

MONTHLY SUMMARY PESTICIDE USE REPORT

PR-ENF-060 (REV. 4/92)

INSTRUCTIONS FOR COMPLETING THIS FORM ARE INDICATED BELOW

OPERATOR (FIRM NAME)		ADDRESS		CITY		ZIP CODE	PHONE NUMBER
OPERATOR ID/PERMIT NUMBER	LICENSE NUMBER	COUNTY WHERE APPLIED	COUNTY NUMBER	MONTH/YEAR OF USE		TOTAL NUMBER OF APPLICATIONS	

1. Complete Columns A, B, C, and D for All Users

2. Complete Column E by Using one of the Following Codes

Code 10 - Structural Pest Control.....includes any pest control work performed within or on buildings and other structures.

Code 30 - Landscape Maintenance Pest Control.....includes any pest control work performed on landscape plantings around residences, or other buildings, golf courses, parks, cemeteries, etc.

Code 40 - Right-of-Way Pest Control.....includes any pest control work performed along roadsides, power lines, median strips, ditch bands and similar sites.

Code 50 - Public Health Pest Control.....includes any pest control work performed by or under contract with State or local public health or vector control agencies.

Code 80 - Vertebrate Pest Control.....includes any pest vertebrate pest control work performed by public agencies or work under the supervision of the State or county agricultural commissioner.

Code 91 - Commodity Fumigation (Nonfood/Nonfeed).includes fumigation of nonfood/nonfeed commodities such as pallets, dunnage, furniture, burlap bags, etc.

Code 100 - Regulatory Pest Control.....includes any pest control work performed by public employees or contractors in the control of regulated pests.

3. Complete Columns F and G, if Use Does not Fit one of the Above Codes

A	B	C	D	E	F	G
MANUFACTURER AND NAME OF PRODUCT APPLIED	EPA/CALIFORNIA REGISTRATION NUMBER FROM LABEL (INCLUDE ALPHA CODE)	TOTAL PRODUCT USED (Check One Unit of Measure)	NUMBER OF APPLICATIONS	CODE	COMMODITY OR SITE TREATED	ACRES/UNITS TREATED
	— — —	<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA				
	— — —	<input type="checkbox"/> LB <input type="checkbox"/> OZ <input type="checkbox"/> PT <input type="checkbox"/> QT <input type="checkbox"/> GA				
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REPORT PREPARED BY _____

DATE _____

Reports must be submitted to the county agricultural commissioner by the 10th of the month following the month in which the work was performed.