

SAMPLE FORM

FOR SOIL ANALYSES

Tuinbouwtechniek
& -benodigdheden



CUSTOMER

Name _____
Adress _____
Zip code _____
Place _____
Contact _____
Phone _____
Email _____

copy to mc@karobv.nl

INVOICE ADRESS

Name KaRo BV
Adress Tulpenmarkt 4
Zipcode 1681 PK
Place Zwaagdijk
Contact Danny Rood
Phone 0228-563135
Email info@karobv.nl

Sample date : _____

Sampled by : _____

Your adviser : _____

SAMPLE INFO

Type analyse : Soilbalance Chroma Soil Food Web
Plot designation : _____
Plot size : _____
Ground type : _____
Sample depth : _____
Repeat sample : No, this is the first sample Yes, datum: _____ Sample no. VIC : _____
Acid-loving plants : ja / nee

Crop on this soil last year :

Tree nursery
 Outdoor vegetables
 Strawberry production
 Strawberry propagation
 Flower bulbs / Bulb flowers
 Fruit
 Other :

Crop on this soil coming year :

Tree nursery
 Outdoor vegetables
 Strawberry production
 Strawberry propagation
 Flower bulbs / Bulb flowers
 Fruit
 Other :

Only for more-years :

Crop	Duration in years :
<input type="checkbox"/>	_____

Fertilization history and/or compost last year:

Want advice received: yes / no

Compost

Fertilizers advice during cultivation

Specific needs/wishes advice: _____



KaRo BV
Tulpenmarkt 4
1681 PK Zwaagdijk

T 0228 - 56 31 35
E info@karobv.nl
www.karobv.nl

