

PRODUCTION AGRICULTURE MONTHLY PESTICIDE USE REPORT

Submit to the Agricultural Commissioner within 10 days of the month following application.

Month ¹ _____ Year ² _____

Operator ID/Permit No. <small>3</small>	Operator (Grower) <small>4</small>	Address <small>5</small>			City <small>6</small>			Zip Code <small>7</small>		
Site Identification No. <small>8</small>	Total Planted Acres/Units <small>9</small>	County Number <small>10</small>	Section <small>11</small>	Township <small>12</small>	Range <small>13</small>			Base & Meridian <small>14</small>		
				<input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> H						
Commodity/Site Treated <small>15</small>				Field Location <small>16</small>						

Date/Time Application <small>17</small> Completed	Acreage/Units <small>18</small> Treated	Pre-plant <small>19</small> (If Applicable)	Application Method <small>20</small> (Check One)	Block ID <small>21</small> (If Applicable)	EPA or State Registration Number <small>22</small> (From Label)	Total Product Used <small>23</small>	Days Reentry <small>24</small>	Rate Per Acre <small>25</small>	Dilution <small>26</small>	Product and Manufacturer <small>27</small>
		<input type="checkbox"/>	<input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Fume _____ <input type="checkbox"/> Other _____			<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA				
		<input type="checkbox"/>	<input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Fume _____ <input type="checkbox"/> Other _____			<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA				
		<input type="checkbox"/>	<input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Fume _____ <input type="checkbox"/> Other _____			<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA				
		<input type="checkbox"/>	<input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Fume _____ <input type="checkbox"/> Other _____			<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA				
		<input type="checkbox"/>	<input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Fume _____ <input type="checkbox"/> Other _____			<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA				
		<input type="checkbox"/>	<input type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Fume _____ <input type="checkbox"/> Other _____			<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA				

Report Prepared By _____ Date _____ Reviewed By _____
For Agency Use Only

Use Report Completion Instructions

These instructions will assist you in completing this form. The completed forms must be submitted to the agricultural commissioner in the county where the pest control work was performed by the 10th day of the month following the month of application.

- 1 - 2. Enter the month and year of the pesticide applications.
3. Enter the Operator Identification Number/Restricted Material Permit Number assigned by the county agricultural commissioner (CAC).
- 4 - 7. Identify the property operator (grower) and complete the address information.
8. Each commodity/site is assigned a unique identification number of one to eight characters. Enter this number exactly as it was issued by the CAC.
9. Indicate the total planted acres, square feet or units at the treatment site. For pre-plant applications, enter the total acreage, square feet or units to be treated.
10. Indicate the county number. This is available from the CAC.
- 11-13. Indicate the section, township, and range designation for each site that is treated. These designations must be the same as those on your restricted materials permit or the Operator Identification form issued by the CAC. Otherwise, a coordinate map showing the designations must be used to determine the appropriate information. The respective compass points (e.g., "N" or "S") should be checked as well.
14. There are only three base and meridians in California. One of the following code letters must be used to complete this section: H-Humboldt, M-Mount Diablo, S-San Bernardino.
15. Enter the commodity/site treated. Identify the specific type of commodity (e.g., head lettuce, loose leaf lettuce, table grapes or wine grapes). Do not use general groups such as "herbs," "citrus" or "cole crops."
16. Enter the location of the field treated. Use the system utilized by the CAC to designate the specific property treated.
17. For each pesticide application, indicate the date and hour it was completed. Use a 24-hour clock or military time (i.e., write 7:00 a.m. as 0700 hours).
18. For each application, report the total acreage treated. For band applications or strip spraying, report the total acreage at the site. For spot spraying or partial applications (e.g., border treatments) indicate only the acreage that was actually treated.
19. Check this box if the pesticide treatment is a pre-plant application.
20. Check the method of application that represents each application. If checking "FUME" (fumigation), include the four-digit numeric field fumigation method (FFM) code.
21. Enter the appropriate number to identify a block within a field, if applicable.
22. Each pesticide is assigned an "EPA Regis. No." or "Calif. Reg. No." that appears on the label. Record the entire number including the alpha code (e.g., "AA" or "ZA") for each pesticide that is used. Do not use the "EPA Est. No." Spreader stickers, adjuvants, and drift control agents are registered as pesticides in California and must also be reported. Do not report nutrients, fertilizers, buffers, etc., that have no EPA or California Registration Number. Record the number from the label on the container that was used, not a number from a specimen label book.
23. Record the total amount of formulated (packaged) product that was used for each application. Do not report the total mixture after dilution. Check only one unit of measure (if not on form, write it in this box). If necessary, decimals and fractions may be used.
24. Enter the reentry interval as required by the pesticide label or regulation. (Optional)
- 25-26. Indicate the rate at which the pesticide was applied per acre (e.g., 1 pound in 100 gallons or 3 pints in 250 gallons). (Optional)
27. Write in the name of the pesticide product and the manufacturer as identified on the label. Include the brand or trade name and type of formulation if it is indicated on the label (e.g., Pestkill 30W, NoGro 6E, or Mildex SP).

Remember to sign and date the report. If you have any questions or need additional assistance in completing this form, please contact your local CAC.