



# PEST CONTROL PRODUCT APPLICATION FORM

Date: \_\_\_\_\_ (am / pm)

Current weather conditions: \_\_\_\_\_

Licensed exterminator: \_\_\_\_\_

Wind speed: \_\_\_\_\_

Pest targeted: \_\_\_\_\_

Nozzles: \_\_\_\_\_

Sprayer (make & model): \_\_\_\_\_

Gear/speed/rpm: \_\_\_\_\_

Output rate (L/ha): \_\_\_\_\_

Volume/tank: \_\_\_\_\_

Number of tanks: \_\_\_\_\_

Total area treated: \_\_\_\_\_

Total amount of product: \_\_\_\_\_

Total applied volume: \_\_\_\_\_

Threshold level exceeded: \_\_\_\_\_

	Product Name	Product Rate (ml/100m <sup>2</sup> )	Total Amount of Product Used	Active Ingredient	Active Ingredient Rate (ml/L)	Total Amount of Active Ingredient Used	Preventative (P) or Curative (C)
A							
B							
C							

As the operator of this application, I attest to the above information and that the pest control product was mixed, applied and rinsed in accordance with the product label and governing legislation.

Operator signature: \_\_\_\_\_ IPM Agent signature: \_\_\_\_\_

*Return form to IPM Agent once job is complete. IPM Agent must sign in confidence.*

**Follow-up Comments:** *(to be filled out on the three days following pest control product application)*

Date (D/M/Y)	/ /	/ /	/ /
% Control			
Reappearance? (Yes/No)			
Areas of Concern			

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Irrigation applied (before/ after): \_\_\_\_\_

\_\_\_\_\_

Comments (inclement weather, coverage problems): \_\_\_\_\_