



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? _____

