

INVASIVE PLANT CHEMICAL & MECHANICAL TREATMENT RECORD

 DATA ENTERED INTO IAPP

ENTERED BY	PCP #
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TREATMENT DATE	YY/MM/DD	AGENCY	EMPLOYER	CERTIFIED APPLICATORS	CERT. NUMBER	OTHER APPLICATORS	CERT. NUMBER
JURISDICTION	DISTRICT CODE	MAPSHEET	RANGE UNIT			SUPERVISOR SIGNATURE	

ACTIVITY	New Site	Site ID	OR	Paper File ID	UTM Zone	Easting	Northing	Not Found	Time of Application	Species 1	%	Distribution Code	Species 2	%	Distribution Code	Species 3	%	Distribution Code	Area Treated (ha)	Temperature (°C)	Windspeed (Kmh)	Wind Direction	Treatment Method	Herbicide Used	Application Rate (L/ha)	Amount Used (L)	Pass
<input type="checkbox"/> CHEMICAL <input type="checkbox"/> MECHANICAL <input type="checkbox"/> SURVEY ONLY	<input type="checkbox"/>							<input type="checkbox"/>																			
LOCATION OR ROAD NAME/Km																		COMMENTS									
<input type="checkbox"/> CHEMICAL <input type="checkbox"/> MECHANICAL <input type="checkbox"/> SURVEY ONLY	<input type="checkbox"/>							<input type="checkbox"/>																			
LOCATION OR ROAD NAME/Km																		COMMENTS									
<input type="checkbox"/> CHEMICAL <input type="checkbox"/> MECHANICAL <input type="checkbox"/> SURVEY ONLY	<input type="checkbox"/>							<input type="checkbox"/>																			
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<input type="checkbox"/> CHEMICAL <input type="checkbox"/> MECHANICAL <input type="checkbox"/> SURVEY ONLY	<input type="checkbox"/>							<input type="checkbox"/>																			
LOCATION OR ROAD NAME/Km																		COMMENTS									
<input type="checkbox"/> CHEMICAL <input type="checkbox"/> MECHANICAL <input type="checkbox"/> SURVEY ONLY	<input type="checkbox"/>							<input type="checkbox"/>																			
LOCATION OR ROAD NAME/Km																		COMMENTS									

Mechanical Treatments Mandatory Fields: Date of Treatment Agency Jurisdiction Site ID OR UTM Zone, Easting & Northing Species 1 Treatment Method Area Treated
Chemical Treatments Mandatory Fields: All fields indicated in Mechanical Treatments PLUS: Certified Applicator and Number Application Time Temperature Windspeed Herbicide Application Rate Amount of Chemical Used

MAP

SKETCH MAP (INDICATE NORTH)

IMAGE DETAILS

ID	DATE YY/MM/DD	PERSPECTIVE	REFERENCE NO.

COMMENTS