

Submission for Maintaining Fully IPM Accreditation Municipality

To be completed by the IPM Program Coordinator

General Inquires: 1-506-458-5365 or atlisnb2003@yahoo.com

Section 1 – Company/Organization Information - Print Clearly

Name of IPM Program Coordinator
(First & Last) _____ IPM Turf Practitioner Certificate # _____

Name of Municipality _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____ Email: _____

Section 2 –Baseline Desk Audit Information

All documents, including blank forms, must be signed, dated and accompany this form. Missing submissions will delay your review. Leave form blank if there is no information.

*** Forms MF1 and MF5 do not have to be filled out if pesticides were not applied or if the application of pesticides was contracted out (Submit contractor’s IPM Accreditation Number).**

*** Submit information on addressed or planned Hot Spot management sites on (MF3) ***

ITEM ENCLOSED

FORM	DESCRIPTION	CHECK
	AUDIT PAYMENT PRIOR TO JANUARY 31 (\$410) AUDIT PAYMENT AFTER JANUARY 31 (\$475)	
MMF1	PESTICIDE USAGE FORM: COMPLETE, SIGN & DATE	
MMF2	STAFF TRAINING FORM: COMPLETE, SIGN & DATE	
MMF3	HOT SPOT INFORMATION FORM	
MMF4	PEST MONITORING FORM: SUBMIT THREE (3) FORMS	
MMF5	EQUIPMENT CALIBRATION/DESCRIPTION FORM (NEW FOR 2011)	
MMF6	TURF MANAGEMENT QUESTIONNAIRE FORM (NEW FOR 2011)	
MMF7	PEST MANAGEMENT QUESTIONNAIRE: COMPLETE, SIGN, & DATE	

Section 3 – Payment - to Plant Health Atlantic

Total payment for Full Desk Audit & non-voting membership (\$410) or (\$475)

Payment can be made either by Cheque or Credit Card. Cheques payable to Plant Health Atlantic are to be mailed with completed Full Desk Audit to the address below.

Credit Card information can be included below or contact Plant Health Atlantic office by telephone **(506) 440-9656**.

Section 3a - Appeal Process and/or Missing Information

Commencing in 2015 and as approved by the Plant Health Atlantic Council; the Desk Audit fee will cover one (1) request by the auditor for additional or clarification of submitted information. Any further requests for follow-up or an appeal for additional review would mean a minimum \$100.00 surcharge to the facility. If there are 2 consecutive failures to meet audit criteria the facility will be demoted back to baseline accreditation status.

Section 4 - Confirmation

I the undersigned, verify that I am the IPM Program Coordinator and that all information submitted to the Auditor is accurate and complete to the best of my knowledge. I also acknowledge that as the IPM Program Coordinator it is my responsibility to be aware of the rules and regulations of the IPM Accreditation Program, and agree to utilize and follow the Standards of Practice as defined by Plant Health Atlantic Council.

Signature: _____

Date: _____, 20__

This completed submission form for a Full Desk Audit can be forwarded via mail, fax or email to:

Plant Health Atlantic Administrator

P.O. Box 7052

RPO Brookside Mall Fredericton NB E3A 0Y7

FAX # - (866) 558-3994

E-MAIL – planthealthatlantic@gmail.com

(MMF1) GUIDE TO FILLING OUT THE PESTICIDE USAGE FORM

Full Desk Audit

Directions

If municipal staff applied pesticides, then you are required to fill out all sections of MF1 completely and print clearly. If any portion of the document is illegible, the auditor will have to stop the review and contact you for further clarification. It is advisable to keep a copy of your completed forms. **Direct any questions to the Plant Health Atlantic Administrator.**

If you contract the application of pesticides to turf, then provide information on the area contracted, and the name and IPM Accreditation Number of the company contracted.

REPORTING PERIOD: The reporting period is the *most recent complete year's activity*.

TOTAL TURF AREA FOR REPORTING PERIOD: As noted on the form, you need to calculate the total turf area of property(s) under a pest management program. If possible split these out as areas for sports fields and other (park area, lawns, etc.). Do not use multiple application programs when calculating the area. **REPORT THE AREA IN HECTARES.**

Property in a Pest Management Program – is property on which you are carrying out an pest management program. This likely would include most of the property managed by the municipality. **Pesticides cannot be applied to any site unless the site has first been monitored for the pest and the number of pests warrants a treatment (See: *Guide to Pest Thresholds*).**

Turf area is not based on the number of treatments, but the physical area that you are managing for the municipality. Do not include unmanaged areas, parking lots, etc.. Numbers can be estimates.

For example: If a turf area (green or park) measuring 100 m by 15 m = 1500 M² and received three (3) fertilizer applications, an insect control and two (2) weed controls, then the reported area treated is still 1500 M² (Not 1500 x 6 treatments = 9000 M²).

Add up the total turf area for all your managed property in M² and divide by 10,000 to convert to hectares. ONE HECTARE = 10,000 Sq Metres.(an area 100 M X 100M)

Turf area reported in the Full Desk Audit must be converted to hectares.

For example: You have five (5) properties (1500 M², 2500 M², 3000 M², 1000 M², and 2000 M²) for a total of 10000 M². Report this as 1.0 hectares

PRODUCT NAME: Print the *brand* name of the product used.

PCP NUMBER: This number from the label *must* be included.

FILLING IN THE INVENTORY COLUMNS

The IPM Program Coordinator is required to report the amount of each pest control product used in a season. This is done by filling in the following information on the form provided.

Do not report “10 jugs” or “5 cases”. Always report the amount in litres or grams.

- A.) BEGINNING INVENTORY:** This is the quantity (reported in litres or grams) of each product you started with at the beginning of the reporting period, *prior to making your initial season purchases.*
- B.) PURCHASES:** This is the quantity of each product you purchased during the reporting period. **DO NOT REPORT IN CONTAINER AMOUNTS.**
- C.) LOSSES:** Report any quantity (in litres or grams) that was NOT APPLIED due to sales, transfers, spills, or theft.
- D.) ENDING INVENTORY:** Report quantities remaining (in litres or grams) at the end of the reporting period, for each product.

TOTAL AMOUNT USED

This is calculated by taking value for the beginning inventory *plus* product purchases for that year, *minus* any losses and *minus* the ending inventory. [A + B – C – D = Total Amount Used] Enter this value in the Total Amount Used column.

APPLICATION RATE OF ACTIVE INGREDIENT (AI) PER 100 SQ. METRES

Report the rate at which you applied the product. Rate is typically the same as what appears as ‘*application rate*’ on the label.

Example: Sevin T&O label indicates that for chinch bug apply 210 to 290 ml per 100 m² of turf. ***Use your actual rate of active ingredient in the Application Rate column.*** Some product labels have different rates of a.i. per 100 m². for different situations. Make sure the value you put in this column corresponds to the rate you actually use. E.g. Sevin T&O rate for leatherjacket is 200ml per 100 m².

If you contract the application of pesticides, then be sure to provide the name and IPM Accreditation number (LA___) of the company contracted.

By signing and dating the form the IPM Program Coordinator warrants that all information is accurate and complete.