

Commercial Pesticide Application Record

Applied for WSDOT

Reference (RCW 17.21) A new form shall be filled out each day or time the pesticide tank mixture is modified during the day or each time the Sign Route or County is changed. **This Record Must be Retained for 7 Years. This form must be completed on day of application.**
 WSDOT, Roadside Management Branch, P.O. Box 47358, Olympia, WA 98504-7358. Phone (360) 705-7852.

Contract Number _____		County _____		Date of Application _____		Day of Week _____		Start _____ <input type="checkbox"/> AM <input type="checkbox"/> PM																																																																																																																
								Finish _____ <input type="checkbox"/> AM <input type="checkbox"/> PM																																																																																																																
SR _____		Description of Area Treated _____				Station to Station _____																																																																																																																		
Check Appropriate Boxes																																																																																																																								
<input type="checkbox"/> NB <input type="checkbox"/> EB		<input type="checkbox"/> Median		<input type="checkbox"/> Roadside		<input type="checkbox"/> Interchange		<input type="checkbox"/> Spot Spray																																																																																																																
<input type="checkbox"/> SB <input type="checkbox"/> WB		<input type="checkbox"/> Landscaped Area		<input type="checkbox"/> Rest Area		<input type="checkbox"/> Bridge		<input type="checkbox"/> Blanket Spray																																																																																																																
		<input type="checkbox"/> Shoulder		<input type="checkbox"/> Park-n-Ride		<input type="checkbox"/> Ramp		<input type="checkbox"/> Banded Width																																																																																																																
<input type="checkbox"/> Weeds		<input type="checkbox"/> Brush		<input type="checkbox"/> Noxious Weeds		<input type="checkbox"/> Insects		<input type="checkbox"/> Disease																																																																																																																
								<input type="checkbox"/> Seed <input type="checkbox"/> Other																																																																																																																
List Pest(s): _____								Zone 1 (Bare Ground) <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																
Start Weather _____		Temperature _____ °F(°C)		Wind (Direction From) _____		Wind (Range) _____ mph(km/h)																																																																																																																		
Conditions _____		<input type="checkbox"/> Sunny <input type="checkbox"/> Broken		<input type="checkbox"/> Overcast, No Rain		<input type="checkbox"/> Light, Scattered Showers		<input type="checkbox"/> Hard Showers																																																																																																																
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<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Material Name</th> <th>Manufacturer</th> <th>EPA Reg. No.</th> <th>Lot Number</th> <th>Product Per Acre (hectare)</th> <th>Active Ingredient per Acre(hectare)</th> <th>Unit</th> <th>Amount Per Tank</th> <th>Total Daily Usage</th> <th>Unit</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> <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> <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> <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> <tr> <td> </td> <td>Oil (As Carrier)</td> <td colspan="4">Units: Ozd= Ounces Dry Lb= Pound Ozl= Ounces Liquid Ga= Gallon Pt= Pint Qt= Quart</td> <td>g= gram kg=kilogram ml=Milliliter L= Liter</td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td>Water Source</td> <td colspan="8"> </td> </tr> </tbody> </table>										Material Name	Manufacturer	EPA Reg. No.	Lot Number	Product Per Acre (hectare)	Active Ingredient per Acre(hectare)	Unit	Amount Per Tank	Total Daily Usage	Unit																																																																																		Oil (As Carrier)	Units: Ozd= Ounces Dry Lb= Pound Ozl= Ounces Liquid Ga= Gallon Pt= Pint Qt= Quart				g= gram kg=kilogram ml=Milliliter L= Liter						Water Source								
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No. of Tanks per Day _____ Tank Size _____ Gallons(liters).																																																																																																																								
Total _____ Acres(hectares) Treated at _____ gallons(liters) of spray per acre(hectare).																																																																																																																								
Equipment Information		Apparatus Number _____		Calibration Date _____		Vehicle Speed _____ mph(km/h)		<input type="checkbox"/> Boom <input type="checkbox"/> Other (Specify)																																																																																																																
<input type="checkbox"/> Handspreader <input type="checkbox"/> Belly Grinder		<input type="checkbox"/> Handgun <input type="checkbox"/> Manifold		<input type="checkbox"/> Tank Mix (Conv.) <input type="checkbox"/> Invert		<input type="checkbox"/> Backpack		<input type="checkbox"/> Fixed Nozzle <input type="checkbox"/> Nozzle Cluster <input type="checkbox"/> Injection																																																																																																																
Nozzle Information		Model Number _____		Pressure _____ PSI(kPa)		Number of Nozzles _____		Width of Spray Pattern _____ Feet(meter)																																																																																																																
Business Name/Contractor _____								Phone _____																																																																																																																
Address _____				City _____		State _____		Zip Code _____																																																																																																																
Commercial Applicator Name _____			Commercial Applicator Pesticide Lic. No. _____			Commercial Applicator Signature _____																																																																																																																		
Commercial Operator's Name _____			Commercial Operator License No. _____			Any additional operators names & lic. numbers must be listed in "remarks"																																																																																																																		
Prime Contactor _____		Subcontractor _____		Inspector Name _____			Phone _____																																																																																																																	
Remarks _____							Pesticide Sensitivity Registration Applies: <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																	
							Contacts _____																																																																																																																	
Division of Emergency Management (1-800-258-5990)																																																																																																																								