

School IPM Recordkeeping Form (Option 2)

Oregon Department of Agriculture
Pesticide Program
(503) 986-4635

Form date 4/19



Oregon
Department
of Agriculture

Guidance to filling out the recordkeeping form

Date: The date the pesticide application actually took place.

Time of Application: Both start and stop time are required.

School: The name of the school that the pesticide application took place.

Specific area(s) treated: Be as specific as possible (e.g. baseball field fence line, parking lot cracks, kitchen baseboards, beds on north side of building).

Address: The address where the application took place.

Size of area treated: This is the size of the actual area treated. We don't need perfection, but be as close as possible.

Applicator's name: The name of the person who made the application.

Applicator's license number: The license number of the person who made the application.

Supervising applicator: If the application is made by a trainee or apprentice, you are required to state that person's supervisor's name and license number.

Condition that prompted the application: Why are you applying pesticides (remember: aesthetics and routine are not acceptable answers)?

Date written notice was sent: What date did you inform staff, faculty, parents and guardians of minor students, adult students, and administration that an application was going to take place?

Date and time of warning sign placement: What date and time did you put out the required signage?

Date and time of warning sign removal: What date and time did you remove the required signage?

Product name: The name of the pesticide as stated on the bottle/jug/can/etc.

EPA #: The EPA Registration Number (EPA Reg. No.). Typically located on the front of the container. Write it as it appears on the container.

Type of application: Insecticide, fungicide, herbicide, rodenticide, etc.

Dilution: At which strength is the product mixed (e.g., 3%)? Or, it could be displayed as the label states (2 oz. per gallon of water).

Total amount: This is the total amount of pesticide product used. If you choose to write total mixture use, be sure that information is clearly stated.

Equipment used: How was the application made (back pack, ATV sprayer, shaker can, etc.)?

Notes: Please take notes; this is your opportunity to write things you did or observed. For example: "Didn't spray N. fence line, people were on the other side."

Did the application prove effective: Go back and check that your application was necessary and actually did what it was supposed to.

School District IPM cheat sheet examples

Product name and type	EPA #	Dilution	Method of application
-----------------------	-------	----------	-----------------------

Insecticides

1. Jenny's ant Slaughter	234-443-3464	2 oz per gal	B&G sprayer
2. Kill em' hornets	525-8941	1, 12 oz aerosol can	supplied can
3. BOOM! Yo dead	1-25-3241	1, 24 oz aerosol can	supplied can
4. Smoke dat roach	420-420	1 pre rolled packet	light it up

Herbicides

5. Sonnens' weed blaster	1-756-9485	12 oz per gal	back pack sprayer
6. Max Pro Super RoundDown	2369-5454	.5 oz per 3 gal	ATV mounted sprayer
7. Dand-E-lion Destroyer	4526-6451-2515	3 oz per gallon	back pack sprayer/ ATV mounted

Rodenticides

8. Kettlers Kritter Killer	245-986-1	as needed	by hand
9. Squishy killer	2695-1126	1 pack per 25ft	by hand

Algicide

10. Green B Gone	123-563-124-5554	1 gal / 100 gal	by hand
------------------	------------------	-----------------	---------

School IPM Recordkeeping Form

Oregon Department of Agriculture
Pesticide Program
(503) 986-4635

Form date 4/19



Oregon
Department
of Agriculture

Date: _____ Time of application: Start _____ End _____

School: _____ Specific area(s) treated: _____

Address: _____ Size of area treated: _____

Applicator name: _____ Applicator license number: _____

If applicator is a Trainee or Apprentice, list name and license number of Supervising Applicator:

Condition that prompted application:

Date written notice was sent: _____

**** Be sure to attach/save a copy of the written notice that was sent****

Date and time of warning sign placement Date: _____ Time: _____

Date and time of warning sign removal Date: _____ Time: _____

Product number	Total amount used	Equipment used if different

Notes:

Did the application prove effective? Yes No Note: _____

- Be sure to retain an up-to-date copy of the label on file at a school on the campus
- Be sure to retain a copy of the SDS on file at a school on the campus
- Be sure to keep a file of pesticide supplier information