Pesticide Application Record for _____

(Farm unit, business name, etc.)

Date: Mo/Da/Yr Start Time: End Time:*	Crop or Site Treated*	Location and Description of Treated Areas*	Wind Speed/ Direction/ Temp	Active Ingredient* ---------- Brand or Product Name*	EPA Registration Number*	# of Units or Acres	Total Amount of Product (oz., lb., pt., (qt., gal. indicator)	Applicator Name and Certification Number	Restricted Re-Entry Interval (REI)*	
									Duration (Hours)	Expiration (Mo/Da/Time)

NOTE: If displaying pesticide application and hazard information is required, the agricultural employer must keep a record of the information for 2 years following the expiration date of the REI applied. The safety data sheet must also be retained for 2 years.

***Required for Worker Protection Standard, Central Area Information**

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Item # T8919-17