



HERBICIDE TREATMENT DAY SHEET

APPLICATOR INFORMATION		LANDOWNER/PROPERTY INFORMATION	
Authorization #		Landowner Name	
Authorization Holder Name		Parcel Identification # (PID)	
Applicator Name		Is a well present on the property? (Y/N)	
Applicator Certificate #		Geographic location of well (UTM or Lat/Lon)	

INVASIVE PLANT 1 -HERBICIDE USE DETAILS		INVASIVE PLANT 2 -HERBICIDE USE DETAILS	
Date		Date	
Start Time:	End Time:	Start Time:	End Time:
Treatment Location (UTM or Lat Lon)		Treatment Location (UTM or Lat Lon)	
Target Plant		Target Plant	
Herbicide Trade Name		Herbicide Trade Name	
PCP Number		PCP Number	
Application Rate (L/Ha)		Application Rate (L/Ha)	
Amount of Herbicide Used (L or Kg)		Amount of Herbicide Used (L or Kg)	
Application Method (Back pack, hose/reel etc.)		Application Method (back pack, hose/reel etc.)	
Precipitation		Precipitation	
Temperature		Temperature	
Wind Speed:	Wind Direction:	Wind Speed:	Wind Direction:
Precautionary Advice Given (i.e. re-entry time)		Precautionary Advice Given (i.e. re-entry time)	
Comments:		Comments:	

I confirm that the information on this herbicide treatment day sheet is accurate. Certified applicator signature: _____ Date: _____

Notes: Authorization #: Licence, permit or PUN Confirmation number // PCP Number: Pest Control Product Registration Number// Precautionary advice: re-entry, days to harvest, other advice given to landowner

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Map of Treatment Area

Comments:

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