



Pesticide Application Record (Details as required by regulation) Checklist

Application Information

Basic details about the application event.

Date of Application

Time of Application (Start)

GPS Coordinates of Application Site

 [Set My Current Location](#)



Area Treated (e.g., Acres, Hectares)

Enter a number...

Application Method

- ☐ Ground Spray (Boom)
- ☐ Ground Spray (Backpack)
- ☐ Aerial Application
- ☐ Chemigation
- ☐ Other (Specify)

If 'Other' Application Method, Please Specify:

Write something...

Description of Application Location (e.g., Field Name, Section)

Write something...

Applicator Information

Details regarding the person(s) applying the pesticide. Crucial for traceability and certification.

Applicator Name (First Name)

Write something...

Applicator Name (Last Name)

Write something...

Applicator License/Certification Number

Write something...

License/Certification Expiration Date

Enter date...

Applicator Hours of Training (if applicable)

Enter a number...

Applicator Employee Status

- ☐ Employee
- ☐ Contractor
- ☐ Owner

Applicator Signature

Pest & Crop Information

Details concerning the pest being targeted and the crop being treated. Essential for proper selection and application.

Crop Type

- ☐ Corn
- ☐ Soybeans
- ☐ Wheat
- ☐ Alfalfa
- ☐ Cotton
- ☐ Orchard (specify fruit)
- ☐ Vegetable (specify type)
- ☐ Pasture/Rangeland
- ☐ Other (Specify)

Crop Variety/Cultivar (if known)

Write something...

Crop Growth Stage (e.g., V4, R2, BBCH scale)

Enter a number...

Detailed Description of Crop Condition (health, vigor, etc.)

Write something...

Target Pest(s) (Primary)

- ☐ Aphids
- ☐ Weed (specify species)
- ☐ Fungus (specify species)
- ☐ Insect (specify species)
- ☐ Nematode (specify species)
- ☐ Other (Specify)

Detailed Description of Pest Identification & Infestation Level

Write something...

Area Treated (acres or hectares)

Enter a number...

Notes regarding pest pressure or infestation history

Write something...

Pesticide Product Information

Specific details about the pesticide product used in the application.

Pesticide Product Name (as listed on label)

☐ Select Product Name

☐ Product Name 1

☐ Product Name 2

☐ Product Name 3

EPA Registration Number

Write something...

Amount of Product Applied (Units)

Enter a number...

Concentration of Product Used (%)

Enter a number...

Formulation Type (e.g., EC, WP, GR)

Write something...

Any Dilution Instructions Followed (Record specifics)

Write something...

Upload Product Label (if required by regulation)

 Upload File

Application Details

Specifics about how the pesticide was applied – method, equipment, rates, timing, etc.

Application Date

Enter date...

Application Start Time

Application Rate (Pounds per Acre/Hectare)

Enter a number...

Amount of Pesticide Applied (Gallons/Liters)

Enter a number...

Application Method

- ☐ Ground Spray (Boom)
- ☐ Ground Spray (Handgun/Backpack)
- ☐ Aerial Spray (Fixed-wing)
- ☐ Aerial Spray (Helicopter)
- ☐ Chemigation
- ☐ Soil Incorporation
- ☐ Seed Treatment

Nozzle Type (If Applicable)

- ☐ Cone
- ☐ Flat Fan
- ☐ Hollow Cone
- ☐ Airblast
- ☐ Other

Equipment Used (Detailed Description)

Write something...

Spray Volume (GPA/GPM or L/ha)

Enter a number...

Application Equipment Calibration Status

- ☐ Calibrated within last 30 days
- ☐ Calibrated within last 90 days
- ☐ Not Calibrated

Environmental Conditions

Weather and environmental factors at the time of application. Critical for efficacy and risk mitigation.

Date of Application

Enter date...

Time of Application (Start)

Air Temperature (°C/°F)

Enter a number...

Wind Speed (km/h or mph)

Enter a number...

Wind Direction

- ☐ North
- ☐ Northeast
- ☐ East
- ☐ Southeast
- ☐ South
- ☐ Southwest
- ☐ West
- ☐ Northwest
- ☐ Variable

Sky Condition

- ☐ Clear
- ☐ Partly Cloudy
- ☐ Cloudy
- ☐ Fog
- ☐ Rain

Soil Moisture (Visual Estimate)

Enter a number...

Additional Environmental Notes (e.g., precipitation forecasts, unusually humid conditions)

Write something...

Buffer Zones & Restrictions

Documentation of adherence to buffer zones and any specific application restrictions.

Were buffer zones implemented?

- ☐ Yes
- ☐ No
- ☐ N/A (Not Required)

Buffer zone width (feet) – Water bodies

Enter a number...

Buffer zone width (feet) – Sensitive Areas (e.g., residential, organic farms)

Enter a number...

Were any local restrictions applied?

- ☐ Yes
- ☐ No

Describe any local restrictions applied (if applicable)

Write something...

Was a Drift Reduction Technology Used?

☐ Yes

☐ No

Describe Drift Reduction Technology used (if applicable)

Write something...

Was a No-Spray Period Observed?

☐ Yes

☐ No

Record Keeping & Notifications

Details related to record storage, reporting requirements, and any necessary notifications.

Record Creation Date

Enter date...

Record Keeper Name

Write something...

Notes/Comments (e.g., deviations from label, observations)

Write something...

Record Retention Method

- ☐ Paper Record - Onsite
- ☐ Electronic Record - Local
- ☐ Electronic Record - Cloud

Record Retention Period (Years)

Enter a number...


Notification Required (e.g., water body proximity)?

- ☐ Yes
- ☐ No

Details of any Notifications Sent (Recipient, Date, Method)

Write something...

Supporting Documentation (e.g., maps, label copies)

 Upload File

Record Keeper Signature