PEST MANAGEMENT REPORT

C.D. CODE		UIC									
1	2	3	4	5	6	7	8	9	10	11	12

Form Approved
OMB No. 0704-0188

The public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. **PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION.**

REPORT CONTROL SYMBOL

1. MAJOR OR REVIEWING COMMAND		2. REPORTING INSTALLATION	
a. NAME	b. ADDRESS	a. NAME	b. ADDRESS

NO.	TARGET PEST	OPERATION				PESTICIDE								TIME
	Name (a) 13 - 15	Name (b) 17 - 19	Total Units Treated (c) 20 - 24	Unit (d) 25 - 27	Site (e) 28 - 30	Name (f) 31 - 33	Form (g) 34 - 36	APPLICATION Amount (h) 37 - 41	APPLICATION Unit (i) 42 - 43	Final Conc. % (j) 44 - 49	RATE (Per Area Unit) Lbs. (k) 50 - 55	RATE (Per Area Unit) % (l) 56 - 58	SUPPLY SOURCE Enter S,N,G,C (m) 68	Hours (n) 69 - 71
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NO.	TARGET PEST	OPERATION				PESTICIDE								TIME
	Name (a) 13 - 15	Name (b) 17 - 19	Total Units Treated (c) 20 - 24	Unit (d) 25 - 27	Site (e) 28 - 30	Name (f) 31 - 33	Form (g) 34 - 36	APPLICATION Amount (h) 37 - 41	APPLICATION Unit (i) 42 - 43	Final Conc. % (j) 44 - 49	RATE (Per Area Unit) Lbs. (k) 50 - 55	RATE (Per Area Unit) % (l) 56 - 58	SUPPLY SOURCE Enter S,N,G,C (m) 68	Hours (n) 69 - 71
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3. REMARKS

INSTRUCTIONS FOR USE

1. Detailed instructions of the implementing department directive shall be used in the preparation of this report.

2. Military installations shall prepare this report by the 15th day after the end of each month. The report shall be prepared and signed by the DOD certified pest management supervisor, applicator or inspector and by the installation engineer.

3. Three copies shall be signed and distributed as follows:
a. Copy No. 1. To the appropriate pest management professional in accordance with implementing department directives for technical review.
b. Copy No. 2. Record to the installation surgeon.
c. Copy No. 3. Record copy to the installations engineer for two year retention in accordance with Public Law 92-516.

4. INSTALLATION ENGINEER *(Reviewing Officer)*

a. TYPED NAME	b. SIGNATURE	c. DATE *(YYYYMMDD)*

5. INSTALLATION CERTIFIED PEST MANAGEMENT SUPERVISOR, APPLICATOR, OR INSPECTOR

a. TYPED NAME	b. SIGNATURE	c. DATE *(YYYYMMDD)*

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