

Date of Application / /
Month Day Year

School _____

PESTICIDE APPLICATION RECORD

This form meets all pesticide record-keeping requirements for schools in Oregon. **Note additional attachments required.**

Applicator

Name	Phone	
License No.	Certificate No.	
Address		
City	State	Zip Code

Pesticide Product Used

Product (Brand) Name	EPA Registration No
Product type (granular, liquid, etc.)	

Attach following documents

Pesticide Label MSDS Copies of all required notices, including dates the notices were given

Date and time for placement and removal of warning signs	Placement:	Removal:
--	------------	----------

Application Information

Time began	Time ended		
Temp	Wind Speed & Direction		
Amount of Product Applied			
Total Product Volume or Weight	Total Area of Application(s) (acres, feet, etc.)		
Product Concentration (amount per area; note units)			
Location(s) of application			
Type of Application			
Backpack <input type="checkbox"/>	Bait <input type="checkbox"/>	Boom Sprayer <input type="checkbox"/>	Crack/Crevice <input type="checkbox"/>
Other (describe)			
Did the application prove effective? Explain:			

