



# EQUIPMENT CALIBRATION FORM

- HANDHELD/ BACKPACK SPRAYER -

Golf Facility: \_\_\_\_\_ Golf Course: \_\_\_\_\_

**Important:** To meet IPM standards, a minimum of three (3) calibrations must be completed on each piece of application equipment during the season.

Date of calibration: \_\_\_\_\_ Calibrated by (name): \_\_\_\_\_

If conducted by an outside service, please specify: \_\_\_\_\_

Make and model of calibrated sprayer: \_\_\_\_\_

Nozzle information (size, type): \_\_\_\_\_

Date of previous calibration: \_\_\_\_\_ # calibration of this season: \_\_\_\_\_

### The Calibration of a Handheld/Backpack Sprayer

Please complete the following 4 steps and provide comments on any observations made during the process. Reviewing these comments in the future will help identify any recurring problems with this particular handheld/backpack sprayer.

1. Measure an area that is 100 m<sup>2</sup>. e.g., 10 m x 10 m, or 25 m x 4 m.

Location for future reference: \_\_\_\_\_

2. Fill the spray tank with water. Mark the level on a measuring stick. Pump to the pressure that will be used during pest control product application.
3. Spray the water over the 100 m<sup>2</sup> area. Walk at a steady space, taking care to apply it as evenly as possible, just as you would when applying a pest control product.
4. Measure the amount of water needed to refill the spray tank to the mark on the measuring stick. This amount will be the sprayer output per 100 m<sup>2</sup>.

Comments: \_\_\_\_\_

*As the person calibrating the sprayer listed, I attest that the above information is accurate and truthful and that the calibration process was thoroughly completed.*

Calibrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I attest that the above information is accurate and truthful. I also acknowledge that it is our responsibility to be aware of the requirements of IPM Accreditation as defined by the IPM Council of Canada and that failure to meet the requirements can result in loss of our IPM Accreditation status.*

IPM Agent name: \_\_\_\_\_ IPM Certification #: \_\_\_\_\_

IPM Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_