

# Hot Spot Management Form (MMF3)

## Municipality Full Desk Audit

### Hot Spot Management Program

Use the Table below to annually track sites that are more prone to turf injury. Typically these areas have limited sunlight, increased shade, poor air circulation due to foliage cover, etc., that may have a long-term solution. Plants in these areas are generally the first to get attacked by pests (insect, disease, weeds), due to their weakness. Describe what long-term actions you have taken to try to solve these persistent problems

Problem Condition	Location of Problem Areas	Action Taken
<i>PD</i>	<i>Edge soccer field 3</i>	<i>(Example) Improved drainage and added sand</i>

Problem List	CODE	Problem List	CODE
Skunk Damage	<b>SD</b>	Excessive Shade	<b>ES</b>
Poor Air Circulation	<b>PAC</b>	Heavy Traffic	<b>HT</b>
Excessive Dry	<b>ED</b>	Excess Weeds	<b>EW</b>
Poor Drainage	<b>PD</b>	<b>Other</b>	<b>Specify</b>

IPM Program Coordinator No. \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

# Site Pest Monitoring Form (MF4)

Full Desk Audit (Municipal)

If applicable please provide the following information **for three (3) site (sports fields, properties) from any pest monitoring program selected randomly for the season.** You may submit your own forms as long as they contain the following information. You must submit proof that pests were monitored before a pesticide was applied.

Location Description: _____ _____
Total area of this property under an IPM program: _____ M <sup>2</sup>
Pest identified: _____ Number/ area <sup>2</sup> _____
Method of doing count _____
Pesticide application required : NO YES
Employee Name: _____ Date of visit: _____

**The following information is required for each pesticide application.**

Product Name: _____ (PCP No.) _____
Total amount of product mix applied: _____ L or Kg this application.
<b>Actual Mixing Rate Used:</b>
Amount of product _____ L mixed in _____ L of water.
Calibrated equipment delivery rate: _____ L/ha or L/100M <sup>2</sup>
Applicator: _____ Date of visit: _____

**IPM Certified Turf Practitioner No. TP \_\_\_\_\_**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Pesticide Application Equipment Calibration and Maintenance Form (MMF5)

## Maintaining Full IPM Accreditation (Municipal)

Applicant submits proof that pesticide application equipment was calibrated and maintained a minimum of three (3) times during the operating season.

### Calibration 1

Description of Equipment: \_\_\_\_\_

Date Calibrated: \_\_\_\_\_ Done by: \_\_\_\_\_

Inspected: Nozzles: **YES/NO** Fittings: **YES/NO** Strainer : **YES/NO**

Calibrated Delivery rate: \_\_\_\_\_ (L of water/100M<sup>2</sup> )

For product Name \_\_\_\_\_ PCP No. \_\_\_\_\_

### Calibration 1

Description of Equipment: \_\_\_\_\_

Date Calibrated: \_\_\_\_\_ Done by: \_\_\_\_\_

Inspected: Nozzles: **YES/NO** Fittings: **YES/NO** Strainer : **YES/NO**

Calibrated Delivery rate: \_\_\_\_\_ (L of water/100M<sup>2</sup> )

For product Name \_\_\_\_\_ PCP No. \_\_\_\_\_

### Calibration 1

Description of Equipment: \_\_\_\_\_

Date Calibrated: \_\_\_\_\_ Done by: \_\_\_\_\_

Inspected: Nozzles: **YES/NO** Fittings: **YES/NO** Strainer : **YES/NO**

Calibrated Delivery rate: \_\_\_\_\_ (L of water/100M<sup>2</sup> )

For product Name \_\_\_\_\_ PCP No. \_\_\_\_\_

**BRIEF DESCRIPTION OF HOW YOU CALIBRATED EQUIPMENT:**  
(Example: Marked off an area 5M by 4M, filled sprayer water and applied water to area in same manner as when doing a spot application, re-filled sprayer and noted I used 2 L of water. Did calculations to determine equipment was calibrated to deliver 10L water/100 M<sup>2</sup> . Checked label directions and noted I was within recommended application or delivery rate as on label of product MCPA 9516)

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**ACROSS THE BOOM CALIBRATION?                      YES                      NO**

**IPM Program Coordinator No. \_\_\_\_\_**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Maintaining Full Accreditation

## AUDIT QUESTIONNAIRE (MMF6)

Fill in the information and attach any supporting forms or documentation that you think might help the Auditor in evaluation. Brief, concise explanations will suffice but do not hesitate to attach additional pages if necessary.

1. Describe the process for decision to use pesticides on turf.

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2. Did your staff apply the pesticides \_\_\_\_\_ ? Contract out any application \_\_\_\_\_ ?

3. If contracted out submit (attach) criteria for selecting the pest control company and Accreditation Number LA \_\_\_\_\_ of lawn care company.

4. Describe any IPM practices you do for turf in the municipality. Attach example documentation of IPM practice (e.g. monitoring, pest and beneficial insect identification, site evaluation, damage and treatment threshold, etc).

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5. What specific turf pest management tools and methods (e.g. biological, physical, cultural, mechanical, behavioral) do you utilize?

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6. Briefly describe any education programs or brochures about IPM tips, environmentally sound landscape care, watering tips, etc. provided by the municipality for the general public.

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7. How many times in a season do you calibrate and do preventative maintenance on application equipment? Calibration \_\_\_\_\_ Maintenance \_\_\_\_\_

8. Which of the following activities do you use for improving the soil quality/quantity?

Liming		Top Dressing		Core Aeration	
Soil Testing		Over-seeding		Compost Tea	
Soil pH Testing		Slow Release Fertilizer		Mulch Mowing	

OTHERS: \_\_\_\_\_

# MMF7 PEST MANAGEMENT REPORT FORM - MUNICIPAL

## Disease Management

List your disease management accomplishments for this season (how specific disease pressures have been addressed). Also, document areas still requiring improvement and list any new products or techniques utilized.

Location ((e.g. soccer fields, lawns, parks)	Disease	Describe accomplishment or area still requiring improvement

## Weed Management

List your weed management accomplishments for this season, (how areas prone to specific weed pressures have been addressed) as well as what areas still require improvement. List any new products or techniques utilized.

Location ((e.g. soccer fields, lawns, parks)	Weed	Describe accomplishment or area still requiring improvement

## Insect Management

List your insect management accomplishments for this season, (how areas prone to specific insect pressures have been addressed) as well as what areas still require improvement. List any new products or techniques utilized.

Location ((e.g. soccer fields, lawns, parks)	Insect	Describe accomplishment or area still requiring improvement

**General Site Management**

Proper irrigation, mowing and fertility management promote healthy turf that is capable of resisting pest infestations. Describe how management decisions this past season may have aided areas prone to disease, insect or weed pressures.

Location ((e.g. soccer fields, lawns, parks)	Actions Taken

**What areas would you like/plan to improve next?**

Location ((e.g. soccer fields, lawns, parks)	Issue	Planned Solution

Submitted by: \_\_\_\_\_ Date \_\_\_\_\_