

## VECTOR CONTROL PESTICIDE USE PLAN

This is a multi-part form. Page three is a **Target Pest Information** worksheet that must be filled out for each pest for which a treatment is planned during the season. Page four is a **Control Agent Worksheet**. This information must be supplied for each pesticide product or biological control agent that the district intends to use. Attach additional sheets as needed. A form containing the specified information in another format may be substituted, but, please include all information indicated on these forms.

<b>District Name:</b> _____	<b>Date:</b> _____
<b><i>APPLICATOR INFORMATION</i></b>	
<b>Name:</b> _____	
<b>Address:</b> _____	
<b>City/State/Zip:</b> _____	
<b>Telephone:</b> _____	
<b>E-Mail:</b> _____	
<b>Pesticide Operator License#:</b> _____	
<b>Aerial Pesticide Applicator License#:</b> _____	
Description:          	

***ADDITIONAL DISTRICT INFORMATION*** (complete only if there is a contact person who should receive official correspondence in addition to pesticide applicator):

**District Contact Name/Title:** \_\_\_\_\_

**District Address:** \_\_\_\_\_

**District City/State/Zip:** \_\_\_\_\_

**District Phone:** \_\_\_\_\_

**FAX:** \_\_\_\_\_

Newspaper

Television

Radio

Mailer

Newsletter

Bulletin Board Notices

Recorded Telephone Message

Other \_\_\_\_\_

**PUBLIC NOTIFICATION INFORMATION** (provide a short description of notification plan, i.e., timing, frequency, languages other than English, etc.):

Vector Control Pesticide Use Plan: District: \_\_\_\_\_

Date: \_\_\_\_\_

**TARGET PEST INFORMATION**

**IMPORTANT: COMPLETE ONE SHEET FOR EACH TARGET PEST**

**Target Pest:** Check only one target pest per worksheet.

<input type="checkbox"/> Mosquito Larvae	<input type="checkbox"/> Domestic Rat	<input type="checkbox"/> Domestic Fly
<input type="checkbox"/> Mosquito Adult	<input type="checkbox"/> Other Pest (specify)	

**MONITORING METHOD/TREATMENT THRESHOLD**

*(Indicate the monitoring method and threshold for treatment)*

<b>Monitoring Method:</b>  <b>Treatment Threshold:</b>
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**EFFICACY SAMPLING**

*(Indicate which treatments will be followed by an evaluation of efficacy, and what method will be used for the evaluation)*

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**SURVEILLANCE FOR IMPACTS ON NON-TARGET SPECIES**

*(List methods used to determine impacts on non-target species.)*

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**TOTAL NUMBER OF AGENTS (PESTICIDES AND BIOLOGICAL CONTROLS) TO BE USED FOR CONTROL:** From \_\_\_ to \_\_\_

Vector Control Pesticide Use Plan: District: \_\_\_\_\_

Date: \_\_\_\_\_

**TARGET PEST INFORMATION**

**IMPORTANT: COMPLETE ONE SHEET FOR EACH TARGET PEST**

**Target Pest:** Check only one target pest per worksheet.

<input type="checkbox"/> Mosquito Larvae	<input type="checkbox"/> Domestic Rat	<input type="checkbox"/> Domestic Fly
<input type="checkbox"/> Mosquito Adult	<input type="checkbox"/> Other Pest (specify)	

**MONITORING METHOD/TREATMENT THRESHOLD**

*(Indicate the monitoring method and threshold for treatment)*

<p><b>Monitoring Method:</b></p>    <p><b>Treatment Threshold:</b></p>
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*(List methods used to determine impacts on non-target species.)*

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**TOTAL NUMBER OF AGENTS (PESTICIDES AND BIOLOGICAL CONTROLS) TO BE USED FOR CONTROL:** From \_\_\_ to \_\_\_

Vector Control Pesticide Use Plan: District: \_\_\_\_\_

Date: \_\_\_\_\_

### CONTROL AGENT WORKSHEET

**IMPORTANT:** Complete One Worksheet for each Control Agent

**PRODUCT NAME:** \_\_\_\_\_

**EPA REGISTRATION#:** \_\_\_\_\_

**ACTIVE INGREDIENTS:**

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**TARGET PEST:**

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**RATE OF APPLICATION:** *(Give in units of pounds of active ingredient per acre and/or pounds of product per acre)*

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**APPLICATION METHOD:** *(Describe the application apparatus, product diluent, mixture, if any, and application process)*

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**APPLICATION SITE:** *(Describe the types of pest habitat where the product will be applied)*

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POUNDS OF Active TO BE USED: \_\_\_\_\_

ACRES TO BE TREATED: \_\_\_\_\_

POUNDS OF FISH USED LAST YEAR: \_\_\_\_\_

ACRES TREATED LAST YEAR: \_\_\_\_\_

Vector Control Pesticide Use Plan: District: \_\_\_\_\_

Date: \_\_\_\_\_

### CONTROL AGENT WORKSHEET

**IMPORTANT:**

Complete One Worksheet for each Control Agent

**PRODUCT NAME:** \_\_\_\_\_

**EPA REGISTRATION#:** \_\_\_\_\_

**ACTIVE INGREDIENTS:**

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**TARGET PEST:**

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**RATE OF APPLICATION:** *(Give in units of pounds of active ingredient per acre and/or pounds of product per acre)*

--

**APPLICATION METHOD:** *(Describe the application apparatus, product diluent, mixture, if any, and application process)*

--

**APPLICATION SITE:** *(Describe the types of pest habitat where the product will be applied)*

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POUNDS OF COPEPODS TO BE USED: \_\_\_\_\_

ACRES TO BE TREATED: \_\_\_\_\_

POUNDS OF COPEPODS USED LAST YEAR: \_\_\_\_\_

ACRES TREATED LAST YEAR: \_\_\_\_\_

Vector Control Pesticide Use Plan: District: \_\_\_\_\_  
Date: \_\_\_\_\_

**SENSITIVE AREAS AND SPECIES**

*(Provide a description of sensitive areas. Map(s) that show sensitive areas, areas to be treated by larvaciding and areas to be treated by adulticiding should be on file with ODFW. If new sensitive areas are identified include new maps with this application.)*

**EDUCATIONAL ACTIVITIES OF DISTRICT**

*(Provide a brief description of educational outreach, including programs for source control in the community.)*