

INVASIVE PLANT CHEMICAL & MECHANICAL TREATMENT RECORD



<input type="checkbox"/> DATA ENTERED INTO IAPP		ENTERED BY				PCP #s 2,4-D 14725; Banvel 18837; Escort 23005; Milestone 28137 Restore 28137/28271; Vanquish 26980; Grazon 26649 Roundup 13644; Tordon 22K 9005; Transline 24084				OTHER HERBICIDE		REGISTRATION #																		
TREATMENT DATE YY/MM/DD		AGENCY		EMPLOYER		CERTIFIED APPLICATORS		CERT. NUMBER		OTHER APPLICATORS		CERT. NUMBER																		
RANGE UNIT		PASTURE		PAPER FILE ID		PMP NUMBER				_____ SUPERVISOR SIGNATURE																				
ACTIVITY		New Site	Site ID	OR	Paper File ID	UTM Zone	Easting	Northing	Invasive Plant Not Found	Time of Application	Species 1	%	Distribution Code	Species 2	%	Distribution Code	Species 3	%	Distribution Code	Area Treated (ha)	Temperature (°C)	Windspeed (Km/h)	Wind Direction	Treatment Method	Name of Herbicide	Application Rate (L Herbicide/ha)	Amount of Mix Used (L)	Sprayer Delivery Rate (L Mix/ha)		
<input type="checkbox"/> CHEMICAL <input type="checkbox"/> MECHANICAL <input type="checkbox"/> SURVEY ONLY		<input type="checkbox"/>							<input type="checkbox"/>																					
		JURISDICTION		LOCATION OR ROAD NAME/Km										COMMENTS																
<input type="checkbox"/> CHEMICAL <input type="checkbox"/> MECHANICAL <input type="checkbox"/> SURVEY ONLY		<input type="checkbox"/>								<input type="checkbox"/>																				
		JURISDICTION		LOCATION OR ROAD NAME/Km										COMMENTS																
<input type="checkbox"/> CHEMICAL <input type="checkbox"/> MECHANICAL <input type="checkbox"/> SURVEY ONLY		<input type="checkbox"/>								<input type="checkbox"/>																				
		JURISDICTION		LOCATION OR ROAD NAME/Km										COMMENTS																
<input type="checkbox"/> CHEMICAL <input type="checkbox"/> MECHANICAL <input type="checkbox"/> SURVEY ONLY		<input type="checkbox"/>								<input type="checkbox"/>																				
		JURISDICTION		LOCATION OR ROAD NAME/Km										COMMENTS																
<input type="checkbox"/> CHEMICAL <input type="checkbox"/> MECHANICAL <input type="checkbox"/> SURVEY ONLY		<input type="checkbox"/>								<input type="checkbox"/>																				
		JURISDICTION		LOCATION OR ROAD NAME/Km										COMMENTS																

Mechanical Treatments Mandatory Fields: Date of Treatment Agency Jurisdiction Site ID OR UTM Zone, Easting & Northing Species 1 Treatment Method Area Treated
Chemical Treatments Mandatory Fields: All fields indicated in Mech. Treatments, PLUS: Certified Applicator and Number Application Time Temperature Windspeed Name of Herbicide Application Rate Amount of Mix Used

