

Cuttings Propagation Documentation Form

Name of plant propagator: _____

Plant species: _____

Natural habitat: _____

Source of cuttings material: _____

Collection & Initial potting date: _____

Pre-treatment (if any): _____

Number of cuttings: _____

Potting medium: _____, Container size: _____

Estimate initial cutting-potting time: _____ Hr.

Light (filtered / direct) : _____

Irrigation Type: : _____, Frequency: _____

New plant growth observation date: _____, _____ %

Date ready for sale or transplant: _____, _____ %

Product distribution: _____

Assess production success: Survival: _____ %, Sales, Installations: _____ %

Estimate time: Plant maintenance: _____ Hr., Total project _____ Hr.

Problems encountered: _____

Comments: _____