DAILY WEED CONTROL REPORT

DATE:_____/_____/_____ VEHICLE NO._____

OPERATOR:_____

TIME IN:_____am/pm TIME OUT: _____ am/pm

CHEMICAL INFORMATION

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

TREATMENT METHOD:	**ORAFICE SIZE**
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 _____
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N S E W BANK_____CANAL FROM_____ TO _____

MILES TRAVELED_____ AREA COVERED_____

SIGNATURE_____