IPM Pest Sighting Log form SWTRC-4

S2: C-7 (pg 2 of 3)

Employee Supervising Application: Rocky Hinds and Joe Poor				Applicator/Agency				Record #	
Pesticide Applicator License #				******		A STATE OF THE STA		Date	
onditions		*Note: Either the applica	tor or the dire	ct supervisor must have v	alid certified app	licator's number. Check with state pesticion	de regulatory agency for datails.		
Time of Application Area/s				Additional Comments					
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esticides/Produc	ts Used Trade Name	the Contract Of the state of the Contract of the con-		v the label Granular (G). Dust (D). Emulsifiable Concentrate (EC). Bell (B). Well table Powder (WP). etc.  Registration # Target Pest(s)			THE SHEW SERVICES OF SHEW SERVICES	Product Application Rat	
Treatment #	Trade Name	romulation	LPAN	egistidiidii #		I diget resuls)		(e.g., oz/Acre, lb/1000 ft²)	
								<u> </u>	
pplication Detail				Decal Number		Vol. or Weight of	Area Treated	Comments	
Treatment #	MSDS	Equipment	Used	(if applicable)		Product Applied	(sq ft, etc.)		
							W-11-11-11-11-11-11-11-11-11-11-11-11-11		
laintenance Staff	Checklist								
D. 11.				D:1				-t.	
☐ Was pre-notificati	on posted?	oosted after applicati	on?	Did you check labe	reentry per	tod? 🔲 Did you list date and	time of allowed reentry? Li	St;	
	ent at time of application? Ex	plain:			☐ Was ti	reatment watered-in after applic	ation? Explain:		
☐ Were clients pres	one are time of approaches.								