

# Pesticide Application Record Sheet

## PEST CONTROL TRADER AND OPERATOR DETAILS

TECHNICIAN NAME

LICENCE NUMBER

SUPERVISOR NAME (IF APPLICABLE)

LICENCE NUMBER

TRADING NAME

TELEPHONE

ADDRESS

SIGNATURE

DATE

## JOB DETAILS

DATE

START TIME

FINISH TIME

CLIENT NAME

TELEPHONE

ADDRESS

TREATED LOCATION ADDRESS (IF APPLICABLE):

## PEST(S) TREATED

SPIDERS  ANTS  COCKROACHES  MICE  RATS  TERMITES  FLEAS

BEES  WASPS  OTHER (Please specify)

## AREA(S) TREATED

## SPECIFIC PRECAUTIONS

## PESTICIDE DETAILS

PRODUCT TRADE NAME

BATCH NUMBER

APPLICATION METHOD

AMOUNT USED

RE-ENTRY PERIOD

## WEATHER CONDITIONS

AMBIENT TEMPERATURE (DEGREES)

WIND DIRECTION

WIND SPEED