

Date: _____ / _____ / _____

Location: _____

Whole Farm Crop Protection Application Log

	1	2	3	4	5
Applicator in Charge & License #					
Crop name					
Equipment OK? If "No", list repairs needed.	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No
Location of Treated Area (field number)					
# of Units or Acres					
Brand Name of Pesticide					
Total Amount Applied					
EPA Registration Number					
Active Ingredient (common chemical name)					
Application (date and time)					
Restricted-Entry Interval (REI) (__ hrs / __ days)					
DO NOT ENTER UNTIL (date and time)					
Pre-harvest Interval (PHI) (__ hrs / __ days)					
OK to Harvest (date and time)					
WPS Compliance <ul style="list-style-type: none"> - Employees verbally notified - Info posted at central posting site - Fields clearly marked w/ signage 					

Date: _____ / _____ / _____
Location: _____