



DIVERSIFIED RMA# _____

PLASSON GENERAL REPORT FORM

Date: ___/___/___ Diversified representative: _____

Grower / Farm: _____

Company / Location: _____

Equipment Dealer: _____ Store Location: _____

Number of houses on the farm: ___ Number of houses in which the problem is occurring: ___

Bird Type: Breeder ___ Broiler ___ Pullet ___ Turkey ___ Other ___

House, Equipment, Operating & Maintenance Data

Drinker Type/Color: _____ Number of birds per nipple: _____

Feeder Type/Color: _____ Number of birds per pan: _____

Installation Date: _____

Target Weight: _____

Grower Complaint

Describe the problem not the cause. What do you observe? _____

What, in your opinion, is causing the problem? _____

