Pesticide Application Record

Record of a pesticide or herbicide application: product, MAPP number, dose, area, weather and operator certification.

Site / location *	
Date *	_____ / _____ / _____
Start time	_____ : _____
Finish time	_____ : _____
Operator name *	
Certificate of competence number *	
Product name *	
MAPP number *	
Target weed / pest	
Area treated (m²) *	
Dose rate	
Total product used	
Equipment *	☐ Knapsack ☐ Controlled droplet applicator ☐ Boom sprayer ☐ Weed wiper ☐ Other
Wind speed / direction	
Weather *	☐ Dry ☐ Light rain ☐ Overcast ☐ Sunny
Buffer zones observed *	☐ Yes ☐ No ☐ N/A
Public notified / signs displayed	☐ Yes ☐ No ☐ N/A
Notes	
Additional comments	
Operator name *	
Operator signature *	
Date signed *	_____ / _____ / _____

* Required