

# DAILY WEED CONTROL REPORT

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

VEHICLE NO. \_\_\_\_\_

OPERATOR: \_\_\_\_\_

TIME IN: \_\_\_\_\_ am/pm

TIME OUT: \_\_\_\_\_ am/pm

## CHEMICAL INFORMATION

<b>MATERIAL</b>	<b>QUANTITY/PERCENT</b>
ROUND-UP.....	_____
PRO SPREADER.....	_____
38F (6.4 oz. per 100g water).....	_____
FOAM BUSTER.....	_____
WATER.....	_____
OTHER.....	_____

<b>TREATMENT METHOD:</b>	<b>ORAFICE SIZE</b>
BOOM (60 psi).....	_____
HANDGUN.....	_____
PORTABLE HAND SPRAYER.....	_____
OTHER.....	_____

LOCATION: BEGAN TREATMENT: \_\_\_\_\_

LOCATION: ENDED TREATMENT: \_\_\_\_\_

DIRECTION OF BEGINNING TRAVEL: N S E W

DIRECTION OF WIND DRIFT AND VELOCITY: \_\_\_\_\_

REMARKS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## CANAL BANKS TREATED

N S E W BANK _____	CANAL FROM _____	TO _____
N S E W BANK _____	CANAL FROM _____	TO _____
N S E W BANK _____	CANAL FROM _____	TO _____
N S E W BANK _____	CANAL FROM _____	TO _____
N S E W BANK _____	CANAL FROM _____	TO _____
N S E W BANK _____	CANAL FROM _____	TO _____
N S E W BANK _____	CANAL FROM _____	TO _____
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N S E W BANK _____	CANAL FROM _____	TO _____
N S E W BANK _____	CANAL FROM _____	TO _____
N S E W BANK _____	CANAL FROM _____	TO _____
N S E W BANK _____	CANAL FROM _____	TO _____

MILES TRAVELED \_\_\_\_\_ AREA COVERED \_\_\_\_\_

SIGNATURE \_\_\_\_\_