



# Herbicide Treatment Day Sheet

Certified Applicator Name: \_\_\_\_\_

Applicator #: \_\_\_\_\_ Service License # (if applicable): \_\_\_\_\_

Landowner Name: \_\_\_\_\_

Address of Treatment Area: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Target Weed Species: \_\_\_\_\_

Product Used: \_\_\_\_\_ PCP#: \_\_\_\_\_

Application Rate: \_\_\_\_\_ Total Product Applied: \_\_\_\_\_

Total Area Treated (ha): \_\_\_\_\_

Weather Conditions: \_\_\_\_\_

Wind Speed: \_\_\_\_\_ Temperature: \_\_\_\_\_

Signature of Certified Applicator: \_\_\_\_\_

Treatment Map (map can be attached or drawn below)