

Check list for Commercial Applicators Record Keeping Requirements in the following categories:
1, 2, 3, 6, 7, 7, 9, 10, 11.

- | | | | | |
|--------------------------|-------------------------------|--------------------------|------------|-------------------|
| <input type="checkbox"/> | 1. Agricultural – | <input type="checkbox"/> | 1a. Plant | _____ |
| | | <input type="checkbox"/> | 1b. Animal | Name |
| <input type="checkbox"/> | 2. Forest | | | _____ |
| | | | | Company |
| <input type="checkbox"/> | 3. Ornamental & Turf | | | _____ |
| | | | | Address |
| <input type="checkbox"/> | 6. Right – of – Way | | | _____ |
| <input type="checkbox"/> | 7. a. Fumigation | | | _____ |
| | | | | Telephone No. |
| <input type="checkbox"/> | b. Termite | | | CERTIFICATION NO. |
| <input type="checkbox"/> | c. General | | | |
| <input type="checkbox"/> | d. Industrial & Institutional | | | |
| <input type="checkbox"/> | e. Vault | | | |
| <input type="checkbox"/> | 8. Public Health | | | |
| <input type="checkbox"/> | 9. Regulatory | | | |
| <input type="checkbox"/> | 10. Demonstration & Research | | | |
| <input type="checkbox"/> | 11. Aerial | | | |

Record Keeping Information:

- 1. Brand or common name of pesticide product applied.
- 2. EPA Reg. No.
- 3. Type of informulation
- 4. Percent active ingredient
- 5. Scientific or common name of target pest
- 6. Dilution rate
- 7. Total amount of pesticide used.
- 8. Total area covered
- 9. Date of application
- 10. Address or location of treated site
- 11. Name of certified applicator and certification no.
- 12. Other information
- 13. Miscellaneous: Is follow-up inspection recommended? _____