Integrated Pest Management Checkout and Certification

Cooperator:	Field Office:	
Plan No.:	Location:	Field #:
Checkout By:	Title:	Date:

Document actual practice completion

**Attach diagram or map indicating completion of Integrated Pest Management.*

Target Species:		
Target Treatment Level:		
Objective/Purpose of Treatment:		
Method Used to Determine Infestation:		
Suppression Method Applied:	**Chemical:** (record the product, active ingredients, application dates, rate and application method)	
	Mechanical: (list the method(s) and dates of treatment)	
	Biological (record the biological agent(s) used, timing, duration and intensity)	
	Cultural (list the practice(s) and dates of treatment)	
IPM Strategies Applied:	**Prevention:**	
	Avoidance:	
	Monitoring:	
	Suppression:	

WIN-PST – Pesticide Application							
WIN-PST Identified Hazard Ratings	Leaching:	Human		Minimum Mitigation Score Level Needed:		Mitigation Index Score Level Achieved:	
		Fish					
	Solution Runoff:	Human					
		Fish					
	Adsorbed Runoff:	Human					
		Fish					
Installed Mitigation	Activities:						
	Practices:						

Notes:

Signature: _____Date:_____

I certify that this practice has been carried out as documented and meets standards and specifications.