Grower ID: _____ *Name, location:* _____ Harvest Date: _____

Variety: _____ Cultivar: _____ # of Bins: _____

Run Date: _____ *Time:* _____ *Treatments:* _____ # fruit sampled: _____

Fruit Number:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	Total
Insects																										
Codling moth																										
Leafroller																										
CW/Lac/AW																										
Stinkbugs																										
Campyloma																										
Lygus																										
Aphid/Mealybugs																										
Thrips																										
Scale																										
Other																										
Decay																										
Blue mold																										
Gray mold																										
Sphaeropsis rot																										
Mucor rot																										
Bull's eye rot																										
Speck rot																										
Core rot																										
Other																										
Physiological																										
Bitter pit																										
Superficial scald																										
Senescent scald																										
Core flush																										
Internal breakdown																										
Watercore																										
Lenticel breakdown																										
Lenticel blotch pit																										
CO2 burn																										
Chemical burn																										
Chilling injury																										
Humidity disorder																										
Sunburn																										
Other																										
Field/Mechanical																										
Bruising																										
Spray burns/deposits																										
Frost																										
Hail																										
Cracks/splits																										
Limb/stem rub																										
Other																										
Down-Grades																										
off color																										
off shape																										
off size																										
other																										