

Specialty Turf Annual Report

Specialty Turf Facility: _____

For the Year: _____

Owner/Operator of Facility: _____

Address: _____

Date: _____

Telephone: _____

Email: _____

<u>Name of Pesticide Ingredient</u>	<u>Reason for Use</u>	<u>Quantity of Pesticide Ingredient Used (kg)</u>	<u>Method of Use</u>	<u>How Future Use Would be Minimized</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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Specialty Turf Facility: _____

For the Year: _____

Location of all pesticide application areas:

Please note that this form automatically changes font size as you type and fill each line. If the print size becomes too small, start typing in the next line.

IPM Certified Applicator Name(s) that used, supervised or provided written instructions on the use of pest control products:

<u>Name</u>	<u>Signature</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____