PCN 519

PCN Self-Sanitation Tracking Sheet

Indicate Quarter ☐ Qtr. 1 January –March ☐ Qtr. 2: April-June ☐ Qtr. 3: July-September ☐ Qtr.4: October- December

Farm Name:_____   Operator/Cooperator:_____

Date and Time	Type Equipment Description (Tractor, plow, cultivator…)	Equipment Identification (Make and Model, Serial number, Tractor/truck number, license plate number…)	Qty	Location (Moved From)	Destination (Moved To)	Cleaned by (Name)	Name of certifying individual

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