

USE INVESTIGATION REPORT

1. PERSON INTERVIEWED			
a. NAME		b. ADDRESS	
c. TELEPHONE			
2. APPLICATOR			
a. NAME		b. ADDRESS	
c. TELEPHONE	d. CERTIFICATION NUMBER		
3. SITE OF APPLICATION			
a. NAME		b. ADDRESS	
c. TELEPHONE			
d. TYPE OF BUSINESS	e. CROP, AREA OR OBJECT TREATED		
f. TARGET PEST			g. DATE AND TIME OF APPLICATION
h. WEATHER AT TIME OF APPLICATION (<i>Wind, temperature, humidity, rain, etc., list source of information</i>)			
4. PESTICIDE APPLIED			
a. BRAND NAME		b. EPA REG. NO.	c. BATCH NO. d. CLASSIFICATION
e. TYPE OF FORMULATION <input type="checkbox"/> DUST <input type="checkbox"/> SPRAY <input type="checkbox"/> GRANULAR <input type="checkbox"/> MIST <input type="checkbox"/> FOG <input type="checkbox"/> OTHER (<i>Specify</i>):			
5. RATE OF APPLICATION			
a. METHOD OF APPLICATION <input type="checkbox"/> GROUND <input type="checkbox"/> AERIAL <input type="checkbox"/> OTHER (<i>Specify</i>):			
b. DILUTION RATE			
c. DILUTED MATERIAL APPLIED PER UNIT (<i>Gallons/Acre</i>)		d. ACTUAL ACTIVE PER UNIT (<i>Lbs/Acre</i>)	
6. SAMPLES COLLECTED (<i>List sample numbers</i>)			
a. FORMULATION	b. DILUTED MATERIAL		c. RESIDUE
7. WERE THE FOLLOWING LABELING INSTRUCTIONS FOLLOWED? <input type="checkbox"/> YES <input type="checkbox"/> NO (<i>If "NO", check and explain.</i>)			
<input type="checkbox"/> TARGET PEST	<input type="checkbox"/> RATE OF APPLICATION	<input type="checkbox"/> REENTRY INTERVAL	
<input type="checkbox"/> METHOD OF APPLICATION	<input type="checkbox"/> CROP, AREA OR OBJECT TREATED	<input type="checkbox"/> APPLICATOR CERTIFIED	
<input type="checkbox"/> DILUTION USED	<input type="checkbox"/> CAUTIONARY LABELING	<input type="checkbox"/> PREHARVEST INTERVAL	
<input type="checkbox"/> OTHER:			
8. CONSEQUENCES OF USE (<i>List any unusual results or adverse effects from treatment</i>)			
9. REMARKS			
10. DATE OF INVESTIGATION	11. TIME	12. INVESTIGATOR (<i>Signature</i>)	13. TITLE