



**FORM H1 - AGRICULTURAL CHEMICALS APPLICATION**

Complete one form for each production site.



**Instructions:** Record all applications of PESTICIDES (INSECTICIDES, HERBICIDES, FUNGICIDES), NUTRIENTS and GROWTH REGULATORS.

Grower Name	Grower- Lot Number(s)	Crop Year

<b>Equipment Calibration</b>	<b>Airblast Sprayer</b> - Date checked: _____ OK? <input type="checkbox"/> Initial: ____ <b>Weed Sprayer</b> - Date checked: _____ OK? <input type="checkbox"/> Initial: ____ <b>Scale</b> - Date checked: _____ OK? <input type="checkbox"/> Initial: ____
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Application Date	Location(s) Treated (Block/Variety)	Product Trade Name	Product Registration Number (PCP#)	Actual Quantity in Tank	Rate per Area/Unit Applied	PHI (Days)	Earliest Allowable Harvest Date (based on PHI)	Application Method	Weather Conditions	Equipment:
								<input type="checkbox"/> Air Blast <input type="checkbox"/> Weed <input type="checkbox"/> Backpack	Temp: Wind: From N S E W	<input type="checkbox"/> Inspected <input type="checkbox"/> Cleaned
Growth Stage	Reason for Application						Tank size	<input type="checkbox"/> Backpack Label Instructions followed? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Calm <input type="checkbox"/> Gusty	Applicator Initials
								<input type="checkbox"/> Yes <input type="checkbox"/> No		
								<input type="checkbox"/> Air Blast <input type="checkbox"/> Weed <input type="checkbox"/> Backpack	Temp: Wind: From N S E W	<input type="checkbox"/> Inspected <input type="checkbox"/> Cleaned
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								<input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>Verified by:</b>		<b>Date:</b>	
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