

APPENDIX 15

Maryland-National Capital Park and Planning Commission
Pesticide Application Record

Park Name: _____ Park Code: _____
Site of Application _____
Reason for Application (Specify pests) _____

Certified Pesticide Applicator: _____ Category: _____
Person(s) Applying: _____ Registered?: _____

Date & Time of Application: _____
Wind: Direction _____ Speed _____ Temp: _____ °F Cloud Cover: _____ %

Pesticide Name: _____
EPA Reg. No.: _____ Form: Aerosol Dust Emulsifiable conc. Flowable
 Fumigant Granular Liquid Soluble Powd. Wettable Powd. Other: _____

Pre-mixed?: _____ Cholinesterase inhibitor? (See list on reverse): Yes No
Pesticide Storage Location: _____ MSDS on file? : _____

Application Rate Using (See label): _____
(Ex.: oz.conc. / gal. water; lbs. pesticide / sq.ft.)

Amount Mixed: _____ % conc. + _____ water
Amt. Applied: _____ Disposal of leftover (if any): _____

Approx. Area/No. of Plants Treated: _____
Application Equipment Used _____

Safety Equipment Used
() Boots () Face Shield () Tyvek Apron () Other: _____
() Gloves () Full Respirator () Tyvek Suit _____
() Goggles () Half Respirator () Tyvek Suit w/ Hood _____

Number of Signs Posted: _____ Sign Locations: _____
(BE SURE TO REMOVE ALL SIGNS AFTER 48 HRS.)

Applicator's Comments: _____

Certified Applicator/Date

Registered Applicator/Date