Pesticide Application Record
Structural Health Pest Control (General)

CUSTOMER

Person or firm: ___________________________
Name: _________________________________
Address: ________________________________
City/state/zip: ___________________________
Phone: _________________________________

LOCATION OF APPLICATION

Licensed Applicator's Name: _________________________ License No.: _________________________
Business Name (if applicable): _________________________ Phone: _________________________
Address: ________________________________
City/state/zip: ___________________________

Date: _______ / _______ / _______  Start Time: _______ a.m.  _______ p.m.  Finish Time: _______ a.m.  _______ p.m.

Target Pests: Check (X)

☐ German Cockroach  ☐ Pharoah Ants  ☐ Rats  ☐ Pill Bugs  ☐ Drain Flies
☐ American Cockroach  ☐ Crickets  ☐ Mice  ☐ Fleas  ☐ Carpet Beetle
☐ Oriental Cockroach  ☐ Spiders  ☐ Wasps  ☐ Millipedes  ☐ Clover mite
☐ Other ________________________________

Specific Site(s) (type of surface or area treated) i.e., interior, exterior, crawl space, spot, baseboard, carpet, foundation, furniture, basement, siding, wood deck, cupboards, fence line, office, kitchen, under sink, food processing area, barn, etc.

Concentration or rate of application per unit of measure i.e., gallons per minute, ounces per linear feet, pounds per square feet, percent of active ingredient per gallon of finish spray, size of placements etc.

Size of area treated, i.e., square feet (sq. ft.), cubic feet (cu. ft.), linear feet (ln. ft.)

Total amount applied, i.e., gallons (g.), ounces (oz.), pounds (lbs.), number of placements.

Method of application, (indicate per application) i.e., crack and crevice, spot, surface spray, fog, aerosol, duster, etc.

Pesticide Information (list all information for each pesticide in the tank mix):

<table>
<thead>
<tr>
<th>Site of Application</th>
<th>Brand Name of Pesticide Applied</th>
<th>EPA Registration Number</th>
<th>Concentration or Rate per unit of measure</th>
<th>Total area treated</th>
<th>Total Amount Applied</th>
<th>Method of Application</th>
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Method of Disposal:  ☐ None  ☐ Rinsate tank  ☐ Approved site
☐ Other ________________________________

Optional Information (For Exterior applications).

Wind direction: __________  Wind velocity: __________  Temperature during application: __________
Comments: ________________________________

Map is recommended

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