

PESTICIDE USE REPORT

1. PRE-PLANT (IF APPLICABLE)

2. COUNTY NO.	3. SECTION	4. TOWNSHIP <input type="checkbox"/> N <input type="checkbox"/> S	5. RANGE E <input type="checkbox"/> W	6. BASE & MERIDIAN <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> H	7. APPLICATION METHOD (CHECK ONE) <input type="checkbox"/> GROUND <input type="checkbox"/> AIR <input type="checkbox"/> FUME _____ <input type="checkbox"/> OTHER	8. PERMITTEE/PROPERTY OPERATOR	14. APPLICATOR NAME AND ADDRESS	
9. OPERATOR ID/PERMIT NUMBER		10. SITE IDENTIFICATION NUMBER			11. TOTAL PLANTED ACRES/UNITS			
12. LOCATION		13. BLOCK ID (IF APPLICABLE)						
15. DATE/TIME OF START OF APPLICATION		16. DATE/TIME OF COMPLETION OF APPLICATION			17. ACRES/UNITS TREATED		18. COMMODITY/SITE TREATED	
19. CHEM NO.	20. MANUFACTURER/NAME OF PRODUCTS APPLIED			21. EPA/CALIF. REGISTRATION NUMBER FROM LABEL		22. TOTAL PRODUCT USED	23. RATE	24. DILUTION
						<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA		
						<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA		
						<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA		
						<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA		
						<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA		
						<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA		
25. DAYS REENTRY		26. DAYS PREHARVEST		27. APPLIED/SUPERVISED BY				

*Submit WHITE COPY to the COUNTY AGRICULTURAL COMMISSIONER within 7 days of application.

Distribution: Copy - Agricultural Commissioner; Applicator; Grower

Use Report Completion Instructions Pesticide Use Report (DPR-PML-025)

These instructions will assist you in completing this form. The completed forms must be submitted to the county agricultural commissioner (CAC) in the county where the pest control work was performed by the 7th day after the application.

1. Check this box if all the pesticide treatments were pre-plant applications.
2. Indicate the county number. This is available from the CAC.
- 3 - 5. 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.
6. 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.
7. Check the method of application that represents each application. If checking "FUME" (fumigation), include the four digit numeric field fumigation method (FFM) code.
8. Identify the property operator (grower).
9. Enter the Operator Identification Number/Restricted Material Permit Number assigned by the CAC.
10. Each commodity/site is assigned a unique identification number of eight digits. Enter this number exactly as it was issued by the county agricultural commissioner.
11. 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.
12. Enter the location of the field treated. Use the system utilized by the CAC to designate the specific property treated.
13. Enter the appropriate number to identify a block within a field, if applicable.
14. Enter the applicator name and address.
15. Indicate the date and hour the pesticide application was started. Use a 24-hour clock or military time, e.g., write 7:00 a.m. as 0700 and 4:00 p.m. as 1600.
16. Indicate the date and hour the pesticide application was completed. Use a 24-hour clock or military time, e.g., write 7:00 a.m. as 0700 and 4:00 p.m. as 1600.
17. Enter 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.
18. Enter the commodity/site by common name. Identify the specific type of commodity, e.g., head lettuce, loose leaf lettuce, table grapes, wine grapes. Do not use general terms such as "herbs," "citrus" or "cole crops."
19. Enter the chemical number.
20. 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.
21. 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," "ZA," or "ZB," 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.
22. 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.
- 23 - 24. Indicate the rate and dilution at which the pesticide was applied per acre, e.g., 1 pound in 100 gallons or 3 pints in 250 gallons. (Optional)
25. Enter the reentry interval as required by the pesticide label or regulation. (Optional)
26. Enter the pre-harvest days as required by the pesticide label or regulation. (Optional)
27. Enter name of applicator or supervisor.

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.