



# HERBICIDE OPERATION RECORD

THIS FORM MUST BE COMPLETED FOR HERBICIDE PROJECTS. PART I IS TO BE COMPLETED BY THE MINISTRY PROJECT MANAGER AND PART II BY THE CONTRACTOR. THE CONTRACTOR CAN ALSO USE THIS FORM, WHEN COMPLETED, TO MEET REQUIREMENT OF THE INTEGRATED PEST MANAGEMENT PROGRAM OR OPT TO COMPLETE THE STANDARD IPMP OPERATIONS RECORD FORM.

## PART I — MINISTRY PROJECT MANAGER'S RESPONSIBILITY

<b>ADMINISTRATION</b>	PROJECT NO.	PESTICIDE USE PERMIT NO.	SERVICE LICENCE NO. (Ministry)																																									
	LOCATION			MAPSHEET	OPENING NO.																																							
	HERBICIDE (Trade Name, a.i. and Percent)				P.C.P. NO.																																							
	CONTRACTOR		SERVICE LICENCE NO. (Contractor)		PILOT'S NAME																																							
	MINISTRY PROJECT MANAGER			DATE(S) OF OPERATIONS																																								
<b>SITE INFORMATION</b>	TARGET VEGETATION																																											
	CONDITION (drought stress, fall colours, insect or disease damage)																																											
	CROP TREES																																											
	CONDITION (drought stress, fall colours, insect or disease damage)																																											
	SOIL CONDITIONS (for soil-active herbicides)																																											
MOISTURE CONDITIONS: <input type="checkbox"/> Wet <input type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Very Dry <input type="checkbox"/> _____																																												
SOIL TEMPERATURE: _____ °C at 10 cm depth																																												
<table border="1"> <thead> <tr> <th colspan="3">RAINFALL</th> <th colspan="3">One Week Before</th> <th colspan="3">First Week After Application</th> </tr> <tr> <th>Date</th> <th>Rainfall</th> <th>Date</th> <th>Date</th> <th>Rainfall</th> <th>Date</th> <th>Date</th> <th>Rainfall</th> <th>Date</th> <th>Rainfall</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>						RAINFALL			One Week Before			First Week After Application			Date	Rainfall	Date	Date	Rainfall	Date	Date	Rainfall	Date	Rainfall	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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COMMENTS																																												

<b>COMMENTS</b>	PROJECT MANAGER'S COMMENTS ON THE OPERATION
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## PART II — CONTRACTOR'S RESPONSIBILITY

<b>METHODS</b>	TREATMENT METHOD		
	1. <input type="checkbox"/> Aerial <input type="checkbox"/> Ground		
	2. <input type="checkbox"/> Broadcast <input type="checkbox"/> Spot <input type="checkbox"/> Stump <input type="checkbox"/> Stem Injection <input type="checkbox"/> _____		
	TYPE AND MODEL OF EQUIPMENT (TOOL) USED		
	AERIAL SPRAYING (and ground spraying where applicable)		
	NOZZLES	Number	Type and Size
	BOOM TYPE		
	APPLICATION	Flying Height	Speed
_____ m	_____ km/hr.	_____ kPa	
_____	Delivery Rate (output)	Swath Width	
_____ L/min.	_____ m		
Stem Injection Spacing, Ground Spot Spacing			

