



# Integrated Pest Management Implementation Checklist

## Planning & Assessment

Initial steps to understand pest pressures and potential interventions.

### Farm History & Previous Pest Management Practices

Write something...

### Farm Size (in acres/hectares)

Enter a number...

### Primary Crops Grown

- ☐ Corn
- ☐ Soybeans
- ☐ Wheat
- ☐ Fruits
- ☐ Vegetables
- ☐ Other (Specify)

### Known Pest Concerns (Initial Assessment)

- ☐ Corn Borer
- ☐ Aphids
- ☐ Weed Pressure
- ☐ Fungal Diseases
- ☐ Nematodes
- ☐ Other (Specify)

### Date of Initial Assessment

Enter date...

### Identify Key Stakeholders (e.g., Farmworkers, Consultants, Advisors)

Write something...

### Soil Type (General)

- ☐ Sandy
- ☐ Clay
- ☐ Loamy
- ☐ Silty
- ☐ Other

## Field Monitoring & Identification

Regular observation to detect pests, beneficial organisms, and assess damage levels.

## Monitoring Date

Enter date...

## GPS Location of Monitoring Point

 [Set My Current Location](#)



## Pests Observed

- ☐ Aphids
- ☐ Caterpillars
- ☐ Beetles
- ☐ Thrips
- ☐ Nematodes
- ☐ Other (Specify in Long Text)

## Estimated Pest Population Density (e.g., per leaf/plant)

Enter a number...

### Detailed Description of Pest Symptoms & Location on Plant

Write something...

### Beneficial Insects Observed

- ☐ Ladybugs
- ☐ Lacewings
- ☐ Parasitic Wasps
- ☐ Predatory Mites
- ☐ Other (Specify in Long Text)

### Percentage of Plants Exhibiting Damage

Enter a number...

### Any Unusual Observations (e.g., disease presence, weather conditions)

Write something...

## Preventative Measures & Cultural Practices

Strategies to reduce pest problems before they start or minimize their impact.

### Crop Rotation Cycle Length (Years)

Enter a number...

### Select Cultural Practices Implemented (Check all that apply)

- ☐ Sanitation (removal of crop debris)
- ☐ Optimized Planting Density
- ☐ Appropriate Irrigation Management
- ☐ Soil Health Improvement (e.g., cover cropping, composting)
- ☐ Use of Disease-Resistant Varieties
- ☐ Timing of Planting to Avoid Peak Pest Activity

### Describe Soil Health Improvement Practices

Write something...

### Date of Last Soil Test

Enter date...

### Variety Selection Justification (Why was this variety chosen?)

- ☐ Disease Resistance
- ☐ Yield Potential
- ☐ Maturity Time
- ☐ Pest Resistance
- ☐ Other (Specify)

### Detailed description of sanitation practices implemented

Write something...

# Biological Control

Utilizing natural enemies (predators, parasitoids, pathogens) to control pests.

## Identify Potential Biological Control Agents

- ☐ Predatory Insects (e.g., ladybugs, lacewings)
- ☐ Parasitic Wasps/Flies
- ☐ Beneficial Nematodes
- ☐ Pathogenic Fungi
- ☐ Other (Specify in LONG\_TEXT)

## Describe local sources of beneficial organisms (if known)

Write something...

## Estimated Release Rate (organisms/acre/hectare)

Enter a number...

## Scheduled Release Date(s)

Enter date...

## Release Method

- ☐ Broadcast Release
- ☐ Targeted Release
- ☐ Attract and Persist
- ☐ Other (Specify in LONG\_TEXT)

### Notes on Environmental Conditions Affecting Biological Control Effectiveness (e.g., temperature, humidity)

Write something...

### Photos of Released Organisms or Affected Area

 Upload File

## Selective Chemical Control (If Necessary)

Using pesticides only when other methods are insufficient and choosing the least harmful options.

### Pesticide Selection Rationale

- ☐ Least Toxic
- ☐ Target Specific
- ☐ Short Residual
- ☐ Other (Long Text Explanation)

### Justification for Chemical Intervention

Write something...

### Application Rate (per hectare/acre)

Enter a number...

### Application Method

- ☐ Ground Spray
- ☐ Aerial Spray
- ☐ Granular Application
- ☐ Other (Long Text Explanation)

### Application Date

Enter date...

### Application Time

### Personal Protective Equipment (PPE) Used

- ☐ Gloves
- ☐ Respirator
- ☐ Eye Protection
- ☐ Coveralls
- ☐ Boots

### Weather Conditions at Application

Write something...

## Record Keeping & Evaluation

Documenting all IPM activities and assessing their effectiveness.



### Date of Pest Monitoring Observation

Enter date...

### Field Location of Observation

 [Set My Current Location](#)



### Pest Population Count (e.g., aphids per leaf)

Enter a number...

### Beneficial Insect Count (e.g., ladybugs per plant)

Enter a number...

### **Pests Observed (Select all that apply)**

- ☐ Aphids
- ☐ Caterpillars
- ☐ Slugs
- ☐ Weeds
- ☐ Other (Specify in LONG\_TEXT)

### **Details on Actions Taken (e.g., Release of biocontrol agents, herbicide application)**

Write something...

### **Effectiveness of Action (Subjective Assessment)**

- ☐ Very Effective
- ☐ Effective
- ☐ Moderately Effective
- ☐ Ineffective

### **Notes/Observations/Further Actions Required**

Write something...

### **Photos/Evidence of Pest/Damage/Intervention**

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## **Training & Education**

Ensuring staff and stakeholders understand IPM principles and practices.

**Which IPM principles are you familiar with?**

- ☐ Prevention
- ☐ Monitoring
- ☐ Biological Control
- ☐ Selective Pesticide Use
- ☐ Record Keeping & Evaluation

**Describe your current understanding of beneficial insects and their role in pest control.**

Write something...


**Date of last IPM training session.**

Enter date...

**What is your role in IPM implementation?**

- ☐ Farm Owner/Manager
- ☐ Field Worker
- ☐ Crop Scout
- ☐ Advisor/Consultant

**Upload copies of training certificates or attendance records (if applicable).**

 Upload File

**Estimated hours spent on IPM training in the last year.**

Enter a number...

**What are your specific questions or areas where you feel you need further training related to IPM?**

Write something...

## Regulatory Compliance & Safety

Adhering to relevant regulations and ensuring safe handling of materials.

### Pesticide Applicator Certification Status

- ☐ Certified
- ☐ Not Certified
- ☐ Pending Certification

### Last Pesticide Applicator Training Date

Enter date...

### Record of Pesticide Labels & SDS (Safety Data Sheets)

Write something...

### Copy of Pesticide Application Licenses/Permits

 Upload File

**Minimum Re-entry Interval (REI) observed after pesticide application (days)**

Enter a number...

**Pre-Harvest Interval (PHI) observed after pesticide application (days)**

Enter a number...

**Personal Protective Equipment (PPE) Available and in Good Condition?**

☐ Yes

☐ No

☐ Partial/Needs Inspection

**Record of Spill Prevention and Response Procedures**

Write something...