

INTEGRATED PEST MANAGEMENT PROGRAM MANAGEMENT & CULTURAL TREATMENTS REPORT FORM

COUNTY DEPA	RTMENT / CO	NTRACTOR FIRM NAME:	Month:	YEAR:	
			MANAGEMENT & CULTURAL TREATMENTS		
APPLICATION	SITE	LOCATION NOTES	TREATMENT APPLIED	TARGET	ESTIMATE
DATE	LOCATION CODE		(EX/ MOWING, WEEDING, PRUNING, MULCHING, SANITATION, CHECKING TRAPS, PEST IDENTIFICATION, PEST EXCLUSION, WATER MANAGEMENT, SOIL SOLARIZATION, FERTILIZER/SOIL AMENDMENTS, DESTROYING ALTERNATE HOSTS, ETC.)	PEST(S)	D Hours
				T	
				TOTAL:	

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REPORT PREPARED BY:	 Date:	PHONE:	REV 07/1