

PEST MANAGEMENT MAINTENANCE RECORD

Proponent is DPW-ENRD; Submit within 7 working days from date of application

Company Name:		Applicator's Full Name:	
Address:		Certification Number:	
Phone:		Certification Expiration Date:	
Contract, Invoice, or Work / Service Order Number:			
Facility Number:		Initials:	
Description/ Identification of area with pest problem (attach map if applicable)			
Pesticide Use Pattern: <input type="checkbox"/> Mosquito and Flying Insect <input type="checkbox"/> Aquatic Weed and Algae <input type="checkbox"/> Aquatic Animal Pest <input type="checkbox"/> Forest Canopy or Other Area-Wide			
Target Pest:			
Pesticide to be Used:		EPA Registration #	Concentration (%) of dilution as applied OR dilution rate, e.g. 1 oz concentrate/gallon of water:
Application rate/frequency (specify gallons or pounds per unit of area):			
<input type="checkbox"/> As Packaged <input type="checkbox"/> As Formulated and Applied			
If applied directly to waters, list the effective concentration of active ingredient required for control:			
Application method:			
Personal Protective Equipment (PPE) to be utilized (specify type):			
Buffer Zone to be established? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, distance from application site?			
Spill prevention measures to be utilized:			
Equipment to be used (records must be kept by applicator and made available if requested):			
Is all equipment that requires calibration up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, provide explanation:			

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Pesticide application date (mm/dd/yy):	Total Hours for Application:
Temperature: Wind Speed:	Precipitation:
Total quantity applied (specify gallons or pounds):	
Total quantity of chemical used (specify the amount of chemical added for application):	
Area treated (specify acres or linear feet):	<input type="checkbox"/> <input type="checkbox"/>
Were any corrective actions (i.e. - spill response) required during application? If yes, provide a description.	Yes No
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