

Pest Control Recommendation

PR-ENF-092 (Est. 8/94)

| | | | |
|---|-------|---|---------------------------------|
| 1. Operator of the Property | | 2. Recommendation Expiration Date | |
| Address | | City | County |
| 3. Location to be Treated | | | |
| 4. Commodity to be Treated | | | 5. Acres or Units to be Treated |
| 6. Method of Application: | | 7. Pest(s) to be Controlled | |
| <input type="checkbox"/> Air <input type="checkbox"/> Ground <input type="checkbox"/> Fumigation <input type="checkbox"/> Other | | | |
| 8. Name of Pesticide(s) | | Rate per Acre or Unit | Dilution Rate |
| | | | |
| | | | |
| | | | |
| 9. Hazards and/or Restrictions | | 10. Schedule, Time or Conditions | |
| <input type="checkbox"/> 1. Highly toxic to bees <input type="checkbox"/> 2. Toxic to birds, fish and wildlife <input type="checkbox"/> 3. Do not apply during irrigation or when run-off is likely to occur <input type="checkbox"/> 4. Do not apply near desirable plants <input type="checkbox"/> 5. Do not allow to drift onto humans, animals, desirable plants or property <input type="checkbox"/> 6. Keep out of lakes, streams and ponds <input type="checkbox"/> 7. Birds feeding on treated area may be killed <input type="checkbox"/> 8. Do not apply when foliage is wet (dew, rain, etc.) <input type="checkbox"/> 9. May cause allergic reaction to some people <input type="checkbox"/> 10. This product is corrosive and reacts with certain materials (see label) <input type="checkbox"/> 11. Closed system required <input type="checkbox"/> 12. Restricted use pesticide (California and/or Federal) <input type="checkbox"/> 13. Hazardous area involved (see map and warnings) <input type="checkbox"/> 14. Other (see attachment) | | 11. Surrounding Crop Hazards 12. Proximity of Occupied Dwelling, People, Pets or Livestock 13. Non-Pesticide Pest Control, Warnings and Other Remarks 14. Criteria Used for Determining Need for Pest Control Treatment <input type="checkbox"/> Sweep Net Counts <input type="checkbox"/> Leaf or Fruit Counts <input type="checkbox"/> Preventive Soil Sampling <input type="checkbox"/> Field Observation <input type="checkbox"/> Pheromone or Other Trap <input type="checkbox"/> History <input type="checkbox"/> Other | |
| 15. Crop and Site Restrictions: | | | |
| <input type="checkbox"/> 1. Worker reentry interval ___ days <input type="checkbox"/> 2. Do not use within ___ days <input type="checkbox"/> 3. Posting required <input type="checkbox"/> Yes <input type="checkbox"/> No ___ days <input type="checkbox"/> 4. Do not irrigate for at least ___ days after application <input type="checkbox"/> 5. Do not apply more than ___ application(s) per season <input type="checkbox"/> 6. Do not feed treated foliage or straw to livestock <input type="checkbox"/> 7. Plantback restrictions (see label) <input type="checkbox"/> 8. Other (see attachment) | | | |
| 16. I certify that alternatives and mitigation measures that would substantially lessen any significant adverse impact on the environment have been considered and, if feasible, adopted. | | | |
| Adviser Signature | | | |
| Date | Name | | |
| Adviser License Number | | | |
| Employer | | | |
| Employer Address | | | |
| City | State | Zipcode | |