## AGPATH ENVIRONMENTAL PROBLEM IDENTIFICATION FORM

Despatch Samples To:

Agpath P/L 105 Gunn Road, VERVALE, VIC 3814

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TAL I ROBLEM IDENTIFICATION FORM					
Agpath use only	Lab No:				
Date Collected:	Agent:				
Date Recorded:	Recorded by:				
Date Ans'd:					

Submitter's Name:		Business:		Where collected (town)					
Address:							Postcode:		
Phone:		Mobile:			Em	ail:			
Payment Method: (please tick □) (circle type of c/card)	☐ Credit Card	Cheque	☐ Direct Payn	nent	☐ Invoice (prior	approval required)	☐ Purchase Order		
	☐ Bankcard ☐ Maste	rcard 🗌 Visa	No: /	/ / its 4 digits 4 d	ligits	Expiry Date:	CVV:		
	Name on Card:				Signature:				
<b>DIRECT PAYMENT</b> BSB: 633 000 A/C # 132 079 997									
Billing Address:(if o	different from above)								
					B: "				
	Repoi	rt is not released until	payment has be	een received	Prices available of	on consultation			
Please tick the appropri	ate boxes below:								
□House	□Hospital		□Factory						
☐Flooded premises	es								
ENVIRONMENTAL INFORMATION									
ENVINORMENTAL INFORMATION									
Material type		metal		Symptoms:		☐ Abo	ormal colour		
composite plastic		glass colour bond		Rot		Abn	ormal colour ormal growth gus-like growth, insects		
plaster board							g		
Degree of damage:	□Heavy	Medium	☐ Light						
Date problem first r	noticed:								

## SITE INFORMATION

Exposure: Moisture: Location: Soil conditions/drainage	☐ Full sun ☐ Light ☐ Internal ☐ Good	☐ Partial shade ☐ Medium ☐ External ☐ Moderate	<ul><li>☐ Windy</li><li>☐ Significant</li><li>☐ Floor</li><li>☐ Poor</li></ul>	☐ Protected ☐ Ceiling					
Terrain:	☐ Sloped	low							
Briefly describe the problem:									
FOR AGPATH USE ONLY									
DIAGNOSIS:	☐ Infectious	non-infectious	Ву:						
Common name:									
Causal agent:									

**RECOMMENDATIONS:**