



FORM H1 - AGRICULTURAL CHEMICALS APPLICATION

Complete one form for each production site.



Instructions: Record all applications of PESTICIDES (INSECTICIDES, HERBICIDES, FUNGICIDES), FERTILIZERS and GROWTH REGULATORS.

Grower Name			Grower- Lot Number(s)				Crop Year			

Equipment Calibration	Airblast Sprayer - Date calidated:_____ Initial:_____ Weed Sprayer - Date calibrated:_____ Initial:_____ Scale - Date calibrated:_____ Initial:_____									
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Application Date	Location(s) Treated (Block/Variety)	Product Trade Name	Product Registration Number (PCP#)	Actual Quantity in Tank	Rate per Area/Unit Applied	PHI (Days)	Earliest Allowable Harvest Date (based on PHI)	Application Method	Weather Conditions	Label Instructions followed?
								<input type="checkbox"/> Air Blast <input type="checkbox"/> Weed <input type="checkbox"/> Backpack <input type="checkbox"/> Other:	Temp:	<input type="checkbox"/> Yes <input type="checkbox"/> No
									Wind:	
Growth Stage	Reason for Application						Tank size		From N S E W	Applicator Initials
									<input type="checkbox"/> Calm <input type="checkbox"/> Gusty	

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Verified by:		Date:	
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