

Preparation Making Records

The purpose of the information to be gathered in these records is threefold:

1. **To assist Demeter licensees** and others in complying with section 4 –‘Biodynamic Preparations’ of the *Demeter Production Standards for Biodynamic Agriculture 2019*, pages 33 -38;
2. **To enable preparation makers to share** preparations they have made, in such a way that their preparations can be recognised as fit for purpose and of appropriate quality by Demeter NZ, and/or be recognised as permitted materials by other organic certifiers (e.g. BioGro NZ, AsureQuality);
3. **To encourage and assist preparation makers and users in complying** with the **Agricultural Compounds and Veterinary Medicines (ACVM) Act 1997** and its regulations. (These regulations include bartering or giving away in their definition of selling.)

An operation plan for the preparation making may be taken:

- A. Chapter 13 ‘The Biodynamic Preparations’ from *Biodynamics –New Directions for Farming and Gardening in New Zealand* (Random Century 1989) or,
- B. Chapters 4, 5 & 6 of *Grasp the Nettle* by Peter Proctor and Gillian Cole (Random House 1997)

Any significant deviation from the plan should be documented to maintain compliance with the ACVM Act 1997.

To comply with the ACVM Act 1997, you need to ensure the following:

1. You need to have a system to recall any batch of preparation you supply should that be required. Each preparation record has a space for recording to whom the preparation was supplied, but you as maker may wish to keep a separate sheet for this, to comply with this ACVM Act’s requirement.
2. Before supplying any preparation, an *Evaluation of BD Preps* form needs to be filled out for each preparation.
3. The packaging must clearly identify which preparation it contains and should include a batch number or year made.
4. These records must be retained for three years by the maker (you).

You can use these pages in a variety of ways such as:

1. Use them to guide what to record in your farm diary (they show the minimum)
2. Use as the basis of your legally required record – add additional notes as necessary

Preparation 500 Record **Batch:** enter text **Year:** enter text

Name of preparation maker Click or tap here to enter text.

(If region or group, include supervisor /s) Click or tap here to enter text.

Date horns put down	enter a date	Moon in	enter text	Ascending	<input type="checkbox"/>
Weather	Click or tap here to enter text.	Constn.		Descending	<input type="checkbox"/>

Any special reason for this day? Click or tap here to enter text.

Date horns lifted	enter a date	Moon in	enter text	Ascending	<input type="checkbox"/>
Weather	Click or tap here to enter text.	Constn.		Descending	<input type="checkbox"/>

Any special reason for this day? Click or tap here to enter text.

How many times have the horns been used? Click or tap here to enter text. If varies please estimate

% 1 st time	enter text	%3 rd time	enter text
%2 nd time	enter text	%4 th time	enter text

What was their source? Click or tap here to enter text.

Were any fumigated or boiled? Give details Click or tap here to enter text.

If not all cow horns give estimated % of non-cow horns Click or tap here to enter text.

Source of cow manure	Approx No. of horns	Animals Demeter Certified? [§]	Feed 100% Demeter certified? [§]
Dairy cows	enter text	enter text	enter text
Beef cows	enter text	enter text	enter text
Yearling heifers	enter text	enter text	enter text

§ If “no” for any part of these questions please provide details Click or tap here to enter text.

Collected from:

Yard	<input type="checkbox"/>	Lactating stock?	Yes	<input type="checkbox"/>
Paddock	<input type="checkbox"/>		No	<input type="checkbox"/>

Feed in last 48 hours before manure collection (tick any applicable)

Rye/clover	<input type="checkbox"/>	Other (please describe)	<input type="checkbox"/>	Silage	<input type="checkbox"/>
Kikuyu	<input type="checkbox"/>	Herbal ley	<input type="checkbox"/>	Grain	<input type="checkbox"/>
Cocksfoot	<input type="checkbox"/>	Hay	<input type="checkbox"/>	Straw	<input type="checkbox"/>

Method of horn filling Click or tap here to enter text.

Depth of pit Click or tap here to enter text.

Soil type Click or tap here to enter text.

Describe pit location: Click or tap here to enter text.

Number of horns in pit Click or tap here to enter text.

When was last use of any prohibited material on the grazing area or around the pit?
Click or tap here to enter text.

Number of years 500 applications on this property Click or tap here to enter text.

Significant features of pit location (Why did you choose this place?) Click or tap here
to enter text.

Anything used as mulch or worm bait on top of pit?_Click or tap here to enter text.

If stored since lifting give details of where and how stored (describe storage facility)
Click or tap here to enter text.

Was any material rejected at the time of lifting for quality reasons? Click or tap here to
enter text. If yes, please give:

1). Estimate of % of rejected material: Click or tap here to enter text.

2.) What happened to rejected material (end-use): Click or tap here to enter text.

Was there foreign matter in the lifted material? Click or tap here to enter text. If so what
and how much? Click or tap here to enter text.

Describe storage of cow horns when not in use: Click or tap here to enter text.

Any other comments regarding the putting down of this preparation 500: Click or tap
here to enter text.

This preparation has been supplied to:

Name: enter text Date: enter a date Amount: enter text

Name: enter text Date: enter a date Amount: enter text

Name: enter text Date: enter a date Amount: enter text

Name: enter text Date: enter a date Amount: enter text

Name: enter text Date: enter a date Amount: enter text

Name: enter text Date: enter a date Amount: enter text

Declaration

I certify that the cow manure and horns (if first time used) were from healthy
animals and that all the above information is correct

Signature

Date: Click or tap to enter a date.

Version July 2020

Please return this form or any enquiries to the office. Do not send preparation samples.

Preparation 501 Record **Batch:** enter text **Year:** enter text

Name of preparation maker Click or tap here to enter text.

(If region or group, include supervisor/s) Click or tap here to enter text.

Date horns put down	enter a date	Moon in	enter text	Ascending	<input type="checkbox"/>
Weather	Click or tap here to enter text.	Constn.		Descending	<input type="checkbox"/>

Any special reason for this day? Click or tap here to enter text.

Date horns lifted	enter text	Moon in	enter text	Ascending	<input type="checkbox"/>
Weather	Click or tap here to enter text.	Constn.		Descending	<input type="checkbox"/>

Any special reason for this day? Click or tap here to enter text.

How many times have the horns been used? Click or tap here to enter text. If varies please estimate

% 1 st time	enter text	%3 rd time	enter text
%2 nd time	enter text	%4 th time	enter text

What was their source? Click or tap here to enter text.

Were any fumigated or boiled? Give details Click or tap here to enter text.

If not all cow horns give estimated % of non-cow horns Click or tap here to enter text.

Source of quartz Click or tap here to enter text.

Description of quartz – form, clear/milky/coloured etc. Click or tap here to enter text.

Please state:

How and where it was ground Click or tap here to enter text.

How you ensured it was not contaminated with any other substances (e.g. iron)

Click or tap here to enter text.

How you ensured it was ground fine enough Click or tap here to enter text.

Method of horn filling Click or tap here to enter text.

Depth of pit Click or tap here to enter text.

Soil type Click or tap here to enter text.

Describe pit location Click or tap here to enter text.

Number of horns in pit Click or tap here to enter text.

Significant features of pit location [Click or tap here to enter text.](#)

(Why did you choose this place?)_ [Click or tap here to enter text.](#)

When was last use of any prohibited material on or near the pit? [Click or tap here to enter text.](#)

If stored since lifting give details of where and how stored (describe storage facility)
[Click or tap here to enter text.](#)

Was there foreign matter in the lifted material? If so what and how much? [Click or tap here to enter text.](#)

Describe storage of cow horns when not in use [Click or tap here to enter text.](#)

Any other comments regarding the putting down of this preparation 500 [Click or tap here to enter text.](#)

This preparation has been supplied to:

Name: [enter text](#) Date: [enter a date](#) Amount: [enter text](#)

Name: [enter text](#) Date: [enter a date](#) Amount: [enter text](#)

Name: [enter text](#) Date: [enter a date](#) Amount: [enter text](#)

Name: [enter text](#) Date: [enter a date](#) Amount: [enter text](#)

Name: [enter text](#) Date: [enter a date](#) Amount: [enter text](#)

Name: [enter text](#) Date: [enter a date](#) Amount: [enter text](#)

Declaration

I certify that the horns (if first time used) were from healthy animals, that the quartz was not contaminated with any other substance and that all the above information is correct

Signature

Date: [Click or tap to enter a date.](#)

Please return this form or any enquiries to the office. Do not send preparation samples.

Preparation 502 (Yarrow) Record Batch: enter text Year: enter text

Flowers of *Achillea millifolium*, fresh or dried and remoistened, packed into stag's bladder (fresh or dried and remoistened) hung in a tree during spring and summer, buried in a pit similar to preparation 500. Dug up in springtime.

Name of preparation maker Click or tap here to enter text.

(If region or group, include supervisor/s) Click or tap here to enter text.

Yarrow flowers

Date(s) picked Click or tap here to enter text.

Location(s) picked Click or tap here to enter text.

Stage of flowering when picked Click or tap here to enter text.

How can you be sure they were uncontaminated?_Click or tap here to enter text.

Were they dried? If so, how and where? Click or tap here to enter text.

Where were they stored and how did you keep them free from contamination? Click or tap here to enter text.

Were the dried flowers moistened with yarrow tea? Click or tap here to enter text.

Stags' bladders

Where and when were they obtained? (Please give as much detail as you can particularly about the health status of the stags and how fresh they were) Click or tap here to enter text.

Number of bladders Click or tap here to enter text.

Date the bladders were filled and hung up Click or tap to enter a date.

Describe the place where they were hung aspect) Click or tap here to enter text.

Date put down	enter a date	Moon in	enter text	Ascending	<input type="checkbox"/>
Weather Click or tap here to enter text.		Constn.		Descending	<input type="checkbox"/>

Any special reason for this day? Click or tap here to enter text.

Depth of pit Click or tap here to enter text.

Soil type Click or tap here to enter text.

Were they placed in any receptacle? If so, what? Click or tap here to enter text.

When was the last prohibited material used on the soil where flowers were collected or around the pit? (date or prior to) Click or tap here to enter text.

Significant features of pit location (Why did you choose this place?)_Click or tap here to enter text.

When was last use of any prohibited material on or near the pit? Click or tap here to enter text.

Date lifted	enter a date	Moon in	enter text	Ascending	<input type="checkbox"/>
Weather	Click or tap here to enter text.	Constn.		Descending	<input type="checkbox"/>

Any special reason for this day? Click or tap here to enter text.

If stored since lifting give details of where and how stored (describe storage facility)

Click or tap here to enter text.

Was any material rejected at the time of lifting for quality reasons? Click or tap here to enter text. If yes, please give:

1). Estimate of % of rejected material: Click or tap here to enter text.

2.) What happened to rejected material (end-use):_Click or tap here to enter text.

Was there foreign matter in the lifted material? If so what and how much? Click or tap here to enter text.

Any other comments regarding the making of this preparation 502:_Click or tap here to enter text.

This preparation has been supplied to:

Name: enter text Date: enter a date Amount: enter text

Name: enter text Date: enter a date Amount: enter text

Name: enter text Date: enter a date Amount: enter text

Name: enter text Date: enter a date Amount: enter text

Name: enter text Date: enter a date Amount: enter text

Name: enter text Date: enter a date Amount: enter text

Declaration

I certify that the stags' bladders were to the best of my knowledge from healthy animals and that all the above information is correct

Signature

Date Click or tap to enter a date.

Version July 2020

Please return this form or any enquiries to the office. Do not send preparation samples

Preparation 503 (Chamomile) Record Batch: enter text Year: enter text

Flowers of *Matricaria chamomilla* dried, packed into cow's intestines and buried in autumn similarly to preparation 500. Recovered in spring

Name of preparation maker Click or tap here to enter text.

(If region or group, include supervisor/s) Click or tap here to enter text.

Chamomile flowers

Date(s) picked Click or tap here to enter text.

Location(s) picked Click or tap here to enter text.

Stage of flowering when picked Click or tap here to enter text.

How can you be sure they were uncontaminated?_Click or tap here to enter text.

Were they dried? If so, how and where? Click or tap here to enter text.

Where were they stored and how did you keep them free from contamination? Click or tap here to enter text.

Cows' intestines

Where were they obtained? (please give as much detail as you can including how you ensured they were from a healthy cow and how fresh they were) Click or tap here to enter text.

How intestines were filled Click or tap here to enter text.

Date put down	enter a date	Moon in	enter text	Ascending	<input type="checkbox"/>
Weather Click or tap here to enter text.		Constn.		Descending	<input type="checkbox"/>

Any special reason for this day? Click or tap here to enter text.

Depth of pit Click or tap here to enter text.

Soil type Click or tap here to enter text.

Were they placed in any receptacle? Click or tap here to enter text. If so, what? Click or tap here to enter text.

When was the last prohibited material used on the soil where flowers were collected or around the pit? (date or prior to) Click or tap here to enter text.

Location of pit Click or tap here to enter text.

Number of years 500 applications Click or tap here to enter text.

Significant features of pit location (Why did you choose this place?)_Click or tap here to enter text.

Date lifted	enter a date	Moon in	enter text	Ascending	
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Weather Click or tap here to enter text.	Constn.		Descending	
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Any special reason for this day? [Click or tap here to enter text.](#)

If stored since lifting give details of where and how stored (describe storage facility)

[Click or tap here to enter text.](#)

Was any material rejected at the time of lifting for quality reasons? [Click or tap here to enter text.](#) If yes, please give:

1). Estimate of % of rejected material: [Click or tap here to enter text.](#)

2.) What happened to rejected material (end-use): [Click or tap here to enter text.](#)

Was there foreign matter in the lifted material? If so what and how much? [Click or tap here to enter text.](#)

Any other comments regarding the making of this preparation 503: [Click or tap here to enter text.](#)

This preparation has been supplied to:

Name: [enter text](#) Date: [enter a date](#) Amount: [enter text](#)

Name: [enter text](#) Date: [enter a date](#) Amount: [enter text](#)

Name: [enter text](#) Date: [enter a date](#) Amount: [enter text](#)

Name: [enter text](#) Date: [enter a date](#) Amount: [enter text](#)

Name: [enter text](#) Date: [enter a date](#) Amount: [enter text](#)

Name: [enter text](#) Date: [enter a date](#) Amount: [enter text](#)

Declaration

I certify that the cows' intestines were to the best of my knowledge from healthy animals and that all the above information is correct

Signature

Date [Click or tap to enter a date.](#)

Version July 2020

Please return this form or any enquiries to the office. Do not send preparation samples

Preparation 504 (Nettle) Record Batch: enter text Year: enter text

All above ground parts of *Urtica dioica* harvested before or during flowering (no seeds), buried in ground for a full year.

Name of preparation maker Click or tap here to enter text.

(If region or group, include supervisor/s) Click or tap here to enter text.

Date(s) picked Click or tap here to enter text.

Location(s) picked Click or tap here to enter text.

At what stage of growth were the nettles when picked Click or tap here to enter text.

How can you be sure they were uncontaminated?_Click or tap here to enter text.

Was the nettle dried? If so, how and where? Click or tap here to enter text.

Where was it stored and how did you keep it free from contamination ? Click or tap here to enter text.

Date put down	enter a date	Moon in	enter text	Ascending	<input type="checkbox"/>
Weather Click or tap here to enter text.		Constn.		Descending	<input type="checkbox"/>

Any special reason for this day? Click or tap here to enter text.

Depth of pit Click or tap here to enter text.

Soil type Click or tap here to enter text.

Were the nettles placed in any receptacle? Click or tap here to enter text. If so, what? Click or tap here to enter text.

When was the last prohibited material used on the soil where the nettles were collected or around the pit? (date or prior to) Click or tap here to enter text.

Location of pit Click or tap here to enter text.

Number of years 500 applications Click or tap here to enter text.

Significant features of pit location (Why did you choose this place?)_Click or tap here to enter text.

Date lifted	enter a date	Moon in	enter text	Ascending	<input type="checkbox"/>
Weather Click or tap here to enter text.		Constn.		Descending	<input type="checkbox"/>

Any special reason for this day? Click or tap here to enter text.

If stored since lifting give details of where and how stored (describe storage facility)

Click or tap here to enter text.

Was any material rejected at the time of lifting for quality reasons? Click or tap here to enter text. If yes, please give:

1). Estimate of % of rejected material Click or tap here to enter text.

2.) What happened to rejected material (end-use) Click or tap here to enter text.

Was there foreign matter in the lifted material? If so what and how much? Click or tap here to enter text.

Any other comments regarding the making of this preparation 504: Click or tap here to enter text.

This preparation has been supplied to:

Name: enter text Date: enter a date Amount: enter text

Name: enter text Date: enter a date Amount: enter text

Name: enter text Date: enter a date Amount: enter text

Name: enter text Date: enter a date Amount: enter text

Name: enter text Date: enter a date Amount: enter text

Name: enter text Date: enter a date Amount: enter text

Declaration

I certify that all the above information is correct

Signature

Date Click or tap to enter a date.

Please return this form or any enquiries to the office. Do not send preparation samples.

Preparation 505 (Oak Bark) Record Batch: enter text **Year:** enter text

Shavings of oak bark (*Quercus robur*) packed into fresh sheep or cow skull. Placed with rotting vegetation in a place eg barrel with water trickling through in the autumn. Recovered in spring, removed from skull.

Name of preparation maker Click or tap here to enter text.

(If region or group, include supervisor/s) Click or tap here to enter text.

Oak Bark

Date(s) gathered Click or tap here to enter text.

Location(s) gathered Click or tap here to enter text.

How did you confirm the tree was *Quercus robur*? Click or tap here to enter text.

Skull

Type of animal Click or tap here to enter text.

Where was the skull obtained? (please give as much detail as you can including how you ensured that it was from a healthy animal and how fresh it was) Click or tap here to enter text.

How was the skull cleaned, prepared, filled and closed? Click or tap here to enter text.

Date put down	enter a date	Moon in	enter text	Ascending	<input type="checkbox"/>
Weather Click or tap here to enter text.		Constn.		Descending	<input type="checkbox"/>

Any special reason for this day? Click or tap here to enter text.

Where was the skull put? Please give details of water source, its quality, and any other significant features Click or tap here to enter text.

What vegetable matter was added, from what source, and how did you ensure that it was uncontaminated? Click or tap here to enter text.

Did any livestock have access to the outflowing water? Click or tap here to enter text.

Date retrieved	enter a date	Moon in	enter text	Ascending	<input type="checkbox"/>
Weather Click or tap here to enter text.		Constn.		Descending	<input type="checkbox"/>

Any special reason for this day? [Click or tap here to enter text.](#)

If stored since lifting give details of where and how stored (describe storage facility)

[Click or tap here to enter text.](#)

Was any material rejected at the time of lifting for quality reasons? [Click or tap here to enter text.](#) If yes, please give:

1). Estimate of % of rejected material: [Click or tap here to enter text.](#)

2.) What happened to rejected material (end-use): [Click or tap here to enter text.](#)

Was there foreign matter in the lifted material? If so what and how much? [Click or tap here to enter text.](#)

Any other comments regarding the making of this preparation 505: [Click or tap here to enter text.](#)

This preparation has been supplied to:

Name: [enter text](#) Date: [enter a date](#) Amount: [enter text](#)

Name: [enter text](#) Date: [enter a date](#) Amount: [enter text](#)

Name: [enter text](#) Date: [enter a date](#) Amount: [enter text](#)

Name: [enter text](#) Date: [enter a date](#) Amount: [enter text](#)

Name: [enter text](#) Date: [enter a date](#) Amount: [enter text](#)

Name: [enter text](#) Date: [enter a date](#) Amount: [enter text](#)

Declaration

I certify that the skull was to the best of my knowledge from a healthy animal and that all the above information is correct.

Signature

Date [Click or tap to enter a date.](#)

Please return this form or any enquiries to the office. Do not send preparation samples.

Preparation 506 (Dandelion) Record Batch: enter text **Year:** enter text

Flowers of *Taraxacum officinale* dried and wrapped in a bovine mesentery (membrane attaching colon to abdominal wall), buried in autumn similarly to preparation 500. Recovered in spring.

Name of preparation maker Click or tap here to enter text.

(If region or group, include supervisor/s) Click or tap here to enter text.

Dandelion flowers

Date(s) picked Click or tap here to enter text.

Location(s) picked Click or tap here to enter text.

Stage of flowering when picked Click or tap here to enter text.

How can you be sure they were uncontaminated?_ Click or tap here to enter text.

Were they dried? If so, how and where? Click or tap here to enter text.

Where were they stored and how did you keep them free from contamination? Click or tap here to enter text.

Mesentery

Where was it obtained? (please give as much detail as you can including how you ensured they were from a healthy cow and how fresh and how fat it was) Click or tap here to enter text.

Was the preparation hung up first? Click or tap here to enter text. If so please give dates and any other details. Click or tap here to enter text.

Date put down	enter a date	Moon in	enter text	Ascending	<input type="checkbox"/>
Weather	Click or tap here to enter text.	Constn.		Descending	<input type="checkbox"/>

Any special reason for this day? Click or tap here to enter text.

Depth of pit Click or tap here to enter text.

Soil type Click or tap here to enter text.

Were they placed in any receptacle? Click or tap here to enter text. If so, what? Click or tap here to enter text.

When was the last prohibited material used on the soil where flowers were collected or around the pit? (date or prior to) Click or tap here to enter text.

Significant features of pit location (Why did you choose this place?) Click or tap here to enter text.

When was last use of any prohibited material on or near the pit? Click or tap here to enter text.

Location of pit Click or tap here to enter text.

Number of years 500 applications Click or tap here to enter text.

Significant features of pit location (Why did you choose this place?)_Click or tap here to enter text.

Date lifted	enter a date	Moon in	enter text	Ascending	<input type="checkbox"/>
Weather	Click or tap here to enter text.	Constn.		Descending	<input type="checkbox"/>

Any special reason for this day? Click or tap here to enter text.

If stored since lifting give details of where and how stored (describe storage facility)
Click or tap here to enter text.

Was any material rejected at the time of lifting for quality reasons? Click or tap here to enter text. If yes, please give:

- 1). Estimate of % of rejected material: Click or tap here to enter text.
- 2.) What happened to rejected material (end-use):Click or tap here to enter text.

Was there foreign matter in the lifted material? If so what and how much? Click or tap here to enter text.

Any other comments regarding the making of this preparation 506: Click or tap here to enter text.

This preparation has been supplied to:

Name: enter text Date: enter a date Amount: enter text

Name: enter text Date: enter a date Amount: enter text

Name: enter text Date: enter a date Amount: enter text

Name: enter text Date: enter a date Amount: enter text

Name: enter text Date: enter a date Amount: enter text

Name: enter text Date: enter a date Amount: enter text

Declaration

I certify that the cows' intestines were to the best of my knowledge from healthy animals and that all the above information is correct

Signature

DateClick or tap to enter a date.

Version July 2020

Please return this form or any enquiries to the office. Do not send preparation samples.

Preparation 507 (Valerian) Record

Batch: enter text **Year:**

enter text

Fresh or dried flowers of *Valerian officinalis* steeped in water for 3 days, pressed and filtered.

Name of preparation maker [Click or tap here to enter text.](#)

(If region or group, include supervisor/s) [Click or tap here to enter text.](#)

Date(s) picked [Click or tap here to enter text.](#)

Location(s) picked [Click or tap here to enter text.](#)

Stage of flowering when picked [Click or tap here to enter text.](#)

How can you be sure they were uncontaminated? [Click or tap here to enter text.](#)

Were they dried? If so, how and where? [Click or tap here to enter text.](#)

Where were they stored and how did you keep them free from contamination? [Click or tap here to enter text.](#)

Details of water source and quality [Click or tap here to enter text.](#)

Weight of fresh or dried, trimmed flowers [Click or tap here to enter text.](#)

Amount of water added [Click or tap here to enter text.](#)

Weight of press cake [Click or tap here to enter text.](#)

Date of pressing [Click or tap to enter a date.](#)

Any special reason for this day? [Click or tap here to enter text.](#)

How and when was the preparation filtered? [Click or tap here to enter text.](#)

How and where has the preparation been stored? [Click or tap here to enter text.](#)

How have you kept it free from contamination? [Click or tap here to enter text.](#)

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Any other comments regarding the making of this preparation 507: [Click or tap here to enter text.](#)

This preparation has been supplied to:

Name: enter text Date: enter a date Amount: enter text

Name: enter text Date: enter a date Amount: enter text

Name: enter text Date: enter a date Amount: enter text

Name: enter text Date: enter a date Amount: enter text

Name: enter text Date: enter a date Amount: enter text

Name: enter text Date: enter a date Amount: enter text

Declaration

I certify that all the above information is correct

Signature

Date Click or tap to enter a date.

Please return this form or any enquiries to the office. Do not send preparation samples

Cowpat Pit Record

Batch: enter text

Year: enter text

Name of preparation maker: Click or tap here to enter text.

(If region or group, include supervisor/s) Click or tap here to enter text.

Date put down	enter a date	Moon in	enter text	Ascending	<input type="checkbox"/>
Weather	Click or tap here to enter text.	Constn.		Descending	<input type="checkbox"/>

Method of mixing and time spent mixing materials Click or tap here to enter text.

Quantity and source of compost preparations added Click or tap here to enter text.

Dimensions of pit Click or tap here to enter text.

Depth of pit Click or tap here to enter text.

Materials for lining and roof of pit Click or tap here to enter text.

Soil type Click or tap here to enter text.

Number of years 500 applications Click or tap here to enter text.

When was last use of any prohibited material on grazing area or around the pit (date or prior to?) Click or tap here to enter text.

Location of pit Click or tap here to enter text.

Significant features of pit location (Why did you choose this place?)_Click or tap here to enter text.

If stored since lifting give details of where and how stored (describe storage facility) Click or tap here to enter text.

Was any material rejected at the time of lifting for quality reasons? Click or tap here to enter text. If yes, please give:

1). Estimate of % of rejected material Click or tap here to enter text.

2.) What happened to rejected material (end-use) Click or tap here to enter text.

Was there foreign matter in the lifted material? If so what and how much? Click or tap here to enter text.

Other comments regarding the making of this cowpat pit Click or tap here to enter text.

This cowpat pit preparation has been supplied to:

Name: enter text Date: enter a date Amount: enter text

Name: enter text Date: enter a date Amount: enter text

Name: enter text Date: enter a date Amount: enter text

Name: enter text Date: enter a date Amount: enter text

Name: enter text Date: enter a date Amount: enter text

Name: enter text Date: enter a date Amount: enter text

Declaration

I certify that the cow manure was from healthy animals and that all the above information is correct

Signature

Date: Click or tap to enter a date.

Please return this form or any enquiries to the office. Do not send preparation samples