

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