

**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:      Mosquito and Flying Insect                      Aquatic Weed and Algae			
Aquatic Animal Pest                                      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):			
As Packaged		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?      Yes                      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?      Yes                      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):			
Area treated(specify acres or linear feet):			
Were any corrective actions (ie - spill response) required during application?		Yes	No
If yes, provide a description.			
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