



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: _____



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: _____



INTEGRATED PEST MANAGEMENT PROGRAM

CHEMICAL TREATMENTS REPORT FORM

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

CHEMICAL TREATMENTS								
APPLICATION DATE	SITE LOCATION CODE	LOCATION NOTES	PRODUCT APPLIED	EPA REGISTRATION NUMBER	TOTAL PRODUCT USED, UNDILUTED QUANTITY (OZ)	APPLICATOR'S NAME	TARGET PEST(S)	ESTIMATED COST \$

REPORT PREPARED BY: _____ DATE: _____ PHONE: _____



INTEGRATED PEST MANAGEMENT PROGRAM CHEMICAL TREATMENTS REPORT FORM

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

CHEMICAL TREATMENTS								
APPLICATION DATE	SITE LOCATION CODE	LOCATION NOTES	PRODUCT APPLIED	EPA REGISTRATION NUMBER	TOTAL PRODUCT USED, UNDILUTED QUANTITY (OZ)	APPLICATOR'S NAME	TARGET PEST(S)	ESTIMATED COST \$

REPORT PREPARED BY: _____ DATE: _____ PHONE: _____



INTEGRATED PEST MANAGEMENT PROGRAM:

MONTHLY IPM TREATMENT REPORT FORM

COUNTY DEPARTMENT / CONTRACTOR FIRM NAME: CRANE PEST CONTROL: 1600 LOS GAMOS DR.

MONTH: SEPTEMBER YEAR: 2019

CHEMICAL TREATMENTS								
APPLICATION DATE	SITE LOCATION CODE	PRODUCT APPLIED	EPA REGISTRATION NUMBER	TOTAL PRODUCT USED		APPLICATOR'S NAME	TARGET PEST(S)	ESTIMATED HOURS
				UNDILUTED QUANTITY	UNITS (CIRCLE)			

MANAGEMENT & CULTURAL TREATMENTS				
APPLICATION DATE	SITE LOCATION CODE	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
09/03/2019		INSPECTED INTERIOR AND EXTERIOR RODENT CONTROLS WITH HEAVY EXTERIOR RODENT ACTIVITY NOTED. CLEANED AND RESET STATIONS. NO OTHER ACTIVITY NOTED.	RODENTS, ANTS, OCCASIONAL INVADERS	1 HOUR, 5 MINUTES
09/03/2019		INSPECTED EXTERIOR YELLOW JACKET CONTROLS WITH HEAVY YELLOW JACKET ACTIVITY NOTED. CLEANED AND RESET STATIONS. NO OTHER ACTIVITY NOTED.	YELLOW JACKET SUPPRESSION	30 MINUTES
09/16/2019		INSPECTED INTERIOR AND EXTERIOR RODENT CONTROLS WITH MODERATE EXTERIOR RODENT ACTIVITY NOTED. CLEANED AND RESET STATIONS, ADDING PEANUT BUTTER BAIT AS NEEDED. NO OTHER ACTIVITY NOTED.	RODENTS, ANTS, OCCASIONAL INVADERS	55 MINUTES
09/16/2019		INSPECTED EXTERIOR YELLOW JACKET CONTROLS WITH HEAVY YELLOW JACKET ACTIVITY NOTED. CLEANED AND RESET STATIONS. NO OTHER ACTIVITY NOTED.	YELLOW JACKET SUPPRESSION	1 HOUR, 30 MINUTES
09/27/2019		CHECKED IN AT MAIN OFFICES. INSPECTED SUITE 120 WITH ENGINEER AND SET TRAPS. NO OTHER ACTIVITY NOTED.	RODENTS	30 MINUTES