

**Pesticide Application Record
Fumigation of Stored Grain or Structure (Sample)**

Customer or Firm Name: _____ Phone: _____
Address: _____ City/state/zip: _____

Licensed Applicator's Name: _____ License No.: _____
Business Name (if applicable): _____ Phone: _____
Address: _____ City/state/zip: _____

Licensed Applicator #2 Name: _____ License No.: _____
Applicator #2 Address: _____ City/state/zip: _____

Date: ____/____/____ Start Time: _____ (Circle One) a.m. p.m. Finish Time: _____ (Circle One) a.m. p.m.

Target Pest:

Weevil: Bean Granary Pea Rice Coffee Bean Other _____
Beetle: Flour Merchant Lesser Grain Sawtooth Other _____

Commodity: _____ Treatment site (car, equipment, or bin number): _____

Pesticide Information (list all information for each pesticide in the tank mix):

Brand Name	EPA Reg. #	Amount Used (Quantity Applied)	Units Treated (bushels, sq. ft.)	Total Area or Size of Treated Site

Method of Disposal: None Approved site Other: _____

Optional Information:

Commodity Temperature: _____ Exposure Time (minutes, hours): _____ Restricted-Entry Interval (REI): _____

Placards Up: _____ Placards Down: _____

Location of Application: _____

Map of the treatment site location showing the area treated.

*A Fumigation Management Plan (FMP) must also be maintained.

Comments: _____