



PUBLIC WORKS ANNUAL REPORT

Public Work: _____ for the year _____

Owner/Operator of Public Work: _____

Address: _____

Date: _____ Tel: _____ E-mail: _____

Name of Pesticide Ingredient Contained in Pesticide Used	Reason for Use	Quantity of Pesticide Ingredient Used (kg)	Method of Use	How Future Use Would be Minimized



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Public Work: _____ for the year _____

Location of all pesticide application areas:

Please note that this form automatically changes font size as you type and fill each line. If the print size becomes too small, start typing in the next line.

IPM Certified Applicator name(s) that used, supervised use or provided written instructions on the use of pest control products	Signature	Date