



INTEGRATED PEST MANAGEMENT PROGRAM MANAGEMENT & CULTURAL TREATMENTS REPORT FORM

COUNTY DEPARTMENT / CONTRACTOR FIRM NAME: _____ MONTH: _____ YEAR: _____

MANAGEMENT & CULTURAL TREATMENTS					
APPLICATION DATE	SITE LOCATION CODE	LOCATION NOTES	TREATMENT APPLIED (Ex/ MOWING, WEEDING, PRUNING, MULCHING, SANITATION, CHECKING TRAPS, PEST IDENTIFICATION, PEST EXCLUSION, WATER MANAGEMENT, SOIL SOLARIZATION, FERTILIZER/SOIL AMENDMENTS, DESTROYING ALTERNATE HOSTS, ETC.)	TARGET PEST(S)	ESTIMATED HOURS
				TOTAL:	

REPORT PREPARED BY: _____ DATE: _____ PHONE: _____