



# INVASIVE PLANT CHEMICAL & MECHANICAL TREATMENT RECORD



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	SUPERVISOR SIGNATURE _____	OTHER APPLICATORS	CERT. NUMBER
DISTRICT CODE	MAPSHEET	RANGE UNIT	PASTURE				

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								
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		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 Mechanical Treatments PLUS: Certified Applicator and Number Application Time Temperature Windspeed Name of Herbicide Application Rate Amount of Mix Used

**MAP**

SKETCH MAP (INDICATE NORTH)

**IMAGE DETAILS**

ID	DATE YY/MM/DD	PERSPECTIVE	REFERENCE NO.

**COMMENTS**