

# PESTICIDE USAGE FORM & RECORD OF AREA MANAGED (MMF1)

(PLEASE PRINT)

Municipality: \_\_\_\_\_

For Period Covering: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ (dd/mm/yy) To: \_\_\_\_/\_\_\_\_/\_\_\_\_ (dd/mm/yy)

Total Area of Green Areas (parks, lawns, etc.): \_\_\_\_ (In Hectares) Total Turf Area of Sports Fields: \_\_\_\_ (In Hectares)

Product Name	PCP Number	INVENTORY REPORT FOR THIS SEASON					Application Rate	Location Used
		Beginning L or Kg	Purchased L or Kg	Lost L or Kg	Ending L or Kg	Total used <i>L or Kg</i>	Your rate of application in ml or gm/100 sq m	% Lawn (L) % Sport Field (SF)

Program Coordinator: \_\_\_\_\_ Dated: \_\_\_\_\_ Practitioner Certificate No. \_\_\_\_\_

I warrant the above information is both accurate and complete.