Family Planted 2 years ago	Crop and Family Planted last year	Crop and Family Projected for this year

Field ID- Location/HT/GH	Crop and Family Planted 3 years ago	Crop and Family Planted 2 years ago	Crop and Family Planted last year	Crop and Family Projected for this year