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| 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **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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