

AGRICULTURE AND FOOD AUTHORITY

HORTICULTURAL CROPS DIRECTORATE

**NURSERY INSPECTION CHECKLIST**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of nursery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of Nursery (County/Sub-county/Ward): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Geo-coordinates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Acres: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

KEPHIS Certificate No. (previous, if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fruit Tree Nursery**

**1. Conventional**

**Crop Variety No. of Seedling**

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**2. Tissue Culture**

**Crop Variety No. of Seedling**

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**Vegetable Seedlings Nursery**

**1. Conventional**

**Crop Variety No. of Seedling**

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**2. Tissue Culture**

**Crop Variety No. of Seedling**

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**Ornamental Seedlings Nursery**

**1. Conventional**

**Crop Variety No. of Seedling**

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**2. Tissue Culture**

**Crop Variety No. of Seedling**

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| --- | --- | --- | --- | --- |
| **No.** | **Minimum Requirements** | **Compliance** | | **Remarks** |
| **Yes** | **No** |
| **1** | High standards of field hygiene in the mother-block. |  |  |  |
| **2** | Disease free seedlings. |  |  |  |
| **3** | Free from organic and inorganic litter. |  |  |  |
| **4** | Clear separation of operation (soil mixing and potting, seeding area, grafting area, hardening area and dispatch). |  |  |  |
| **5** | Year-round source of water. |  |  |  |
| **6** | Soil media is treated. **(See evidence of treatment area)** |  |  |  |
| **7** | Nursery layout is well secured from animals and other walking pests. |  |  |  |
| **8** | Nursery layout is East to West orientation for maximum light. |  |  |  |
| **9** | Nursery layout is on a gentle slope and allows for good drainage. |  |  |  |
| **10** | Structures are in place for the nursery operations.  **(Shade nets, polytunnels and insect proof net. For tissue culture a lab and hardening off area)** |  |  |  |
| **11** | Source of seeds/rootstock for each fruit type is from certified source. |  |  |  |
| **12** | Nursery block with grafted seedlings is well labeled with the seedling type. |  |  |  |
| **13** | Seedlings ready for dispatch are tagged with the seedling variety. |  |  |  |
| **14** | Distribution records of the nursery showing buyer’s name and contact, county, sub-county, physical location, and varieties purchased. |  |  |  |
| **15** | Nursery certificate is well displayed. |  |  |  |

INSPECTOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COUNTY DIRECTOR OF AGRICULTURE (CDA): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF OPERATOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_