Premise Pesticide Use Record

Rx = Medication WD = Withdrawal time

Diagnosis	Date	Severity	Rx 1	Rx 2	Comment	WD

Signature: _____ **Date:** _____

_____ **Date:** _____

_____ **Date:** _____

_____ **Date:** _____

_____ **Date:** _____

_____ **Date:** _____

_____ **Date:** _____

_____ **Date:** _____

_____ **Date:** _____

Keep This Record For 24 Months After Transfer of Ownership