

**SAMPLE PESTICIDE RECORD KEEPING FORM**

**APPLICATOR:** Jill Doe      **CONTACT NUMBER:** 123-456-7890      **ADDRESS:** 808 Aloha Street, Kailua-Kona, HI 96740

DATE	APPLICATOR	LOCATION & DESCRIPTION OF TREATED AREA	SIZE OF AREA TREATED	CROP TREATED	PRODUCT BRAND NAME	ACTIVE INGREDIENT(S)	EPA REG. NO.	LABEL RATE USED	TOTAL AMOUNT OF PRODUCT USED	TOTAL VOLUME (IF DILUTED)	REI (RESTRICTED ENTRY INTERVAL)	DATE / START TIME	DATE / END TIME
5/30/21	Jill Doe	Field A Typ/Catur	2 acres	Coffee	Priaxor Xemium	Pyraclostrobin Fluxapyroxad	7969-311	7.14 fl oz per acre	14.28 fl oz	60 gallons	12 hours	5/30/21 10:30 AM	5/30/21 12:30 PM

EXAMPLE ONLY