## Yourname ISD

## Integrated Pest Management means safer, better pest control

## **Outdoor Pesticide Applications: Daily Use Record and Posting Checklist**

Site Address				Supervisor*					Applicator			Record #
				Pesticide	e Applicator License	#			Pesticide Applicator License # (if applicable)			Date
Conditions				*Note: Eithe	er the applicator or the dire	ect supervise	or must have valid	certified applicator's	number. Check	with state pesticide regulatory agency for details.		
Time of Application (a.m./p.m.)		Wind Speed		Wind Direction			Additional Comments					
Pesticides/Pro	oducts Us	sed										
Treatment # Tra		Trade Name		lation*	EPA Registrat	EPA Registration #		Target Pest(s)		Product Application Rate (e.g., oz/Acre, lb/1000 ft <sup>2</sup> )		
Application D	etails		*Formalati	on is usually i	ndicated by the label: Gran	ular (G), Di	ust (D), Emulsifiable	e Concentrate (EC),	Bait (B), Wettable	e Powder (WP), etc.		
Treatment #	-		ants Treated E		quipment Used		Number oplicable)	Vol. or Weight of Product Applied		Area Treated (acres/sq ft., etc.)	Comments (e.g., oz/Acre, lb/1000 ft <sup>2</sup> )	
Checklist	<u> </u>		<u> </u>									
Was pre-notif					oplication? 🗌 🛛	Did you c	heck label ree			u post date and time of allowed reentr	y? List:	