

PRODUCTION AGRICULTURE MONTHLY PESTICIDE USE REPORT: MULTIPLE SITE/COMMODITY

PR-ENF-183 (REV. 08/08) Page 1 of 2

SEE INSTRUCTIONS ON THE REVERSE OF THIS FORM

1. MONTH		2. YEAR		3. <input type="checkbox"/> NURSERY		4. COUNTY NO.							
5. SECTION	6. TOWNSHIP <input type="checkbox"/> N <input type="checkbox"/> S	7. RANGE <input type="checkbox"/> E <input type="checkbox"/> W	8. BASE & MERIDIAN <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> H	9. OPERATOR ID / PERMIT NO.	10. OPERATOR (GROWER)			11. ADDRESS	12. CITY		13. ZIP CODE		
14. SITE IDENTIFICATION NUMBER	15. DATE / TIME APPLICATION	16. COMMODITY / SITE TREATED			17. TOTAL PLANTED ACRES	18. TOTAL TREATED ACRES	19. APPLICATION METHOD (CHECK ONE)	20. EPA / CALIF. REG. NO. FROM LABEL	21. TOTAL PRODUCT USED (CHECK ONE UNIT OF MEASURE)	22. RATE PER ACRE	23. DILUTION	24. DAYS REENTRY	25. MANUFACTURER / NAME OF PRODUCT
						<input type="checkbox"/> GROUND <input type="checkbox"/> AIR <input type="checkbox"/> FUME _____ <input type="checkbox"/> OTHER		<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA					
						<input type="checkbox"/> GROUND <input type="checkbox"/> AIR <input type="checkbox"/> FUME _____ <input type="checkbox"/> OTHER		<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA					
						<input type="checkbox"/> GROUND <input type="checkbox"/> AIR <input type="checkbox"/> FUME _____ <input type="checkbox"/> OTHER		<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA					
						<input type="checkbox"/> GROUND <input type="checkbox"/> AIR <input type="checkbox"/> FUME _____ <input type="checkbox"/> OTHER		<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA					
						<input type="checkbox"/> GROUND <input type="checkbox"/> AIR <input type="checkbox"/> FUME _____ <input type="checkbox"/> OTHER		<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA					
						<input type="checkbox"/> GROUND <input type="checkbox"/> AIR <input type="checkbox"/> FUME _____ <input type="checkbox"/> OTHER		<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA					
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						<input type="checkbox"/> GROUND <input type="checkbox"/> AIR <input type="checkbox"/> FUME _____ <input type="checkbox"/> OTHER		<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA					

REPORT PREPARED BY _____

DATE _____

FOR AGENCY USE ONLY

REVIEWED BY _____

USE REPORT COMPLETION INSTRUCTIONS
FOR THE MULTIPLE SITE/COMMODITY REPORT

(Page 2 of 2)

These instructions will assist you in completing this form. The completed forms must be submitted to the agricultural commissioner in the county where the pest control work was performed by the 10th day of the month following the month of application.

- 1 - 2. Enter the month and year of the pesticide applications.
3. Check this box if all of the pesticide applications were applied in a nursery.
4. Indicate the county number. This is available from the local county agricultural commissioner.
- 5 - 7. Indicate the section, township, and range designation for each site that is treated. These designations must be the same as those on a restricted material permit. Otherwise, a coordinate map showing the designations must be used to determine the appropriate information. The respective compass points (e.g., "N", "S") should be checked as well.
8. There are only three base and meridians in California. One of the following code letters must be used to complete the section: H-Humboldt; M-Mount Diablo; S-San Bernardino.
9. Enter the Operator Identification Number/Restricted Material Permit Number assigned by the county agricultural commissioner.
- 10 - 13. Identify the property operator (grower) and complete the address information.
14. Each commodity/site is assigned a unique identification number of eight digits. Enter this number exactly as it was issued by the county agricultural commissioner.
15. For each pesticide application, indicate the date and hour it was completed. Use a 24-hour clock or military time (e.g., 7:00 a.m. as 0700 hours).
16. Enter the commodity/site by common name. Identify the specific type of commodity (e.g., head lettuce, loose-leaf lettuce, table grapes, wine grapes). Do not use general terms such as "herbs," "citrus," or "cole crops." Do not write in the nine-digit boxes of this section.
17. Indicate the total planted acres or units at the treatment site. For pre-plant applications, enter the total acreage or units to be planted.
18. For each application, report the total acreage treated. For band applications or strip spraying, report the total acreage at the site. For spot spraying or partial applications (e.g., border treatments) indicate only the acreage that was actually treated.
19. Check the method of application that represents each application.
20. Each pesticide is assigned an "EPA Reg. No." or "Calif. Reg. No." that appears on the label. Identify the entire number including the alpha code (e.g., "AA," "ZA," "ZB," etc.) for each pesticide that is used. Do not use the "EPA Est. No.". Spreader stickers, adjuvants, and drift control agents are registered as pesticides in California and must be reported. Do not report nutrients, fertilizers, buffers, etc., that have no EPA registration number.
21. Identify the total amount of formulated (packaged) product that was used for each application. Do not report the total mixture after dilution. Check only one unit of measure. If necessary, decimals and fractions may be used.
- 22 - 23. Indicate rate at which the pesticide was applied as required by the label or regulation.
24. Enter the safety reentry interval as required by the pesticide label or regulation.
25. List the name of pesticide manufacturer and product as identified on the label. Include the brand or trade name and type of formulation if it is indicated on the label (e.g., Pestkill 30W, NoGro 6E, or Mildex SP).

If you have any questions or need additional assistance in completing this form, please contact your local county agricultural commissioner.