COA - Pesticide Application Tracking Log (for all Pesticide / Herbicide Applications on COA owned properties - Applicator must be licensed and have authorization to perform such actions)

Department: _Parks and Recreation_____ Division:_____ Division SPOC: _____ Beginning Date: 1/1/2015 **End Date:** 3/1/2015

			Location Information					Weather (5)			Product Information (6)				Application (9)					
Date	Applicator Name	Applicator License #	Physical Address	Latitude and Longitude (1)	Site Description (2)	Aquatic / Terrestrial (3)	Total Area Treated - Sq.Ft / Acre (4)	Temp (F)	Wind Direction	Wind Speed	Pest Treated	Product Name	EPA Registration Number	Type (7)	Method of treatment (8)	Rate of Application	Total mixed volume	Begin Time	End Time	Signature
8/21/14	Roy Morgan	#0588114	2201 Riverview St.		Roy Morgan Batting Cages	T	41.43	78	NE	10	weeds	Roundup	524-475	H	SS	1.5 oz	9 gal	7:00	1:30	Jim Kotick

1. Latitude / Longitude coordinates are required if the area being treated does not have a physical address and should be in ***DEGREE - DECiMAL MUNITES*** format
2. Site Description = General information to further identify the site, each entry may only describe a single location
3. Identifiy whether the location of application is Aquatic (to include river banks and water bodies) or Terrestrial (All land applications). Mark **(A)** for aquatic or **(T)** for terrestrial
4. Total contiguous area treated measured in square feet or acerage
5. Temperature, Wind speed and Wind Direction must all be in approved ranges for specified product to be applied
6. Product Information must include the Common or Scientific name of the pest being treated; the common name of the product used and the EPA registraion number
7. Specify product type: **(F) =** Fungicide, **(I) =** Insecticide, **(H)** = Herbicide
8. Specify method of treatment using one of the following codes:
   (SS) = Spot Spray or backpack, **(WW)** = herbicide wand, brush or wick, **(BS)** = Boom Sprayer, **(GT)** = Girdle / Treat, **(CS)** = Cut Stump, **(IN)** = Injection, **(GR)** = Granular
9. Specify the manufacturers recommend application rate of the product being applied. Total amount of product used, and the Beginning / End time of application.

Notes:
(A) New entry required for each specific product application even if they are applied at the same location, date and time
(B) This form is not intended to be used for Aerial applications
(C) This form is in accordance with Texas Administrative Code, Chapter 7, Subchapter D. Rule §7.33

Close-Out Signature: **Date:**
To be signed by reviewing manager

Copies of this log must be submitted to Denise.Delaney@austintexas.gov - Records shall be maintained for a minimum of two years. Last Revised Date: 4/3/2015

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