Pesticide Application Record
Wood Destroying Insects/Termites

Check (X)

☐ Commercial ☐ Residential

☐ Pretreatment ☐ Complete post-construction treatment ☐ Exterior w/localized interior ☐ Partial treatment

☐ Baiting system ☐ Placement ☐ Monitoring

CUSTOMER

Person or firm: _____

Address: _____

City/state/zip: _____

Phone: _____

LOCATION OF PROPERTY TREATED

Name: _____

Address: _____

City/state/zip: _____

Phone: _____

Date: ____/____/____ Start Time: _____ (Circle One) a.m. p.m. Finish Time: _____ (Circle One) a.m. p.m.

Target Pests: ☐ Subterranean Termites ☐ Carpenter Ants

Brand name of product used: _____ EPA Registration No.: _____

Final Mix Concentration/Dilution: _____

Specific Site(s) Treated: ☐ beneath footings before pour ☐ interior perimeter ☐ exterior perimeter ☐ crawl space ☐ concrete slab floor ☐ slab patio ☐ partition wall ☐ hollow block foundation ☐ brick void ☐ other (indicate on site plan below)

Key

- Areas trenched
- Areas rodded
- Areas drilled slab
- Areas drilled hollow block
- Areas treated backfill
- Areas treated with foam
- Placement of bait station

  # of stations installed _____

Site Plan/Diagram

Comments: _____

Method of Disposal: ☐ None ☐ Carried to next site

Name of Applicator: _____ License No.: _____

Address: _____ City/state/zip: _____

The applicator has used product above in accordance with the product label and State requirements. All materials and methods used comply with State and Federal regulations.

Applicator Signature: _____ Date: _____

Calculating amount of product needed for the job.

A. **Exterior Perimeter** (4 gallons per 10 linear feet per foot of depth)
Since depth of application may vary from side to side, figure volume per section.

Linear footage of _____ (÷ 10) = _____ x 4 = _____ x treatment depth of _____ = _____ gallons
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B. **Interior perimeter** (4 gallons per 10 linear feet per foot of depth)

Linear footage of _____ (÷ 10) = _____ x 4 = _____ x treatment depth of _____ = _____ gallons

C. **Voids** (2 gallons per 10 linear feet)

Linear footage of _____ (÷ 10) = _____ x 2 _____ gallons

D. **Pre-construction under slab** (1 gallon per 10 sq. feet)

Linear footage of _____ (÷ 10) = _____ gallons

Grand Total Amount applied (A + B + C + D) _____ gallons

Notes: (bushes, flower beds, slabs, inaccessible spots, other problem areas)

Areas not treated with written consent of property owner:

NDA recommends a map showing the areas treated, and depth to treatment.