

Cannabis Cultivation Pesticide Application Report

Grow Facility Name

License Number

Location Address

Date of Application

Applicator Name

Certification/License No.

Pesticide Details

Pesticide Product Name	EPA Registration No.	Active Ingredient(s)	Amount (Rate & Volume)	Application Method	Target Pest(s)	Lot/Batch No.

Crop Information

Strain(s)/Variety(ies) Treated

Plant Count/Area Treated (sq ft or acres)

Application Details

Application Start Time

Application End Time

Re-entry Interval (hours)

Harvest Interval (days)

Safety & Observations

Protective Equipment Used

Weather Conditions

Additional Notes/Observations

Signature

Applicator Signature

Date