



Daily Chemical Application Record Form

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|---|-------------|------------------|--|--|--|--|--|--|--|--|--|--|
| O D F | O D A | U S D A | <p>This form outlines daily pesticide application information an applicator must record to meet requirements of the Oregon Departments of Forestry (ODF)¹ and Agriculture (ODA),² and the U.S. Department of Agriculture (USDA)³. An applicator may use a different form if the required information is included. <i>The applicator must retain the ODA and ODF-required records for 3 years, and the USDA-required records for 2 years.</i></p> | | | | | | | | | |
| | | | Landowner and Location | | | | | | | | | |
| | ✓ | | Name, address, and telephone of person or business who owns or controls the property: | | | | | | | | | |
| ✓ | ✓ | ✓ | Legal Description of Application Area: | | | | | | | | | |
| | | | Applicator | | | | | | | | | |
| ✓ | ✓ | ✓ | Applicator (Name of Person Applying Chemical): | | | | | | | | | |
| | | ✓ | Applicator Certification Number: | | | | | | | | | |
| ✓ | | | Applicator Contractor: | | | | | | | | | |
| | | | Application Information | | | | | | | | | |
| | ✓ | | Supplier of Chemical Product: | | | | | | | | | |
| ✓ | ✓ | ✓ | EPA Registration Number and Product Brand Name: | | | | | | | | | |
| ✓ | ✓ | ✓ | Number of Acres Treated: | | | | | | | | | |
| ✓ | ✓ | | Per Acre Application Rate: | | | | | | | | | |
| | | ✓ | Total Amount of Pesticide Product Applied: | | | | | | | | | |
| ✓ | | | Carrier Used, including Rate/Acre: | | | | | | | | | |
| | ✓ | | Application Equipment Used (Aerial, Backpack, Etc.): If Aerial F.A.A. Aircraft Number: | | | | | | | | | |
| | ✓ | ✓ | Crop (enter "forest" for forestry applications): | | | | | | | | | |
| ✓ | ✓ | ✓ | Date of Application: Beginning Time: _____ Ending Time: _____ | | | | | | | | | |
| <p><i>ODF Only:</i> Weather Information (For Aerial Applications Measure and Record Information Hourly; For Ground-Based Pressurized Broadcast Application Measure and Record Information at the Beginning and End of Each Day's Application):</p> | | | | | | | | | | | | |
| | | | Time: | | | | | | | | | |
| | | | Air Temperature | | | | | | | | | |
| | | | Relative Humidity | | | | | | | | | |
| | | | Wind Speed | | | | | | | | | |
| | | | Direction wind coming from (e.g., N or NNW) | | | | | | | | | |
| Applicator Signature: _____ | | | | | | | | | | | | |

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¹ Oregon Department of Forestry requirements for all pesticide applicators

² Oregon Department of Agriculture requirements for commercial and public applicators. Applicators must also report to the Pesticide Use Reporting System at http://oregon.gov/ODA/PEST/purs_index.shtml.

³ U.S. Department of Agriculture requirements for private pesticide applicators using restricted use products.