



# SPECIALTY TURF ANNUAL REPORT

Specialty Turf Facility: \_\_\_\_\_ for the year \_\_\_\_\_

Owner/Operator of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_ Tel: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Pesticide Ingredient Contained in Pesticide Used	Reason for Use	Quantity of Pesticide Ingredient Used (kg)	Method of Use	How Future Use Would be Minimized



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Specialty Turf Facility: \_\_\_\_\_ for the year \_\_\_\_\_

### Location of all pesticide application areas:

*Please note that this form automatically changes font size as you type and fill each line. If the print size becomes too small, start typing in the next line.*

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IPM Certified Applicator name(s) that used, supervised use or provided written instructions on the use of pest control products	Signature	Date