

PESTICIDE APPLICATION RECORD

Company Name _____ Commercial Applicator _____ License Number _____

Pesticide License Category _____ Trade Name _____ Active Ingredient(s) & Formulation _____

% Active Concentration(s) ____/____/____ Manufacturer _____ Lot No. _____ EPA Registration No. _____

Restricted-entry Interval (REI) _____ Safety Equipment Needed/Worn _____

APPLICATION INFORMATION

Application Date: _____ Application Start Time: _____ End Time: _____ Treated Site Location _____

Type of Area Treated _____ Target Pest(s) _____ Total Treated Area _____

Application Rate (e.g, per acre or per 1000 sq. ft.) _____ Amount of Product Mixed: _____ Per _____ Gallons of Water:

Gallons Per Acre (GPA) _____ Additives (Surfactant/Wetting Agent/Crop Oil, etc.) _____ Rate _____

WEATHER CONDITIONS

Air Temperature (°F) _____ Relative Humidity (%) _____ Dew Present (Y/N) _____ Initial Wind Velocity (MPH) _____

Wind Direction _____; First Hour _____; Second Hour _____; Third Hour _____; Soil Temperature at 4 inches (°F) _____

Soil Moisture _____ Cloud Cover (%) _____ Rainfall/Irrigation after application (date/time/amount) _____

APPLICATION EQUIPMENT

Method of Application _____ Speed (MPH) _____ Motor Speed (RPM) _____ Nozzle Type _____ Number _____

Nozzle Height _____ Spacing _____ Boom Width _____ Spray Pressure (PSI) _____

Nontarget Plant, Animal, or Human Exposure: Yes ___ No ___ (If yes, identify and list corrective or emergency action taken) _____

Other Comments:

Signature _____

Date _____