

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: <input type="checkbox"/> Air <input type="checkbox"/> Ground <input type="checkbox"/> Fumigation <input type="checkbox"/> Other		7. Pest(s) to be Controlled	
8. Name of Pesticide(s)		Rate per Acre or Unit	Dilution Rate
			Volume Per Acre or Unit
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"/> Field Observation	<input type="checkbox"/> Pheromone or Other Trap
		<input type="checkbox"/> History	<input type="checkbox"/> Preventive Soil Sampling
		<input type="checkbox"/> Other	
15. Crop and Site Restrictions:		N	
<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	