Integrated Pest Management
Pesticide Use Form

This form is to be completed by the IPM Site Coordinator or PMP only

Applicator and Location Information

Applicator Name: _____ _____ _____
First | Middle Initial | Last

Do you have a Utah pesticide application license? **Yes** **No** If yes, then: _____
Circle One | UT Pesticide Application License #

Application Address: _____ _____
Street Address | City

_____ _____
Facility Name | Location of Application

Application Date & Time: _____ _____ _____ _____
Month | Day | Year | Time

Pesticide Use Information

_____
Total Amount Used (Dilution, or RTU)

_____
Rate of Formulation Applied Per Unit Area
(Undiluted Pesticide Product as Sold by the Manufacturer, or RTU)
OR
Number of Devices Used (Bait Stations, etc.)

_____
Site of Application (e.g., Structural Voids, Cracks and Crevices, Baseboards, etc.) The label must list the application site of use.

Pest Information

_____
Target Pest Type (e.g., Fly, Beetle, Wasp, Ants, Spider)

_____
Specific Pest
(German Cockroach, Carpet Beetle, Hobo Spider, Pavement Ants, etc.)

_____
Life Stage: Egg, Larva/Nymph, Pupa, Adult

Pesticide Label Information

_____
Brand Name / Product Name

_____
Active Ingredients

_____
EPA Pesticide Registrtation Number(s)

Application Notes

Use One Form Per Application

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