

HERBICIDE TREATMENT DAY SHEET



APPLICATOR INFORMATION

Authorization #	
Authorization Holder Name	
Applicator Name	
Applicator Certificate #	

LANDOWNER/PROPERTY INFORMATION

Landowner Name	
Parcel Identification # (PID)	
Is a well present on the property? (Y/N)	
Geographic location of well (UTM or Lat/Lon)	

HERBICIDE DETAILS

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

MAP OF TREATMENT AREA

I confirm that the information on this herbicide treatment is accurate.

Certified Applicator Signature: _____ Date: _____