



Document title  
**BIOEFFICACY TRIAL MONITORING FORM**

Form no.	FPA-FRD-F21
Revision no.	01
Date	07.14.2025
Page	1 of 1

EUC No. : \_\_\_\_\_  
 Company Name : \_\_\_\_\_  
 Product Name (Brand) : \_\_\_\_\_  
 Guaranteed Analysis : \_\_\_\_\_  
 Product Category:

- |  |   |
|--|---|
| <input type="checkbox"/> Inorganic Fertilizer                          | <input type="checkbox"/> Plant Growth Regulator     |
| <input type="checkbox"/> Organo Mineral                                | <input type="checkbox"/> Bio-stimulant              |
| <input type="checkbox"/> Controlled Release/Specialty Grade Fertilizer | <input type="checkbox"/> Bio-fertilizer/ Decomposer |
| <input type="checkbox"/> Soil Conditioner                              |   |

Trial Location : \_\_\_\_\_  
 Target Crop/s : \_\_\_\_\_

1. Were the trial protocols complete?  Yes  No  
 If the answer is NO, please indicate the missing treatments:

\_\_\_\_\_  
 \_\_\_\_\_

2. Was the field layout followed?  Yes  No  
 If the answer is NO, please indicate briefly the changes made:

\_\_\_\_\_  
 \_\_\_\_\_

Remarks: \_\_\_\_\_  
 \_\_\_\_\_

Inspected by: \_\_\_\_\_  
 FPA Provincial Officer  
 Signature over Printed Name

Noted by: \_\_\_\_\_  
 FPA Regional Officer  
 Signature over Printed Name

Date: \_\_\_\_\_

Date: \_\_\_\_\_

